Documentation Changes in DMC-ODS

Current DMC	DMC- ODS (7/1/18)
 Diagnosis Determination Note: DSM-5 diagnosis and basis of the diagnosis documented by Medical Director (MD) or therapist within 30 days. 	 Diagnosis Determination Note: Completed by MD or LPHA within first 30 days for OS/IOT and within 10 days for Residential. DHCS direction not to have SUD Counselor document any kind of "provisional" diagnosis or "diagnostic impression".
 Determination of Medical Necessity: Intake Assessment DSM Criteria Reviewed by Medical Director 	 Determination of Medical Necessity: Assessments and review of ASAM dimensions DSM-5 Criteria (approved SUD diagnoses) Meets ASAM Dimension Criteria for specific level of care Reviewed and signed off by Medical Director or LPHA
 Same Day & 2nd Service Billing: Use Multiple Billing Override Certification (DHCS 6700). ODF – document in progress note an unavoida- ble visit - collateral or crisis service only IOT – crisis service only 	 Same Day & 2nd Service Billing: Most services allowed on same day See DHCS billing DMC-ODS Same Day matrix Eliminates Form DHCS 6700
 Treatment Planning: Initial Treatment Plan due within 30 days Updated Treatment Plan due within 90 days of last plan or earlier if significant changes Must be signed by MD within 15 days 	 Treatment Planning: Initial Treatment plan timeframes for OS & IOT unchanged Timeframe change for Residential due within 10 days for initial and every 30 days for updated plans (with all signatures) All plans must be individualized Include updated ASAM Level of Care Recommendation with updated treatment plans Completed by SUD counselor or LPHA Signed by MD or LPHA, if completed by SUD counselor
 Progress Note: Progress toward treatment goals, action steps and referrals Requirements: date of service topic Completed and signed within 7 days IOT and Residential notes weekly 	 Progress Note: Progress toward treatment goals, action steps and referrals Document use of Evidenced Based Practices (e.g., Motivational Interviewing and Relapse Prevention) Same requirements for date, topic, signature, and timeframes IOT – no weekly notes require a note for every service Residential – option of weekly progress note or individual notes for each service (if using weekly note, must always have a sepa- rate individual note for case management services) Weekly notes due within 7 days
 Stay Review: No earlier than months 5 and no later than 6 months; subsequent stays signed every 5-6 months until d/c Reviewed by therapist/counselor, signed by Medical Director 	 Stay Review: Timeframes the same ASAM LOC Recommendation included in documentation Completed by SUD counselor or LPHA and reviewed or signed by Medical Director or LPHA, if completed by SUD Counselor
 Discharge: D/C Plan 30 days prior to last face-to-face treatment contact D/C Summary within 30 days of last face to face treatment contact 	Discharge: • No Changes





DMC-ODS

DOCUMENTATION CHANGES

This document is a training tool and is subject to change. Please refer to the SUDPOH for current processes, rates, and expanded details.

Documentation Changes in DMC-ODS continued...

Current DMC	DMC- ODS (7/1/18)	
Individual Counseling:	Individual Counseling:	
• Limited to intake, treatment planning, crisis intervention, collateral services & DC planning	 No restrictions on types of counseling services 	
Units of Service:	Units of Service:	
 Face-to-face contact on a calendar day 	 Contact with client Most services billed in 15 minute increments 	
 ODF Counseling – 50 minutes for Individual, 90 minutes for Group with at least 2 sessions in 30 days. 	 Nost services blied in 15 minute increments OS Total Individual/Group Services per week: Adult: up to 9 hours/week Adolescents: up to 6 hours/week 	
 IOT Bundled services – 3 consecutive hours/day and minimum 3 days/week 	 IOS - No 3 hour/ day and 3 day/week minimum Adults – 9-19 hours/week Youth – 6-19 hours/week 	
	 Residential - 20 hours/week of structured services with minimum 1 hour/day ASAM Level 3.1 - 5 clinical hours Level 3.5 - 10 clinical hours Case Management not included in the 20 hours 	
Group Sessions:	Group Sessions:	
Clinical group size 2-12 clients	No changes to sizes	
 Education group size may be > 12 Break time is NOT included in total group time 	• Sign-In Sheets must include typed or legibly printed name and signature of LPHA or SUD counselor, date, start/stop times, topic, typed or legibly printed name and signature of client, and clear indications of out/in times for any breaks	
Provision of Services:	Provision of Services:	
 Must be provided at program site. 	 May be provided throughout community and via Telehealth, phone, or face-to-face Services in community must not be regularly scheduled or on-going Progress Note must document the community setting and how confidentiality was maintained. 	
Case Management:	Case Management:	
Not DMC billable	 Billable Documented in Individual Progress Note with same requirements for signature and completion date as other progress notes 	
After care:	Recovery Services:	
• Not DMC billable	 Billable Provided after client has completed treatment (and no transition to another level of care is indicated) Must have a treatment plan and progress notes for individual recovery services provided Includes outpatient individual or group counseling for relapse prevention, recovery monitoring/coaching, care coordination to services, and marriage/family counseling 	