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	**BQuIP**	**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 BQuIP 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				

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