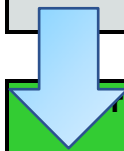


County of San Luis Obispo Drug & Alcohol Services

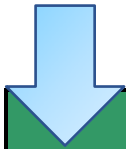
Flow Sheet for DMC-ODS Documentation

Initial Screening Request for Services			
(AA) Open Walk-In Client Programs	BQulP	Diagnosis Document + Client Clinical Problem Details	Interim Services
• (AA) Open Walk-In Client Programs • (AA) Open Case Management Client Program	• Dated with screening date • Complete Service Note & use procedure SUD Screening • Signed by Clinician/LPHA	• Dated with BQulP screening date • Signed by: ➢ Clinician/LPHA ➢ LPHA ➢ Reg./Cert. Counselors • If needed, complete NOABD Denial	• Add client to engagement groups • Contact MAT staff to schedule client for MAT services as clinically indicated

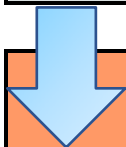


Treatment Admission = CA ASAM and Treatment Assignment (Client Programs) Opened *Client is assigned LOC and opened to treatment when the CA ASAM is completed.				
CA ASAM	Access Team Close Walk-In Client Program	Access Team Open Client Treatment Programs	Update Documents as Needed: Diagnosis Document + Client Clinical Problem Details	CalOMS Admission
• Linked to Treatment Program (initially launched in Walk-In Program & updated when Treatment Program is determined) • Complete Service Note linked to Treatment	• Access Team close Walk-In Program • Dated the same day as Treatment Program date (close Walk-In Program and open Treatment Program on same day)	• Access Team open Treatment Program • Dated with CA ASAM Assessment Date	• Effective Date matches the CA ASAM Assessment Date • Signed by: ➢ Clinician/LPHA ➢ LPHA ➢ Reg./Cert. Counselors • If needed, complete NOABD Denial	• Effective Date must match the "Enrolled" Date of the Treatment Program • Signed by: ➢ Staff ➢ HIT

Program & use procedure ASAM or Other Structured SUD Assessment • Signed by: ➢ Clinician/LPHA ➢ LPHA				
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Continued Services		
CA ASAM	Problem List Updates (Client Clinical Problem Details OR Problem List on Service Note)	CalOMS Annual Update (CalOMS Standalone Discharge/Update)
• Update as clinically appropriate for Level of Care changes • Signed by: ➢ Staff ➢ LPHA	• Update as clinically appropriate for Problem List changes • 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)			
Update Documents as Needed: Diagnosis Document + Client Clinical Problem Details	Discharge Summary: * Lost Contact with a Client	Discharge Plan: *Planned Termination of Treatment	CalOMS Standalone Discharge/Update
• Update when there is a change to the Diagnosis, remission status or change to the Problem List • Signed by: ➢ Clinician/LPHA ➢ LPHA	• Complete CalMHSA Discharge Summary using Key Phrases designated for the Discharge Summary • Discharge Summary is due within 30-days of	• Complete CalMHSA Discharge Summary using Key Phrases designated for the Discharge Plan • Complete Service Note & use procedure	• Effective Date Must Match the Discharge Date of the Treatment Program (Close Date) • Discharge Close Reason Must Match on: ➢ Discharge CalOMS

	Last Contact with the client (Face-to-Face, Telephone, or Telehealth) • Effective date of Discharge Summary will match the Discharge Date. • CalMHSA Discharge Summary signed by: ➤ Staff ➤ LPHA ➤ HIT • Complete NOABD Termination	Discharge Planning • Discharge Plan is signed during the last 30-days of treatment • CalMSHA Discharge Summary signed by: ➤ Client ➤ Staff ➤ LPHA ➤ HIT • Complete NOABD Termination	➤ Treatment Program Close • Signed by ➤ Staff ➤ HIT • Email HIT to discharge client & include: ➤ CLIENT # ➤ SERVER NAME ➤ PROGRAM NAME ➤ DISCHARGE DATE ➤ REASON FOR DISCHARGE • Email AdminOps to update National Labs
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