# S.F. DEPARTMENT OF PUBLIC HEALTH
# SUBSTANCE USED DISORDER TREATMENT SERVICES DOCUMENTATION REQUIREMENTS AT-A-GLANCE

## A DESK REFERENCE FOR BASIC STATE DOCUMENTATION REQUIREMENTS

San Francisco Health Network
Behavioral Health Services

## What's Inside




DPH Office of Compliance and Privacy Affairs
Behavioral Health Services Compliance Office
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# ASAM LEVEL OF CARE ASSESSMENT

## ASAM Level of Care Assessment

A client's ASAM Level of Care Assessment is the foundation for supporting service authorizations, making medical necessity determinations at admission and for continuing services, and identifying appropriate level of care placements and support services for the client, and even making decisions on discharge.

## Six Dimensions of the ASAM Level of Care Multi-Dimensional Assessment

The ASAM Criteria use six unique dimensions which represent different areas of a client's life to create a holistic, biopsychosocial assessment of an individual to support service planning and level of care placement decisions for the client.

| ASAM Dimension | Description |
|---|---|
| **Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential** | Exploring an individual's past and current exposure to substance use and withdrawal |
| **Dimension 2: Biomedical Condition and Complications** | Exploring an individual's health history and current physical condition |
| **Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications** | Exploring an individual's thoughts, emotions, and mental health issues |
| **Dimension 4: Readiness to Change** | Exploring an individual's readiness and interest in changing |
| **Dimension 5: Relapse, Continued Use, or Continued Problem Potential** | Exploring an individual's unique relationship with relapse or continued use or problems |
| **Dimension 6: Recovery/Living Environment** | Exploring an individual's recovery or living situation and the surrounding people, places and things. |

Source: The ASAM Criteria; Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition.

## Client Multidimensional Risk Assessment

For each ASAM Dimension, a client is assessed for his or her individual severity and level of function, or in other words, "risk." The risk assessment integrates the client's history, current status, and changing situation:

1. Risk as it relates to the client's history;
2. Risk as expressed in the client's current status answering the question: "how acute, unstable, and active is the client's current clinical presentation"; and
3. The degree of change from baseline or premorbid functioning to present.

Clients are assigned a Dimension Severity Rating for each of the six ASAM Dimensions to inform level of care placements at admission and during transitions between ASAM Levels of Care.

| SEVERITY RATING | | | |
|---|---|---|---|
| | 4 | This rating would indicate issues of utmost severity. The client would present with critical impairments in coping and functioning with signs and symptoms indicating an "imminent danger" concern. | HIGH |
| | 3 | This rating would indicate a serious issue or difficulty coping within a given dimension. A client presenting at this level of risk may be considered in or near "imminent danger." | ↑ |
| | 2 | This rating would indicate moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills or support systems may be present. | MODERATE |
| | 1 | This rating would indicate a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time. | ↑ |
| | 0 | This rating would indicate a non-issue or very low risk issue. The client would present no current risk and any chronic issues would be mostly or entirely stabilized. | LOW |

Source: The ASAM Criteria; Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition

## DPH Substance Use Disorder Services Level of Care Recommendation Form

The Department of Public Health has created the "Substance Use Disorder Services Level of Care Recommendation Form" to help guide client level of care placement decisions. A copy of the form can be found in the DMC-ODS SUD Treatment Documentation Manual or by visiting the DPH website at www.This form has been incorporated within AVATAR, San Francisco's electronic client record. Depending on the ASAM Leve of Care, there are different deadlines for completion of the form.

| ASAM Level of Care | Form Completion Deadline |
|---|---|
| **Outpatient Services** | Within 72 hours of client admission to treatment date |
| **Intensive Outpatient Services** | Within 72 hours of client admission to treatment date |
| **Recovery Services** | Within 72 hours of client admission to treatment date |
| **Narcotic Treatment Programs** | Within 30 days of client admission to treatment date |
| **Residential Services** | Prior to admission to treatment |

Sources: Intergovernmental Agreement, Exhibit A, Attachment 1, A2, 9 CCR §10305, DPH SUD Residential Treatment Authorization Policy, v.11.18.18

## Service Authorizations

ASAM Level of Care treatment services do not require prior authorization except for Residential Services which must be authorized prior to admission to treatment, and reauthorized within 30 days following the admission to treatment date or last completed service authorization, up to length of service limitations prescribed by DHCS.

Source: DPH SUD Residential Treatment Authorization Policy, v.11.18.18

# MEDICAL NECESSITY & MEDICALLY NECESSARY SERVICES REQUIREMENTS

"Medical Necessity" and "Medically Necessary Services" are SUD treatment services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or alleviate pain through the diagnosis or treatment of a disease, illness, or injury. For an individual to receive SUD treatment services, there must be documentation in the client record in the form of a narrative statement to show that s/he meets DMC-ODS Medical Necessity Criteria. There are two sets of medical necessity criteria: one for adults, aged 21 and over, and the other for adolescents under 21 years old.

Source: Intergovernmental Agreement, Exhibit A, Attachment 1 A2, IV.57

**Medical Necessity Determination**

The initial medical necessity determination for an individual to receive SUD treatment services must be performed by a Medical Director or an Licensed Practitioner of the Healing Arts (LPHA), acting within the scope of his or her profession. The Medical Director or LPHA must evaluate each client's assessment and intake information. When a counselor has conducted a client's intake assessment, the Medical Director or LHPA must meet face-to-face or via telehealth with the counselor to establish a client meets medical necessity criteria.

Source: Intergovernmental Agreement, Exhibit A, Attachment 1 A2, III.PP.10.i

**Medical Necessity Elements for SUD Treatment Admission of Adults, Aged 21 and over**

Adults, aged 21 and over, must meet all of the following three elements of medical necessity:

**Element #1**: Must have one included ICD-10 diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and non-Substance-Related Disorders.

**Element #2**: Must meet the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria.

**Element #3**: Must meet the ASAM Adult Dimensional Admission Criteria.

Source: Intergovernmental Agreement: Exhibit A, Attachment 1 A2, IV. 7, 57

**Medical Necessity Elements for SUD Treatment Admission of Adolescents under 21 Years Old**

Adolescents under age 21 years old are eligible to receive Medicaid services pursuant to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate that provides clients under age 21 all appropriate and medically necessary services needed to correct and ameliorate health conditions. In offering SUD treatment services to adolescents, EPSDT requirements must be met. To receive DMC-ODS Services, adolescents must meet the following two elements of "medical necessity":

**Element #1**: An adolescent has one covered ICD-10 diagnosis from the DSM for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, or is assessed to be at risk for developing a substance use disorder; and

**Element #2**: An adolescent meets the ASAM Criteria definition of medical necessity for services based on the ASAM Criteria.

Sources: DHCS Program Eligibility and the Drug Medi-Cal Organized Delivery System FAQs, April 2018
Intergovernmental Agreement: Exhibit A, Attachment I A2, IV.57.

**Medical Necessity Continuing Services Justification Requirements**

| ASAM Level of Care or Service | Medical Necessity Documentation Requirements |
|---|---|
| **Outpatient Services**<br>**Intensive Outpatient Services**<br>**Naltrexone Treatment**<br>**Case Management** | **Step 1: LPHA/Counselor Recommendation**<br>No sooner than five months and no later than every six months after the client's admission to treatment date or the date of completion for the most recent justification for continuing services, the LPHA or counselor must review a client's progress and eligibility to continue to receive services and recommend whether or not a client should continue to receive treatment services at the same level of care.<br>**Step 2: Medical Director/LPHA Medical Necessity Determination**<br>No sooner than five months and no later than every six months after the client's admission to treatment date or the date of completion for the most recent justification for continuing services, the Medical Director or LPHA must determine whether a client meets medical necessity for continued services and document findings in the client medical record. This evaluation must consider all of the following: 1) client personal, medical, and substance use history; 2) documentation of client's most recent physical examination; 3) client's progress notes and treatment plan goals; 4) the LPHA's/ counselor's recommendation; and 5) client's prognosis.<br>**Step 3: Medical Director/LPHA Legibly Printed Name, Signature, Date**<br>The Medical Director/LPHA must type or print their name legibly (or electronic equivalent), and sign and date continuing services information when completed.<br>Where continuing treatment services for the client is not medically necessary, the client must be discharged from the current LOC and be transferred to appropriate treatment and/or services. |
| **Opioid Treatment Program/Narcotic Treatment Program** | Per DHCS, the Medical Director, program physician or LPHA must document in the client record annually continued justification for maintenance treatment including: 1) his or her evaluation of client progress, or lack of progress in achieving treatment goals; and 2) a determination, in his or her clinical judgment, that the client's status indicates that treatment should be continued for a longer period of time because discontinuance from treatment would lead to a return to opiate addiction. |
| **Residential Services** | For Residential Services, if determined to be medically necessary, clients must receive reauthorization every 30 days. Reauthorization requests must be submitted to DPH 7-10 days before the current authorized period ends to ensure there is proper time for requests for clarification and transition planning. |

Sources: Intergovernmental Agreement, Exhibit A, Attachment I, A2: III.PP.15.i.a, 9 CCR § 10410, and
DPH Substance Use Disorder Residential Treatment Authorization Policy, v.11.28.18

# COVERED ICD-10 DIAGNOSES FOR SUBSTANCE USE DISORDER TREATMENT

The Medical Director or LHPA working within the scope of his/her professional practice must document separately from the treatment plan the basis for a client's covered SUD diagnosis in the client record within 30 calendar days of a client's admission to treatment date. This must include: a) the basis for the diagnosis in a narrative summary format based on DSM 5 criteria, demonstrating that the Medical Director or LHPA evaluated each client's assessment and intake information, including their personal, medical, and substance use history; and b) documentation of the Medical Director's or LHPA's typed/legibly printed names, signature (or electronic equivalent), and the date of the diagnosis determination.

Source: Intergovernmental Agreement, Exhibit A, Attachment 1 A2, III.PP.10.a. i-ii.

| ICD 10 Code | ICD 10 Code Descriptions | ICD 10 Code | ICD 10 Code Descriptions |
|---|---|---|---|
| F1010 | Alcohol abuse, uncomplicated | F1421 | Cocaine dependence, in remission |
| F1011 | Alcohol abuse, in remission | F14920 | Cocaine use, unspecified with intoxication, uncomplicated |
| F10120 | Alcohol abuse with intoxication, uncomplicated | F1490 | Cocaine use, unspecified, uncomplicated |
| F10129 | Alcohol abuse with intoxication, unspecified | F1423 | Cocaine dependence with withdrawal |
| F1020 | Alcohol dependence, uncomplicated | F14229 | Cocaine dependence with intoxication, unspecified |
| F1021 | Alcohol dependence, in remission | F14220 | Cocaine dependence with intoxication, uncomplicated |
| F10220 | Alcohol dependence with intoxication, uncomplicated | F14929 | Cocaine use, unspecified with intoxication, unspecified |
| F10229 | Alcohol dependence with intoxication, unspecified | F1510 | Other stimulant abuse, uncomplicated |
| F10230 | Alcohol dependence with withdrawal, uncomplicated | F1511 | Other stimulant abuse, in remission |
| F10239 | Alcohol dependence with withdrawal, unspecified | F15120 | Other stimulant abuse with intoxication, uncomplicated |
| F10920 | Alcohol use, unspecified with intoxication, uncomplicated | F15129 | Other stimulant abuse with intoxication, unspecified |
| F10929 | Alcohol use, unspecified with intoxication, unspecified | F1520 | Other stimulant dependence, uncomplicated |
| F1110 | Opioid abuse, uncomplicated | F1521 | Other stimulant dependence, in remission |
| F1111 | Opioid abuse, in remission | F15220 | Other stimulant dependence with intoxication, uncomplicated |
| F11120 | Opioid abuse with intoxication, uncomplicated | F15229 | Other stimulant dependence with intoxication, unspecified |
| F11129 | Opioid abuse with intoxication, unspecified | F1523 | Other stimulant dependence with withdrawal |
| F1120 | Opioid dependence, uncomplicated | F1590 | Other stimulant use, unspecified, uncomplicated |
| F1121 | Opioid dependence, in remission | F15920 | Other stimulant use, unspecified with intoxication, uncomplicated |
| F11220 | Opioid dependence with intoxication, uncomplicated | F15929 | Other stimulant use, unspecified with intoxication, unspecified |
| F11229 | Opioid dependence with intoxication, unspecified | F1593 | Other stimulant use, unspecified with withdrawal |
| F1123 | Opioid dependence with withdrawal | F1610 | Hallucinogen abuse, uncomplicated |
| F1190 | Opioid use, unspecified, uncomplicated | F1611 | Hallucinogen abuse, in remission |
| F11920 | Opioid use, unspecified with intoxication, uncomplicated | F16120 | Hallucinogen abuse with intoxication, uncomplicated |
| F11929 | Opioid use, unspecified with intoxication, unspecified | F16129 | Hallucinogen abuse with intoxication, unspecified |
| F1193 | Opioid use, unspecified with withdrawal | F1620 | Hallucinogen dependence, uncomplicated |
| F1210 | Cannabis abuse, uncomplicated | F1621 | Hallucinogen dependence, in remission |
| F1211 | Cannabis abuse, in remission | F16220 | Hallucinogen dependence with intoxication, uncomplicated |
| F12120 | Cannabis abuse with intoxication, uncomplicated | F16229 | Hallucinogen dependence with intoxication, unspecified |
| F12129 | Cannabis abuse with intoxication, unspecified | F1690 | Hallucinogen use, unspecified, uncomplicated |
| F1220 | Cannabis dependence, uncomplicated | F16920 | Hallucinogen use, unspecified with intoxication, uncomplicated |
| F1221 | Cannabis dependence, in remission | F16929 | Hallucinogen use, unspecified with intoxication, unspecified |
| F1223 | Cannabis dependence with withdrawal | F1810 | Inhalant abuse, uncomplicated |
| F12220 | Cannabis dependence with intoxication, uncomplicated | F1811 | Inhalant abuse, in remission |
| F12229 | Cannabis dependence with intoxication, unspecified | F18120 | Inhalant abuse with intoxication, uncomplicated |
| F1290 | Cannabis use, unspecified, uncomplicated | F18129 | Inhalant abuse with intoxication, unspecified |
| F12920 | Cannabis use, unspecified with intoxication, uncomplicated | F1820 | Inhalant dependence, uncomplicated |
| F12929 | Cannabis use, unspecified with intoxication, unspecified | F1821 | Inhalant dependence, in remission |
| F1293 | Cannabis use, unspecified with withdrawal | F18220 | Inhalant dependence with intoxication, uncomplicated |
| F1310 | Sedative, hypnotic or anxiolytic abuse, uncomplicated | F18229 | Inhalant dependence with intoxication, unspecified |
| F1311 | Sedative, hypnotic, or anxiolytic abuse, in remission | F1890 | Inhalant use, unspecified, uncomplicated |
| F13120 | Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated | F18920 | Inhalant use, unspecified with intoxication, uncomplicated |
| F13129 | Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified | F18929 | Inhalant use, unspecified with intoxication, unspecified |
| F1320 | Sedative, hypnotic or anxiolytic dependence, uncomplicated | F1910 | Other psychoactive substance abuse, uncomplicated |
| F1321 | Sedative, hypnotic or anxiolytic dependence, in remission | F1911 | Other psychoactive substance abuse, in remission |
| F13220 | Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated | F19120 | Other psychoactive substance abuse with intoxication, uncomplicated |
| F13229 | Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified | F19129 | Other psychoactive substance abuse with intoxication, unspecified |
| F13230 | Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated | F1920 | Other psychoactive substance dependence, uncomplicated |
| F13239 | Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified | F1921 | Other psychoactive substance dependence, in remission |
| F1390 | Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated | F19220 | Other psychoactive substance dependence with intoxication, uncomplicated |
| F13920 | Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated | F19229 | Other psychoactive substance dependence with intoxication, unspecified |
| F13921 | Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium | F19230 | Other psychoactive substance dependence with withdrawal, uncomplicated |
| F13929 | Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified | F19239 | Other psychoactive substance dependence with withdrawal, unspecified |
| F13930 | Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated | F1990 | Other psychoactive substance use, unspecified, uncomplicated |
| F13939 | Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified | F19920 | Other psychoactive substance use, unspecified with intoxication, uncomplicated |
| F1410 | Cocaine abuse, uncomplicated | F19929 | Other psychoactive substance use, unspecified with intoxication, unspecified |
| F1411 | Cocaine abuse, in remission | F19930 | Other psychoactive substance use, unspecified with withdrawal, uncomplicated |
| F14120 | Cocaine abuse with intoxication, uncomplicated | F19939 | Other psychoactive substance use, unspecified with withdrawal, unspecified |
| F14129 | Cocaine abuse with intoxication, unspecified | F14929 | Cocaine use, unspecified with intoxication, unspecified |
| F1420 | Cocaine dependence, uncomplicated | | |

## REQUIRED ELEMENTS OF THE CLIENT ASSESSMENT

The intake assessment is the foundation of a client's treatment plan and informs medical necessity and level of care placement determinations. There are eleven required elements that must be documented at intake in each client record. Assessment elements are mapped to corresponding ASAM Dimensions in the table below. Please consult the DPH DMC-ODS SUD Treatment Documentation Manual for additional assessment requirements for Narcotic Treatment Program and pregnant and postpartum clients.

| Intake Assessment Element | Required Documentation in Client Record | Maps to ASAM Dimension… |
|---|---|---|
| **1. Drug/Alcohol History** | Description of history of present episode including precipitating factors, current symptoms, and pertinent present risks. | Dimension 1: Acute Intoxication and/or Withdrawal Potential |
| **2. Medical History** | Description of pertinent medical problems and treatment; emergency department visits including those for substance-related problems, surgeries, and head injuries; present medications; allergies; and most recent medical evaluation. | Dimension 2: Biomedical Condition and Complications |
| **3. Family History** | Description of family alcohol, tobacco, and other drug use and addictive behavior history, including past treatment episodes; family social history including profiles of parents (or guardians or other caregivers), siblings, home atmosphere, economic status, religious affiliation, cultural influences, leisure activities, monitoring and supervision, and relocations; religious, spiritual, or faith background and practice; and family medical and psychiatric history. | Dimension 6: Recovery/Living Environment |
| **4. Psychiatric/Psychological History** | Description of psychiatric history including symptoms and their relation to substance use and addictive behavior, current and past diagnoses, treatments, and providers. | Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications |
| **5. Social/Recreational History** | Description of peer relationships and friends; leisure and recreational activities; sexual activity, including choice of partners, romantic relationships, sexual risk behaviors, relation of sexual activity to substance use and addictive behavior; physical or sexual abuse or other maltreatment either as a victim or perpetrator; disruption of healthy social supports and problems in interpersonal relationships which can impact the development of resiliencies; military service, Veteran status; and religious, spiritual and faith based history. | Dimension 6: Recovery/Living Environment |
| **6. Financial Status/History** | Description of past and current financial situation. | Dimension 6: Recovery/Living Environment |
| **7. Educational History** | Description of history. | Dimension 6: Recovery/Living Environment |
| **8. Employment History** | Description of work history and work situations. | Dimension 6: Recovery/Living Environment |
| **9. Criminal History** | Description of past behaviors and their relation to substance use and addictive behavior, arrests, adjudications, and details of current status. | Dimension 6: Recovery/Living Environment |
| **10. Legal Status** | Description of legal status (probation, parole, adjudicated, diversion). | Dimension 6: Recovery/Living Environment |
| **11. Previous SUD Treatment History** | Description of alcohol, tobacco and other drug use or addictive behavior history including onset and pattern of progression, previous disease or injury resulting from substance use, and past treatment episodes including past successes and barriers to success. | Dimension 2: Biomedical Condition and Complications<br>Dimension 5: Relapse/Continued Use/Continued Problem Potential |

Source: County Intergovernmental Agreement, Exhibit A, Attachment I, A2: Section III.PP.9

## PHYSICAL EXAMINATION REQUIREMENT

Physical examinations must be documented in the client record without exception. If a client has had a physical examination within the twelve-month period prior to the client's admission to treatment date, a physician, registered nurse practitioner, or physician's assistant must review documentation of the client's most recent physical examination within 30 calendar days of the client's admission to treatment date. If a treatment provider is unable to obtain documentation of a client's most recent physical examination, the client record must describe efforts made to obtain this documentation in the client's individual patient record.

As an alternative to or in addition to complying with this physical examination requirement, the physician or physician assistant may perform a physical examination of the client within 30 calendar days of the client's admission to treatment date. Where there is no documentation of or performance of physical examination of the client, the client's initial and updated treatment plans must have a written goal for the client to obtain a physical examination, until this goal has been met and the physician has reviewed the physical examination results. The physician shall type or legibly print their name, sign, and date documentation to support they have reviewed the physical examination results. The signature shall be adjacent to the typed or legibly printed name.

Source: Intergovernmental Agreement, Exhibit A, Attachment I, A2: III.PP.11

# REQUIRED ELEMENTS OF THE CLIENT TREATMENT PLAN

**Required Elements of Initial and Updated Client Treatment Plans**
For each client admitted to treatment services, a LPHA or counselor must prepare an *individualized* (tailored to a client's specific needs) written initial treatment plan based on the information gathered during the intake assessment including the client diagnosis and the ASAM Level of Care assessment. All of the following treatment plan elements must be documented in the client record:

1. Problem Statements:
   A statement of problems identified through the ASAM level of care assessment, other assessment tool(s), or intake documentation.
2. Goals:
   Specific observable and/or quantifiable goals to be reached to address each problem statement.
3. Action Steps
   Action steps to be taken by the client and/or provider to achieve each identified goal.
4. Target Dates:
   Target dates for the achievement of identified actions steps and goals.
5. Description of Services, Type and Frequency:
   Description of services, including the type of counseling, to be provided and frequency of the service(s) to be provided.
6. Assignment of Primary Counselor:
   Identification of a primary therapist or counselor assigned to the client at admission and for the duration of treatment services.
7. Client Diagnosis:
   The client's qualifying diagnosis as documented by the Medical Director or LPHA.
8. Physical Examination Goals
   A goal to have a physical examination where the client has not had a physical examination within the 12-month period prior to the client's admission to treatment date; and a goal for the client to obtain appropriate treatment for any significant medical illness identified during a physical examination that was performed twelve months prior to the client's admission to treatment date.
9. Evidence of Client Participation and Agreement:
   The initial treatment plan must be reviewed, approved and signed by the client, including the date signed and legibly printed name of the client. Where a client refuses to sign the initial treatment plan, there must be written explanation in the client record for the refusal and the provider's strategy to engage the client to participate in treatment.
10. Name, Date, and Signature of LPHA or Counselor:
    LPHA's or counselor's typed or legibly printed name, legible signature (or electronic equivalent) and date the treatment plan was completed. The signature must be adjacent to the typed or legibly printed name.

Source: Intergovernmental Agreement, Exhibit A, Attachment 1 A2, III.PP.12.i.a.

## TREATMENT PLAN TIMELINES & DOCUMENTATION REQUIREMENTS

| ASAM Level of Care | Initial Treatment Plan Deadline | Updated Treatment Plan Deadline | Updated Treatment Plan Documentation Requirements |
|---|---|---|---|
| **Outpatient Services**<br>**Intensive Outpatient Services** | **Within 30 calendar days** of client admission to treatment date | No later than 90 calendar days after the signing of the initial treatment plan, and no later than 90 calendar days thereafter, OR when there is a change in treatment modality (level of care) OR a significant event, whichever occurs first. | Required elements of the treatment plan **plus**:<br>• **Documentation of review of intake information and assessment** by LPHA/counselor, and based on this information, a written determination that client meets medical necessity and ASAM Criteria for level of care placement.<br>• **When a counselor completes initial treatment plan**, the Medical Director or LPHA must review the initial treatment plan to determine whether services are medically necessary and appropriate for the client. If the Medical Director or LPHA determines that services in the initial treatment plan are medically necessary, the Medical Director or LPHA must type or legibly print their name, and sign (or electronic equivalent) and date the treatment plan **within 15 calendar days** of signature by the counselor. The signature must be adjacent to the typed or legibly printed name. |
| **Residential Services** | **Within 10 calendar days** of client admission to treatment date | No later than 90 calendar days after the signing of the initial treatment plan, and no later than 90 calendar days thereafter, OR when there is a change in treatment modality (level of care) OR a significant event, whichever occurs first. | Required elements of the treatment plan |
| **Narcotic Treatment Programs** | **Within 28 calendar days** of client admission to treatment date | Whenever is necessary, or at least once every three (3) months from the date of admission. | For Narcotic Treatment Programs, medical director and supervising counselor must review primary counselor's initial treatment plan and corresponding assessment **within 14 calendar days** of the effective date (date primary counselor signed initial treatment plan). |
| **3.2 Residential Withdrawal Management** | **Within 48 hours** of client admission to treatment date | No requirement for updated plan, but discharge planning begins at intake. | Documentation of client participation in exit planning counseling session to explore long-term recovery options and appropriate referral. |

Sources: DPH Monitored Residential Detoxification Policies and Procedures Policy, Intergovernmental Agreement, Exhibit A, Attachment I, A2: III.12, 9 CCR § 10305

# PROGRESS NOTES

| ASAM Level of Care | Documentation Requirements |
|---|---|
| **Outpatient Services**<br><br>**Naltrexone Treatment**<br><br>**Recovery Services** | **Within seven (7) calendar days of an individual or group counseling session:**<br>The LPHA or counselor who conducted the counseling session or provided the service must record a progress note for each client who participated in the counseling session or treatment service as follows:<br>1. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the counseling session with the signature adjacent to the typed or legibly printed name;<br>2. Progress notes are individual narrative summaries and must include **all** of the following:<br>a. The topic of the session or purpose of the service;<br>b. A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals;<br>c. Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service;<br>d. Identify if services were provided in-person, by telephone, or by telehealth; **and**<br>e. If services were provided in the community, identify the location and how the provider ensured confidentiality. |
| **Intensive Outpatient Treatment**<br><br>**Residential Treatment** | **A minimum of one (1) progress note, per calendar week:**<br>The LPHA or counselor must document for each client participating in structured activities including counseling sessions or other treatment services including:<br>1. The LPHA or counselor shall type or legibly print their name, and sign and date progress notes **within the following calendar week**.<br>2. Progress notes are individual narrative summaries and must include **all** of the following:<br>a. A description of the beneficiary's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals;<br>b. A record of the beneficiary's attendance at each counseling session including the date, start and end times and topic of the counseling session;<br>c. Identify if services were provided in-person, by telephone, or by telehealth; **and**<br>d. If services were provided in the community, identify the location and how the provider ensured confidentiality. |
| **Residential Step-Down Recovery Residence** | **One (1) status note per calendar week**<br>Staff must enter at least one (1) status note per calendar week, including confirmation of ongoing treatment. This can be an individual note or group check-in note. |
| **Narcotic Treatment Program** | **Within 14 calendar days of a counseling session:**<br>The counselor conducting a counseling session must document the following in the client record:<br>1. Date of counseling session;<br>2. Type of counseling session - individual, group, or medical psychotherapy;<br>3. Duration of the session; and<br>4. Summary of the session, which must include at least one of the following:<br>a. Patient's progress toward one or more goals in the treatment plan;<br>b. Response to a drug-screening specimen which is positive for illicit drugs or is negative for the replacement narcotic therapy medication<br>c. New issue or problem that affects the patient's treatment;<br>d. Nature of prenatal support provided by the program or other appropriate health care provider; or<br>e. Goal or purpose of the group session, the subjects discussed, and a brief summary of the client's participation. |
| **Physician Consultation Services**<br><br>**Additional Medication Assisted Treatment**<br><br>**Withdrawal Management** | **Within seven (7) calendar days of the service:**<br>The Medical Director or LPHA working within their scope of practice who provided the treatment service must record a progress note in the client record for each client as follows:<br>1. The Medical Director or LPHA must type or legibly print their name, and sign and date the progress note with the signature adjacent to the typed or legibly printed name.<br>2. Progress notes must include **all** of the following:<br>a. Client's name;<br>b. The purpose of the service;<br>c. Date, start and end times of each service; **and**<br>d. Identify if services were provided face-to-face, by telephone or by telehealth. |
| **Case Management Services** | **Within seven (7) calendar days of a case management service:**<br>The LPHA or counselor who provided the treatment service must record a progress note **for each client** receiving case management services as follows:<br>1. The LPHA or counselor must type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service with the signature adjacent to the typed or legibly printed name.<br>2. Progress notes must include **all** of the following:<br>a. Beneficiary's name;<br>b. The purpose of the service;<br>c. A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals;<br>d. Date, start and end times of each service;<br>e. Identify if services were provided in-person, by telephone, or by telehealth; **and**<br>f. If services were provided in the community, identify the location and how the provider ensured confidentiality. |

# DISCHARGE PLANNING & DISCHARGE SUMMARY

**Discharge Planning**

Discharge planning from treatment may occur on a voluntary or involuntary basis. Below are discharge planning requirements for Outpatient Services, Intensive Outpatient Services, and Residential Services. Discharge requirements for Narcotic Treatment Programs and Withdrawal Management can be found under the Section 9: Narcotic Treatment Programs and Section 13: Withdrawal Management of the "DPH DMC-ODS SUD Treatment Documentation Manual."

**Discharge Plan: Client No Longer Meets Medical Necessity**

A LPHA or counselor is required to complete a discharge plan for each client, except for a client for whom a provider loses contact). When the Medical Director or LPHA determines that a client no longer meets medical necessity for treatment services, a discharge plan must be completed by a LPHA or counselor within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the client. A discharge plan must include, but is not limited to, all of the following:

1. A list and description of each of the client's relapse triggers;
2. A plan to assist the client to avoid relapse when confronted with each trigger; and
3. A support plan.

During the LPHA's or counselor's last face-to-face treatment with the client, the LPHA or counselor and the client shall type or legibly print their names, sign (or electronic equivalent) and date the discharge plan. The signatures must be adjacent to the typed or legibly printed name. A copy of the discharge plan must be provided to the client and documented in the client record.

**Timely and Adequate Client Notice of Adverse Benefit Requirements**

Where a client is being involuntarily discharged from outpatient services, intensive outpatient services and residential services, the client must be given timely and adequate notice in writing (42 CFR §438.404). This written notice must explain all of the following in the language and/or alternative format preferred by the client (42 CFR §438.10):

1. A statement that the client is being discharged from treatment services;
2. The reasons for discharge, including the right of the client to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the decision to discharge the client from treatment. Such information includes medical necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits.
3. The client's right to request an appeal of the decision to discharge client from treatment, including information on exhausting the provider's one level of appeal described at 42 CFR §438.402(b) and the right to request a state fair hearing consistent with 42 CFR §438.402(c).
4. The procedures for exercising the client's appeal rights.
5. The circumstances under which an appeal process can be expedited and how to request it.
6. The client's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances, consistent with state policy, under which the client may be required to pay the costs of these services.

The provider is required to mail the written notice of discharge from treatment services to the client at least 10 days before the date of the treatment discharge.

**Discharge Summary**

The S.F. Department of Public Health requires that a LPHA or counselor must prepare a discharge summary for all clients in the client record within 30 calendar days of the last face-to-face treatment contact with the client that includes all of the following:

1. The duration of the client's treatment as determined by the dates of admission to and discharge from treatment;
2. The reason for discharge;
3. A narrative summary of the treatment episode; **and**
4. The client's prognosis.

Source: County Intergovernmental Agreement, Exhibit A, Attachment I, A2: Section III.PP.16

# SERVICE FREQUENCY, DELIVERY MODE & LOCATION

| ASAM Level of Care | Service Frequency | Service Delivery More & Location |
|---|---|---|
| **Outpatient Services** | • Up to nine (9) hours of service per week for adults<br>• Less than six (6) hours per week for adolescents. | • In person, by telephone, or by telehealth<br>• Any appropriate setting in community |
| **Intensive Outpatient Services** | • A minimum of nine (9) hours with a maximum of nineteen (19) hours per week for adults<br>• A minimum of six (6) hours with a maximum of nineteen (19) hours per week for adolescents | • In person, by telephone, or by telehealth<br>• Any appropriate setting in community |
| **Residential Services** | • A minimum of five (5) hours of clinical services per week | • In a DHCS or Department of Social Services licensed residential facility for residential treatment services. |
| **Opioid/Narcotic Treatment Program (OTP/NTP)** | • Between 50 and 200 minutes of counseling per calendar month with a therapist or counselor and when medically necessary, additional counseling services<br>• Daily or several times weekly opioid agonist medication and counseling for those with severe opioid disorder. | • By OTP/NTP providers that are Medi-Cal fee-for-service providers |

Source: Intergovernmental Agreement, Exhibit A, Attachment I, A2

# SUD Privileging Chart

| Name of Service | LPHA Physician | LPHA Non-Physician | | | | | | | | | | SUD Counselors | | Med Support |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | MD | NP, PA | LCSW | LMFT | LPCC | Licensed Clinical Psychologist | ASW | MFTI | PCCI | Waivered Clinical Psychologist | Registered Pharmacist | RN (AA, BA)** | Certified | Registered | LVN, Psych Tech |
| Intake | X | X | X | X | X | X | X | X | X | X | | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | |
| Intake - Physical Exam/Lab | X | X | | | | | | | | | | | | | |
| Individual Counseling | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Group Counseling | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Family Therapy | X | X | X | X | X | X | X | X | X | X | | | | | |
| Patient Education | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Collateral Services | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Case Management | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Crisis Intervention | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Treatment Planning | X | X | X | X | X | X | X | X | X | X | | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | |
| Discharge Services | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Recovery Services | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Withdrawal Management - Intake | X | X | X | X | X | X | X | X | X | X | | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | Reviewed & approved by a LPHA other than an RN | |
| Withdrawal Management - Discharge | X | X | X | X | X | X | X | X | X | X | | X | X | X | |
| Withdrawal Management - Observation * | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Withdrawal Management - Medication Services -Prescribing, Ordering | X | X | | | | | | | | | | | | | |
| Withdrawal Management - Medication Services - Administering/Dispensing, Monitoring, Assessment | X | X | | | | | | | | | X | X | | | X |
| Medication Services - Prescibing, Ordering | X | X | | | | | | | | | | | | | |
| Medication Services - Administering/Dispensing, Monitoring | X | X | | | | | | | | | X | X | | | X |
| Physician Consultation | X | | | | | | | | | | | | | | |
| NTP Medication Psychotherapy | X | | | | | | | | | | | | | | |

*Only program staff that have been trained in the provisions of detoxifications services may conduct observations and physical checks [2017 AOD Cert. Standards, 11030 (a) & (c)].

** Only when working within scope of practice. RN (BA) and RN (AA) are not permitted to diagnose, provide therapy, or approve counselor documentation.

| HELPFUL RESOURCES & POINT OF CONTACT FOR DOCUMENTATION QUESTIONS | |
|---|---|
| **Department of Health Care Services Resources** (www.dhcs.ca.gov) | |
| DHCS DMC-ODS Pilot Web Page | **https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx** |
| DHCS DMC-ODS Pilot County Plans and Contracts | **https://www.dhcs.ca.gov/provgovpart/Pages/County-Implementation-Plans-.aspx** |
| DHCS DMC-ODS Pilot Fact Sheets, Frequently Asked Questions, and Information Bulletins | **https://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx** |
| DHCS Forms, Laws & Regulations Web Page | **www.dhcs.ca.gov/formsandpubs/laws/Pages/LawsandRegulations.aspx** |
| DHCS Bulletins, Information Notices and Letters | **https://www.dhcs.ca.gov/formsandpubs/Pages/Letters.aspx** |
| **S.F. Department of Public Health** (www.sfdph.org) | |
| SUD Treatment Services Documentation Tools | **https://www.sfdph.org/dph/comupg/oservices/mentalHlth/SubstanceAbuse/SF-DMC-ODS-Health-Plan.asp** |

**FOR MORE INFORMATION ON DMC-ODS SUD TREATMENT DOCUMENTATION REQUIREMENTS:**

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The Desk Reference was developed as a quick reference for State DMC-ODS Pilot documentation requirements; it is not intended to be a “how to guide” for documentation. For detailed DMC-ODS documentation requirements, please consult the “DPH DMC-ODS SUD Treatment Documentation Manual”.