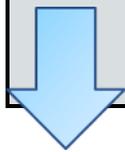


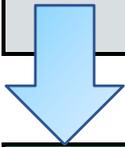
Initial Screening Request for Services			
Client Programs (Client)	BQUIP (Client)	Diagnosis Document (Client) + Client Clinical Problem Details (Client)	Interim Services
<ul style="list-style-type: none"> <li>Open Walk-In <b>Client Programs (Client)</b></li> <li>Open Case Management Client Program</li> </ul>	<ul style="list-style-type: none"> <li>Dated with Screening Date</li> <li>Complete <b>Service Note (Client)</b></li> <li>Signed by Clinician/LPHA</li> </ul>	<ul style="list-style-type: none"> <li>Dated with Screening Date</li> <li>Signed By:                             <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Reg./Cert. Counselors sign on "Staff Entering Information" Line</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Add Client to Stabilization Group: Case Management Group Service</li> <li>Add Client to Treatment Groups or MAT Services as clinically indicated</li> </ul>



**Treatment Admission = CA ASAM (Client) and Treatment Assignment (Client Programs (Client)) Opened**  
**Completed within 30-Days of Request for Services (Screening). Completed within 60-Days of Request for Services if Homeless Adult or Youth.**

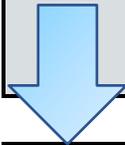
Open Client Programs (Client)	Close Walk-In Client Programs (Client)	CA ASAM (Client)	Diagnosis Document (Client)- (Update Diagnosis as needed) + Client Clinical Problem Details (Client)- (Update Problem List as needed)	CalOMS Admission (Client)
<ul style="list-style-type: none"> <li>Dated with Date of SUD Assessment</li> </ul>	<ul style="list-style-type: none"> <li>By changing Walk-In Program from enrolled to discharge.</li> <li>Dated 1-day Prior to Treatment Program Date</li> </ul>	<ul style="list-style-type: none"> <li>Dated with Assessment Date</li> <li>Complete <b>Service Note (Client)</b></li> <li>Signed By:                             <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Dated with Assessment Date</li> <li>Complete NOABD if needed</li> <li>Signed By:                             <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Reg./Cert. Counselors sign on "Staff Entering Information" Line</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Dated date that Treatment Program is open</b></li> <li>Signed By:                             <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ HIT</li> </ul> </li> </ul>

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<b>Continued Services</b>
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<b>CA ASAM (Client)</b>	<b>Updated Problem List (Client Clinical Problem Details (Client))</b>	<b>CalOMS Annual Update (CalOMS Standalone Discharge/Update (Client))</b>
<ul style="list-style-type: none"> <li>• Updated as Clinically Appropriate for Level of Care Changes</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ LPHA</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Updated as Clinically Appropriate for Problem List Changes</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Reg./Cert. Counselors sign on "Staff Entering Information" Line</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Necessary if Client in Services for 1-Year in the Same Level of Care AND at the Same Site</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ HIT</li> </ul> </li> </ul>



<b>Discharge Procedure (Complete in Left to Right Order)</b>
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<b>Update Diagnosis Document (Client) &amp; Client Clinical Problem Details (Client) (if necessary)</b>	<b>Discharge Summary (Client) &amp; Service Note (Client) for Discharge Plan Session</b>	<b>CalOMS Standalone Discharge/Update (Client)</b>
<ul style="list-style-type: none"> <li>• Only if Change to Diagnosis, Remission Status or change to Problem List</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Certified Staff on "Staff Entering Information" Line</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Plan (<b>Service Note (Client)</b>) is Signed During Face-to-Face Service Date</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Client &amp; Staff</li> <li>➢ LPHA</li> </ul> </li> <li>• Discharge Plan Session is Due Within 30-Days of last Face-to-Face Contact with Client</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ LPHA</li> <li>➢ HIT</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Must be Dated Same Date as Assignment Close Date</li> <li>• Signed By: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ HIT</li> </ul> </li> </ul>

## Treatment Document Signatures for Licensed, Waivered, & Registered/Certified Staff

For the purposes of DMC-ODS services, the following processes are in place for signatures on treatment documents.

### Definitions:

- Licensed Practitioner of the Healing Arts (LPHA): This group includes any professionally licensed staff (Psychologist/LMFT/LCSW/LPCC) or staff registered as an intern with a licensing board (registered AMFT/ASW/APCC).
- Registered/Certified Treatment Staff: This group includes professionally certified staff (CCAPP, CADTP, or CAADE) or staff registered with a certification board.
- Licensed Psychiatric Technician (LPT): This group of staff are mental health professionals that work under the direction of a medical doctor, nurse practitioner, psychiatrist, or psychiatric nurse.

### Signatures:

- LPHA Treatment Staff: Licensed staff members and staff registered with a licensing board are authorized to sign as the sole LPHA signature on treatment documents when designated from their Program Supervisor. For staff registered with a licensing board (registered intern), the Program Supervisor AND the Clinical Supervisor (supervising/signing clinical hours) will complete a process to categorize the staff member as a **“Waivered”** staff and designate which documents do not need a co-signature.
  - By licensure, a licensed LPHA can sign their own documents and do not need to be a “Waivered” staff. Therefore, this process would not be necessary. However, the Program Supervisor will determine when a newly hired LPHA staff member has enough experience with DMC-ODS to be the sole signature on documentation.
- Registered/Certified Treatment Staff: A LPHA must co-sign the Diagnosis Form, ASAM, and Authorization for Residential Treatment.
- Licensed Psychiatric Technician: An LPT can provide and sign for services such as medication support/education and medication dosing. An LPT can provide and sign for Case Management and other SUD Treatment Services (Group Counseling, Individual Counseling) when they are a Registered or Certified Counselor.

Regardless of staff category, a Program Supervisor can choose to make changes to an individual staff member’s signature capabilities and can also choose to provide co-signature until training is complete on specific documents (such as progress not