Updated DMC-ODS Documentation Requirements

Los Angeles County Department of Public Health
July 5, 2022
Substance Abuse Prevention and Control

Behavioral Health Information Notice 22-019

- BHIN 22-019 outlines the clinical documentation requirement for SMHS, DMC, and DMC-ODS services.

  - **Assessments**: American Society of Addiction Medicine (ASAM) Criteria

  - **Problems Lists**: *New for SAPC*

  - **Notes**: Completion timelines and frequency of notes were updated

BHIN 22-019

Excluding OTPs,

all treatment providers are required to meet Problem Lists requirements.

Providers may continue using existing treatment plans but must add Problem List components as specified by BHIN 22-019.

Problem List Requirements

Per BHIN 22-019 the problem list shall include, but is *not limited to*, the following:

- Diagnoses identified by a provider acting within their scope of practice, if any.

  - Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable.

- Problems identified by a provider acting within their scope of practice, if any.

- Problems or illnesses identified by the beneficiary and/or significant support person, if any.

- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed.

BHIN 22-019
BHIN 22-013

Interim Solution for the Problem List

- Primary Sage Users
  - Use the Treatment Plan Form to address Problem List requirements.
- Secondary Sage Users
  - Option 1: Submit approved agency Treatment Plan with updates to meet Problem List requirements.
  - Option 2: Submit agency's Problem List Form to SAPC.QI.UM@PH.LACOUNTY.GOV for approval from the SAPC Associate Medical Director for Treatment Services.
    - Agencies can use their Problem List Form upon approval.
- Downtime Procedures Form
  - A "paper" Problem List will be added to the Clinical Forms and Documents section of the SAPC website for usage during Sage downtimes.
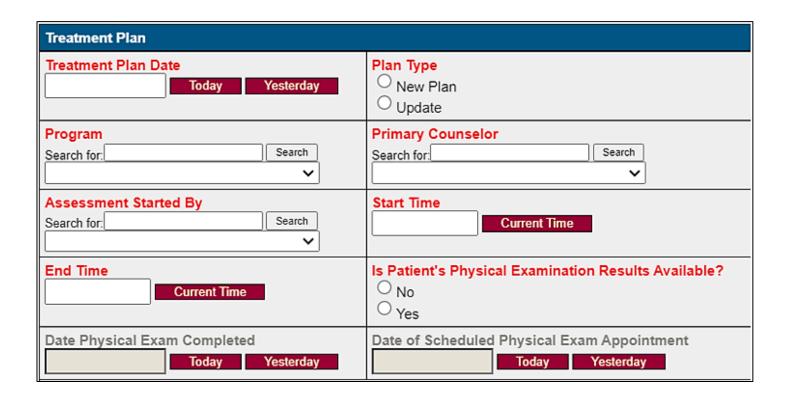
*If your agency needs to continue completing treatment plans, such as for accreditation purposes, there is no prohibition to continue using treatment plans so long as the Problem Lists components are incorporated as outlined by DHCS.

Problem List Key Updates

- Problem List components are required for new admissions and re-authorizations effective 7/1/2022.

  - Existing treatment plans are not required to be updated to include Problem List requirements unless a re-authorization is requested.

- Initial, Review, and Update timeframes applicable to the treatment plan pre BHIN 22-019 implementation, will also apply to the Problem List.

  - See page 176 of Provider Manual 6.0 for timeframes.

- Patient signature is optional.

- (LE)LPHA finalization is required by SAPC.

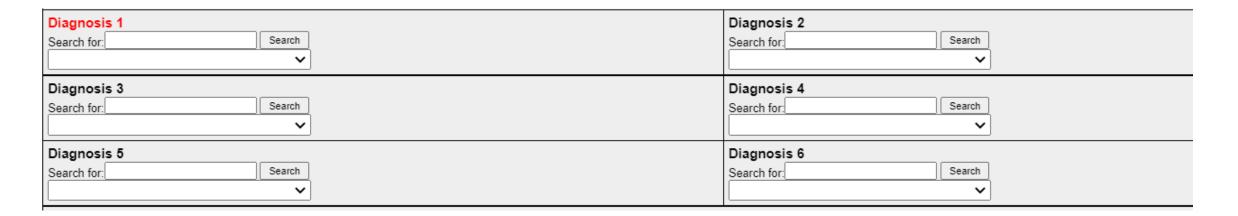- Missing elements of the Problem List may result in denials of re-authorizations.

Operationalizing the Problem List in Sage

There are no changes to this section of the form.
Primary providers should continue filling this section out as usual.

Operationalizing the Problem List in Sage

The Problem List still requires the inclusion of diagnosis. With the current Treatment Plan Form, the diagnosis field(s) meet this requirement.

Enter all diagnosis listed in the Provider Diagnosis form.

Operationalizing the Problem List in Sage

Though not a requirement per BHIN 22-019, this form cannot quickly be changed. To reduce the amount of entry on the Type of Services Provided section of the Treatment Plan form, the following section should be completed as follows:

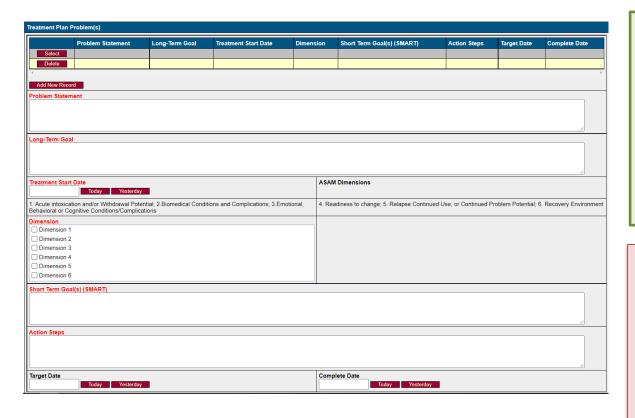**Type of Services Provided**: check off "Other"
Specify Other Services Provided: "N/A"

Type of Services Provided		Specify Other Services Provided
☐ Case Management		N/A
☐ Community Support Group		
☐ Crisis Intervention		
☐ Group Counseling		
☐ Individual Counseling as needed		
☑ Other		
☐ Recovery Services		
☐ UA/Breathalyzer		
(Individual Counseling) How many times per week?		**(Group Counseling) How many times per week?**
(Community Support Group) How many times per week?		**(UA/Breathalyzer) How many times per week?**
(Case Management) How many times a week?		

Operationalizing the Problem List in Sage

- The fields in red are required and have associated conditionally required fields.

- Though patient signatures will NOT be required as of 7/1/2022, the **Client Signature Obtained** field must be completed to finalize the form.

- This form also continues to require (LE)LPHA signature so the **Draft Complete-Ready for Finalization** section should be completed when appropriate.

	Referred for Medication-Assisted Treatment (MAT)? ○ No ○ Yes
State Reason(s) for MAT Referral / Non-Referral	**Client Signature Obtained** ○ No ○ Yes
If patient refuses or is unavailable to sign, please explain	**If patient's preferred language is not English, were linguistically appropriate services provided?** ○ N/A ○ No ○ Yes
Please Explain	
*** Problems Must Be Recorded in the Next Section Prior to Checking the "Ready for Finalization" Box Below ***	
Draft Complete - Ready for Finalization ☐ Yes	

Operationalizing the Problem List in Sage

REQUIRED elements for the Problem List:
- Problem
- Added by: (Name and credential)
- Practitioner Title
- Date Added
- Date Removed- If applicable
- Removed by: (Name, credential, and title)

NOT required for Problem List, write "N/A" to save the form.
- Long-Term Goal,
- Short Term Goal(s) (SMART)
- Action Steps are NOT required in a Problem List

Fields in red must be filled out for the form to save.

Problem Statement

Alcohol use
Problem Added By: Esther Orellana, Ph.D.
Practitioner Title: Licensed Psychologist
Date Added: 7/2/2022

The Problem List requires the addition of who identified/added the problem, their title/role, and the date the problem was added. In the event a problem is resolved or deemed appropriate for removal, the "Date Removed" and "Removed By" should also be added.

Long-Term Goal

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Treatment Start Date

07/01/2022   [Today]   [Yesterday]

ASAM Dimensions

1. Acute intoxication and/or Withdrawal Potential; 2.Biomedical Conditions and Complications; 3.Emotional, Behavioral or Cognitive Conditions/Complications

4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment

Dimension

☐ Dimension 1
☐ Dimension 2
☐ Dimension 3
☑ Dimension 4
☐ Dimension 5
☐ Dimension 6

"Treatment Start Date" and "Dimension" are not required fields for the Problem List, but must be filled in or selected for the form to save.

Short Term Goal(s) (SMART)

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Action Steps

N/A

This is not a required field for the Problem List, but must be filled in for the form to save.

Target Date

[ ]   [Today]   [Yesterday]   *SKIP- Not required for Problem List*

Complete Date

[ ]   [Today]   [Yesterday]   *SKIP- Not required for Problem List*

Operationalizing the Problem List in Sage

Field	Old way of entry	New entry requirements
Problem Statement	Listed as a sentence, often in the patient's own words	Within the scope of the practitioner identifying the **problem**, this can be listed as a diagnosis, Social Determinant of Health, Z-Code, or description of an issue. MUST also include: "**Added by:**"- Practitioner's Name who identified/added the problem AND credential (ex. RADT-I, CACD-II, LCSW) "**Practitioner Title**:" ex. Registered SUD Counselor, Certified SUD Counselor, Licensed Social Worker "**Date Added:**"- Date the Problem was added "**Date Removed:**"- If applicable, add the date the problem was identified for removal. "**Removed by:**" The practitioner, credential, and title that removed the problem.
Long Term Goal	What the patient wants to achieve by the end of treatment at that level of care	"N/A" This is no longer required, but can still be filled with what the patient identifies as a long-term goal
Treatment Start Date	The date the patient started treatment	No change. Continue to enter the date the patient started treatment.
Dimension	Select the dimension(s) associated with the Problem Statement.	No change. Continue selecting the dimension associated with the Problem.
Short Term Goal(s) (SMART)	Enter a Specific, Measurable, Achievable, Relevant, Time-Bound goal.	"N/A" This is no longer required, but can still be filled in with a SMART goal.
Action Steps	What staff or the patient are going to do to help meet the goals.	"N/A" This is no longer required as it is expected to be noted in each progress note.
Target Date	Expected day of completion.	Leave Blank
Complete Date	Date goal met.	Leave Blank

Operationalizing the Problem List in Sage

	Problem Statement	Long-Term Goal	Treatment Start Date	Dimension	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
Select	Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022	"Get housing"	07/01/2022	Dimension 3	N/A	N/A		
Select	Problem with Employment^Problem Added By: Maria Gonzalez, RADT-I^Practitioner Title: Registered SUD Counselor ^Date Added: 7/2/2022^Date Removed: 8/5/2022^Removed by: John Smith, CADC-II, Certified SUD Counselor	N/A	07/01/2022	Dimension 3, Dimension 5	N/A	N/A		
Select	Alcohol use^Problem Added By: Esther Orellana, Ph.D.^Practitioner Title: Licensed Psychologist^Date Added: 7/2/2022	N/A	07/01/2022	Dimension 4	N/A	N/A		

Treatment Plan Problem(s) Item 2

Problem Statement **Problem with Employment**

Problem Added By: Maria Gonzalez, RADT-I

Practitioner Title: Registered SUD Counselor

Date Added: 7/2/2022

Date Removed: 8/5/2022

Removed by: John Smith, CADC-II, Certified SUD Counselor

Long-Term Goal **N/A**

Treatment Start Date **07/01/2022**

ASAM Dimensions

1. Acute intoxication and/or Withdrawal Potential; 2.Biomedical

4. Readiness to change; 5. Relapse Continued Use, or Continue

Dimension **Dimension 3, Dimension 5**

Short Term Goal(s) (SMART) **N/A**

Action Steps **N/A**

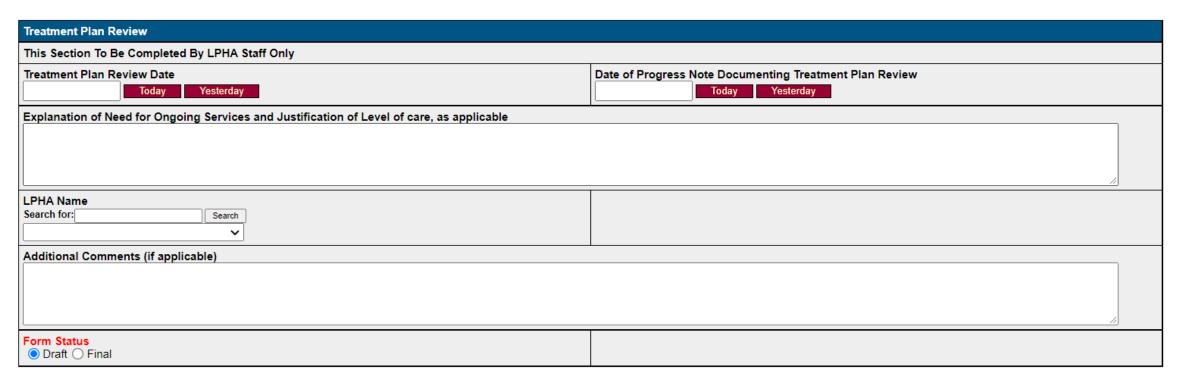Target Date (blank)

Complete Date (blank)

Once the form is saved, above is what the Treatment Plan Problem table will look like.

To the left is what the printed treatment plan would look like. Although not in a table format, it has the necessary components of the Problem List.

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Operationalizing the Problem List in Sage

This form is not considered valid until an (LE)LPHA has finalized it. An (LE)LPHA clicking the "Final" button will suffice. The non mandatory fields are not required.

Treatment Plan Review	
This Section To Be Completed By LPHA Staff Only	
Treatment Plan Review Date [____] [Today] [Yesterday]	**Date of Progress Note Documenting Treatment Plan Review** [____] [Today] [Yesterday]
Explanation of Need for Ongoing Services and Justification of Level of care, as applicable [_____]	
LPHA Name Search for: [____] [Search] [_____ ▼]	
Additional Comments (if applicable) [_____]	
Form Status ⦿ Draft ○ Final	

[Save Changes] [Cancel Changes]

Discharge Plans

- A Discharge Treatment Plan is no longer required.

  – However, *discharge planning* is required and is integral part of treatment.

    - Discharge Planning: The process of preparing the patient for referral into another level of care, posttreatment returns or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. Provider Manual 6.0 pg. 104

- Discharge and Transfer form is required.

- Discharge planning should be clearly documented in progress notes.

Progress Note Key Updates

Per BHIN 22-019, the following Progress Notes updates are effective 7/1/2022.

- Progress notes shall be finalized within three (3) business days of providing the service. Crisis notes shall be completed within 24 hrs.
  - Including co-signatures, if applicable.
- Diagnosis and CPT codes do NOT need to be in the body of the Note but does need to be on the claim.
- Daily progress notes are now required for services that are billed on a daily basis. Weekly notes will no longer be acceptable.
- Group Services rendered by multiple providers: one progress note with one provider signature is acceptable.

BHIN 22-019

Feedback

- As SPAC works on updating Sage to meet new DHCS requirements, we want to hear from you.

- Are there areas of the treatment plan you would like to retain?
  - Although some aspects of the treatment plan are not required, do you see clinical value in retaining them?

SUBMIT a Sage Help Desk Ticket

Issue Description: Problem List Enhancement Request

Sage Help Desk Phone Number: (855) 346-2392
Sage Help Desk ServiceNow Portal: https://netsmart.service-now.com/plexussupport