Residential Services Documentation Drug & Alcohol Services (DMC-ODS):

1. Bedboard: add client to Bedboard (My Office). Please do not open the client to the residential program outside of the BedBoard. The BedBoard enrolls the client into the program and also generates a daily charge related to the client's residential stay. Ensure that the correct admission date/time is chosen. Ensure the bed the client is assigned to has their correct program associated with the client's enrollment. Make sure to note any leaves on the BedBoard so that there are not charges for days that the client was not at the program. A "Attending Physician" must be chosen on the Bedboard. This can be an AOD Counselor (the residential treatment services will be billed based on their credential).
    a) When a client is in 3.2 WM, the service on the Bedboard needs to be changed to "Residential Withdrawal Management" (H0012).
    b) When a client is in 3.1 or 3.5, the service on the Bedboard needs to be "Residential Treatment – Substance Use" (H0019).
    c) When a client transfers level of care within the same facility (ex. 3.2WM to 3.1 or 3.5 LOC), this transfer must be entered on the BedBoard. This will change the client's program enrollment and will also ensure that the correct daily charge is generated.
2. LPHA Review: If diagnosis, assessment, and level of care was completed by the County: The Provider's LPHA will document that they reviewed the most recent ASAM Assessment (CA ASAM (Client)), Problem List (Client Clinical Problem Details (Client)) and Diagnosis(es) (Diagnosis Document (Client)). This can be documented in the comments section of the Diagnosis Form that the program will create.
3. Complete CalOMS Admission: CalOMS Admission (Client). Assign Dana Adoptante as a co-signer on the CalOMS.
4. CalOMS Updates: CalOMS Standalone Discharge/Update (Client). Assign Dana Adoptante as a co-signer on the CalOMS.
    a. Completed by clinical lead and will be completed when the client completes current LOC (3.2 WM LOC, 3.1 LOC, 3.5 LOC).
    b. When a client completes 3.2 WM, clinical lead will complete CalOMS Admission (Client) for the new LOC (3.1/3.5) dated with first day of new LOC.

c. When a client transitions to new LOC (3.1/3.5) residential staff will email DAS HIT (Dana Adoptante).
d. Completed by clinical lead and will only be completed when the client is still open to treatment at the same level of care & same site a year after the admission. Done each year on the "anniversary" date of admission for each year they remain open.

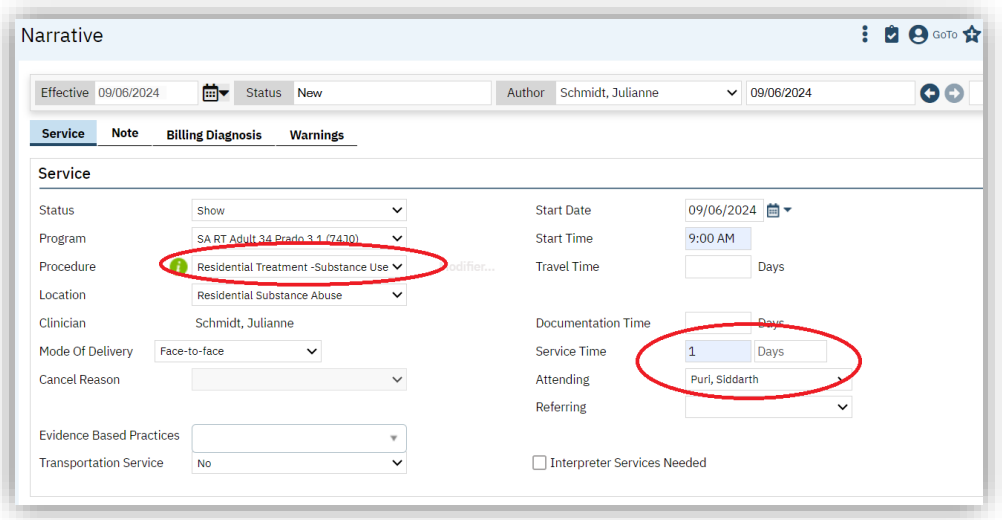
5. Add Diagnosis Form for Correct Program: Diagnosis Document (Client).
6. Update Problem List as needed: Client Clinical Problem Details (Client).
7. Document Daily Service notes (document all services provided for the day, including childcare): For Progress Notes, select the procedure Residential Daily Note. To be reimbursed for residential treatment services, there must be documentation of one or more of the following services for each date that the client is participating in the program:
    a) For 3.1 & 3.5 Residential Treatment: Assessment, Individual Counseling, Group Counseling, & Crisis Intervention.
    b) For 3.2 WM: Observation (always document), Assessment, & Medication Services.
    - Document the name of the staff member that provided each service.
    - For group services, document the topic of the group and/or EBP used, and how the client responded to the service.
    - For all progress notes, indicate the interventions provided to the client (information section) and the plan/next steps (plan section).
8. Document Case Management/Care Coordination notes (including transportation, connecting a client to another resource/service/health need, and Discharge Planning), separate from daily service notes, for case management reimbursement: TCM/ICC- Targeted Case Management/Care Coordination Service Note
9. Document reauthorization requests for Residential Treatment Services every 30 days, as applicable:
    a) Update ASAM: CA ASAM (Client). Assign to Alexandra Hernandez as the co-signer.
    b) When a client is reauthorized for Residential Treatment Services, a Authorization Tracking (Client) will be added the chart.

Discharge Documentation Drug & Alcohol Services (DMC-ODS):

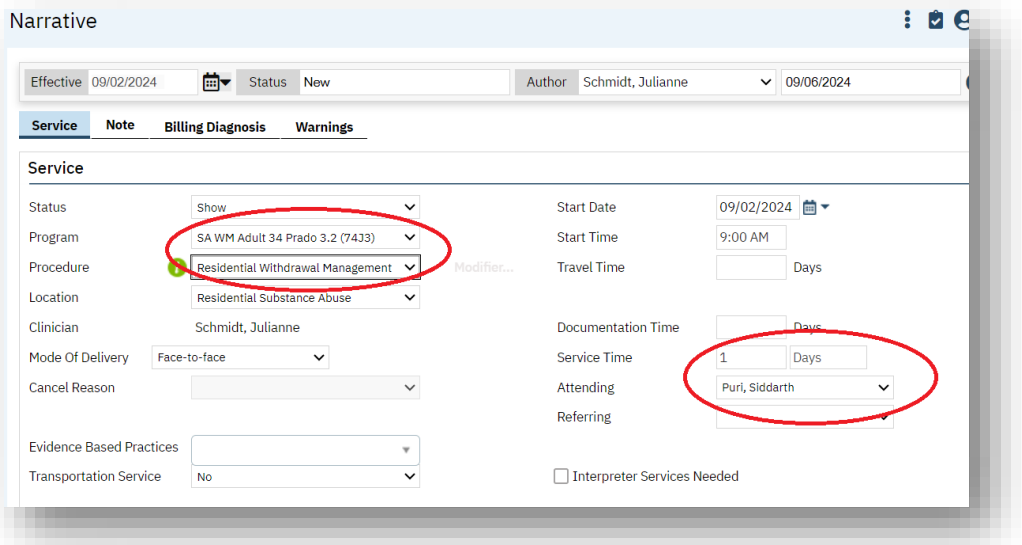
1. For both a Discharge Plan (planned discharge) or a Discharge Summary (loss of contact with client and not able to engage client in discharge plans/discussion), complete the CalMHSA Discharge Summary (Client). Use Key Phrases to complete the form, adding the templated/required text prompts to each narrative box.
    a. Discharge Planning Session: Document this as a Case Management service.
    b. Assign Dana Adoptante as a co-signer on the CalMHSA Discharge Summary (Client).

10. CalOMS Discharge: CalOMS Standalone Discharge/Update (Client). Assign Dana Adoptante as a co-signer on the CalOMS.
    a. Completed by clinical lead.
11. Update Diagnosis as needed: Diagnosis Document (Client).
12. Update Problem List as needed: Client Clinical Problem Details (Client).
13. If it is applicable for a NOABD to be sent to the client, this will be completed by the DAS Case Manager that remains assigned to the client while the client is in residential treatment.
14. Bedboard: discharge client on the Bedboard (My Office). *The Bedboard will NOT generate a charge if a service is provided on the day of discharge.
15. Services on the day of discharge when client is in 3.1 or 3.5 LOC: if a treatment service is provided on the day of discharge (Assessment, Individual Counseling, Group Counseling, and Crisis Intervention), document this in a "Residential Treatment – Substance Use" service note. An attending must be chosen. This will generate a charge to Medi-Cal for a service on the day of discharge. The narrative portion of the progress note shall be completed in the same manner as the Residential Daily Note (list of services client received and staff member that provided each service, interventions, and plan/next

steps).



16. Services on the day of discharge when client is in 3.2 LOC: if a treatment service is provided on the day of discharge (Withdrawal Management Observation, Assessment, Individual Counseling, Group Counseling, and Crisis Intervention), document this in a "Residential Withdrawal Management" service note. An attending must be chosen. This will generate a charge to Medi-Cal for a service on the day of discharge. The narrative portion of the progress note shall be completed in the same manner as the Residential Daily Note (list of services client received and staff member that provided each service, interventions, and plan/next steps).



SUD Crisis Intervention Documentation Drug & Alcohol Services (DMC-ODS):

If client is experiencing thoughts/risks such as Danger to Self, Danger to Others, or Grave Disability, use the steps below to document a through crisis assessment. Document how the safety concerns are connected to the client's SUD (ex. risk of relapse, safety concerns intensified due to substance use).

1. When SUD Crisis Intervention service is provided, include this service in the listing of services in the Residential Daily Note. Include the staff member names(s) that provided the service and the time(s).
2. To document a thorough crisis intervention assessment **one** of the following must be used:
    a. Staff can document the full crisis assessment in the Residential Daily Note using the Crisis Progress Note Template that is available in Key Phrases (see Appendix).
    b. Staff can use the Crisis Assessment (Client) in SmartCare. This document guides staff in completing and documenting a thorough assessment of risk to ensure high quality care and to standardize the assessment of risk to self or others. This is recommended as it demonstrates the full scope of the service including the assessment that was completed, outcome, and plan for follow-up. In the Residential Daily Note, staff must direct the reader to the Crisis Assessment document dated __/__/__.
    c. To determine the need to complete an Incident Report and send it to Behavioral Health, please reference the Residential Treatment Provider Guide.