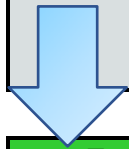


# County of San Luis Obispo Drug & Alcohol

## ServicesFlow Sheet for DMC-ODS

### Documentation

Initial Screening Request for Services			
(AA) Open Walk-In Client Programs	BQulP	Diagnosis Document + Client Clinical Problem Details	Interim Services
<ul style="list-style-type: none"> <li>• (AA) Open Walk-In Client Programs</li> <li>• (AA) Open Case Management Client Program</li> </ul>	<ul style="list-style-type: none"> <li>• Dated with screening date</li> <li>• Complete Service Note &amp; use procedure SUD Screening</li> <li>• Signed by Clinician/LPHA</li> </ul>	<ul style="list-style-type: none"> <li>• Dated with BQulP screening date</li> <li>• Signed by: <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Reg./Cert. Counselors</li> </ul> </li> <li>• If needed, complete NOABD Denial</li> </ul>	<ul style="list-style-type: none"> <li>• Add client to engagement groups</li> <li>• Contact MAT staff to schedule client for MAT services as clinically indicated</li> </ul>

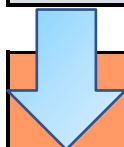


Treatment Admission = CA ASAM and Treatment Assignment (Client Programs) Opened *Client is assigned LOC and opened to treatment when the CA ASAM is completed.				
CA ASAM	Access Team Close Walk-In Client Program	Access Team Open Client Treatment Programs	Update Documents as Needed: Diagnosis Document + Client Clinical Problem Details	CalOMS Admission
<ul style="list-style-type: none"> <li>• Linked to Treatment Program (initially launched in Walk-In Program &amp; updated when Treatment Program is determined)</li> <li>• Complete Service Note linked to Treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Access Team close Walk-In Program</li> <li>• Dated the same day as Treatment Program date (close Walk-In Program and open Treatment Program on same day)</li> </ul>	<ul style="list-style-type: none"> <li>• Access Team open Treatment Program</li> <li>• Dated with CA ASAM Assessment Date</li> </ul>	<ul style="list-style-type: none"> <li>• Effective Date matches the CA ASAM Assessment Date</li> <li>• Signed by: <ul style="list-style-type: none"> <li>➢ Clinician/LPHA</li> <li>➢ LPHA</li> <li>➢ Reg./Cert. Counselors</li> </ul> </li> <li>• If needed, complete NOABD Denial</li> </ul>	<ul style="list-style-type: none"> <li>• Effective Date must match the "Enrolled" Date of the Treatment Program</li> <li>• Signed by: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ HIT</li> </ul> </li> </ul>

Program & use procedure <b>ASAM or Other Structured SUD Assessment</b> • Signed by: ➢ Clinician/LPHA ➢ LPHA				
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Continued Services		
<b>CA ASAM</b>	<b>Problem List Updates (Client Clinical Problem Details OR Problem List on Service Note)</b>	<b>CalOMS Annual Update (CalOMS Standalone Discharge/Update)</b>
• Update as clinically appropriate for <b>Level of Care changes</b> • Signed by: ➢ Staff ➢ LPHA	• Update as clinically appropriate for <b>Problem List changes</b> • Signed by: ➢ Clinician/LPHA ➢ LPHA ➢ Reg./Cert. Counselors	• Necessary if client in services for 1-Year in the same Level of Care AND at the same site • Signed by: ➢ Staff ➢ HIT



Discharge Procedure (Complete in Left to Right Order)			
<b>Update Documents as Needed: Diagnosis Document + Client Clinical Problem Details</b>	<b>Discharge Summary: * Lost Contact with a Client</b>	<b>Discharge Plan: *Planned Termination of Treatment</b>	<b>CalOMS Standalone Discharge/Update</b>
• Update when there is a <b>change to the Diagnosis</b> , remission status or <b>change to the Problem List</b> • Signed by: ➢ Clinician/LPHA ➢ LPHA	• Complete <b>CalMHSA Discharge Summary</b> using <b>Key Phrases</b> designated for the Discharge Summary • Discharge Summary is due within 30-days of	• Complete <b>CalMHSA Discharge Summary</b> using <b>Key Phrases</b> designated for the Discharge Plan • Complete <b>Service Note</b> & use procedure	• <b>Effective Date Must Match the Discharge Date of the Treatment Program (Close Date)</b> • Discharge Close Reason Must Match on: ➢ Discharge CalOMS

	<p><b>Last Contact</b> with the client (Face-to-Face, Telephone, or Telehealth)</p> <ul style="list-style-type: none"> <li>• Dated with date of <b>Last Contact</b> with the client (Face-to-Face, Telephone, or Telehealth)</li> <li>• CalMHSA Discharge Summary signed by: <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ LPHA</li> <li>➢ HIT</li> </ul> </li> <li>• Complete NOABD Termination</li> </ul>	<p><b>Discharge Planning</b></p> <ul style="list-style-type: none"> <li>• Discharge Plan is signed during the last 30-days of treatment</li> <li>• CalMSHA Discharge Summary signed by: <ul style="list-style-type: none"> <li>➢ Client</li> <li>➢ Staff</li> <li>➢ LPHA</li> <li>➢ HIT</li> </ul> </li> <li>• Complete NOABD Termination</li> </ul>	<ul style="list-style-type: none"> <li>➢ Treatment Program Close</li> </ul> <ul style="list-style-type: none"> <li>• Signed by <ul style="list-style-type: none"> <li>➢ Staff</li> <li>➢ HIT</li> </ul> </li> <li>• Email HIT to discharge client &amp; include: <ul style="list-style-type: none"> <li>➢ CLIENT #</li> <li>➢ SERVER NAME</li> <li>➢ PROGRAM NAME</li> <li>➢ DISCHARGE DATE</li> <li>➢ REASON FOR DISCHARGE</li> </ul> </li> <li>• Email AdminOps to update National Labs</li> </ul>
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## 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 Diagnostic Review, SA Treatment Plan, ASAM, Extended Justification, and Discharge Summary/Plan. Registered/Certified treatment staff shall not sign nor conduct a BH Initial Screening or SUD Assessment.
- 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