

# SUD TREATMENT PLANNING: Tips, Tricks & Requirements

A graphic of three overlapping silhouettes of human heads in profile, facing right, rendered in shades of blue against a darker blue background.

Substance Abuse Prevention and Control  
County of Los Angeles Health Agency & Department of Public Health

All Provider Meeting: 10/5/2017

## Overview

- 1) “The Pulse” (important network-wide issues)
- 2) Clarification on commonly received questions about the SAPC Treatment Plan form.
- 3) Review treatment plan documentation requirements.
- 4) Provide guidance and clarification on when and how to conduct *Treatment Plan Reviews* and *Treatment Plan Updates*.

### WHEN QUESTIONS ARISE:

1<sup>st</sup> → Provider Manual

2<sup>nd</sup> → SAPC website (FAQ’s, Timeline Factsheet, Documentation Checklist)

3<sup>rd</sup> → Call SAPC

# THE PULSE

## Helpful Resources

- **\*NEW\* Provider Manual (Version 2 recently released!)**
- **\*NEW\* START-ODS FAQs (updates recently released!)**
- **Checklist of Required Documentation (updated since last meeting)**
- **Weekly SAPC QI & UM FAQ Provider Call**

## Reminders Regarding Case Management

- Many providers and case managers are still referring patients to the SASH or WPC for case management
  - Patients already in SUD treatment should have case managers at the treatment site who can provide billable case management services for things such as discharge planning, planning level of care transitions, exploring housing options, etc → These case management functions are NOT the responsibility of the SASH/CENS/WPC
- Providers are still saying they only accept patients who are already enrolled in Medi-Cal. Providers CANNOT turn away those who are Medi-Cal eligible, but not yet enrolled, or MHLA individuals → Use case management for eligibility enrollment; this is a billable service!

# THE PULSE

## Reminders Regarding Patient Fees

- Providers are PROHIBITED from charging Medi-Cal patients fees or sliding scales.
  - Some providers are charging patients room and board fees because they state that DMC does not pay for room and board. However, SAPC is paying for room and board with other funding, so providers will be paid for room and board either way and should NOT be charging patients for this.

## Reminders Regarding SASH/CENS/WPC

- Some providers are giving the rationale that patients don't meet medical necessity when the SASH/CENS calls to make referrals – this is not possible given that providers haven't yet performed the full ASAM assessment.
- Many providers are still not picking up their phones during business hours. Even if you don't have availabilities, you should pick up your phones.

# THE PULSE

## Reminders Regarding SBAT

- While many providers are now updating their SBAT data on a daily basis, some still are not, or are continuously reporting “no changes” and displaying the same # of bed availabilities → this is a contractual requirement

## Reminders Regarding Authorizations

- If you have questions regarding a submission, please call SAPC at **626-299-3531**, rather than re-faxing the submission materials
- No copying and pasting of clinical documentation without modification – must be individualized for each patient:
  - ASAM assessments
  - Treatment Plans (updates and reviews)
- “Treatment Plan Sandwich” is NOT allowable – Some providers are submitting the first and last pages of the SAPC Treatment Plan form and then inserting their own Treatment Plan formats in-between. Must either use a complete SAPC Treatment Plan form or SAPC-approved form.

## Treatment Plan: Acceptable Forms



- **Acceptable Forms**

- Unless you have submitted and received SAPC approval of your agency's treatment plan form, providers must use the standardized SAPC Treatment Plan form available on the SAPC website.
- If you submit unapproved treatment plans, you will be requested to resubmit and the review of your authorization requests will be delayed.
- Acceptable forms must contain all required fields and signatures.

\*If you would like SAPC to consider approval of your treatment plan format, submit this request by email along with a copy of your treatment plan form to ***sapc.qi.um@ph.lacounty.gov***

# SAPC TREATMENT PLAN FORM

Date that Provider established the Treatment Plan.  
*Must be within 7 days of admission.*

Date that Treatment Plan was updated.

COUNTY OF LOS ANGELES Public Health			
SUBSTANCE ABUSE PREVENTION AND CONTROL TREATMENT PLAN			
PATIENT INFORMATION			
1. Name (Last, First, and Middle):	2. Date of Birth (mm/dd/yyyy):	3. Medi-Cal or MHLA Number:	
4. Address:			
5. Gender:	6. Preferred Language:	7. Race/Ethnicity:	8. Phone Number:
Okay to Leave a Message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. DSM-5 Diagnosis(es):			
10. Was a Physical Exam Completed?			
<input type="checkbox"/> If yes, provide the date the physical exam was completed. <input type="checkbox"/> If no, provide the date of scheduled physical exam appointment.			
11. Initial treatment Plan Date:		12. Updated Treatment Plan Date:	
PROVIDER AGENCY			
13. Name:	14. Address:	15. Email:	
16. Contact Person:	17. Phone Number:	18. Fax Number:	
<b>ASAM Dimensions:</b> 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			
PROBLEM # 1			
19. Problem Statement:			
20. Long-Term Goal:			
21. Treatment Start Date:		22. Dimension(s):	
23. Short-Term Goal(s):	24. Action Steps:	25. Target Date:	26. Completion Date:
Revised 9/01/17			
1			

Treatment Start Date for Problem #1

# SAPC TREATMENT PLAN FORM

Patient signature needed.  
**Required within 30 days, max.**

Treatment Plans require regular review. DHCS currently requires documentation of Treatment Plan & Reviews on separate progress note. **See Table 18 in provider manual, version 1, pg. 144 for review timelines.**

TYPE OF SERVICES PROVIDED			
27. <input type="checkbox"/> Individual Counseling as needed ____ x week <input type="checkbox"/> Group Counseling ____ x week <input type="checkbox"/> Community Support Group ____ x week <input type="checkbox"/> UA/Breathalyzer ____ x week <input type="checkbox"/> Case Management ____ x week <input type="checkbox"/> Recovery Support Services <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Other: _____			
28. Was MAT offered: <input type="checkbox"/> Yes <input type="checkbox"/> No. Please specify: _____			
29. Patient Signature: _____		30. Date: _____	
31. If the patient refuses or is unavailable to sign the treatment plan, please explain: _____			
32. If the patient's preferred language is not English, were linguistically appropriate services provided? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: _____			
33. Counselor Name (if applicable):	34. Counselor Signature (if applicable):	35. Date:	
36. License eligible LPHA Name (if applicable):	37. License eligible LPHA Signature (if applicable):	38. License Eligible LPHA license Number:	39. Date:
40. Licensed LPHA Name:	41. Licensed LPHA Signature	42. Licensed LPHA License Number:	43. Date:
TREATMENT PLAN REVIEW			
44. Treatment Plan Review Date:		45. Date of Progress Note Documenting Treatment Plan Review:	
46. Explanation of Need for Ongoing Services and Justification of Level of Care, as applicable: _____			
47. Counselor Name (if applicable):	48. Counselor Signature (if applicable):	49. Date:	
50. License Eligible LPHA Name (if applicable):	51. License Eligible LPHA Signature (if applicable):	52. License Eligible LPHA License Number:	53. Date:
54. Licensed LPHA Name:	55. Licensed LPHA Signature	56. Licensed LPHA License Number:	57. Date:
This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to APPLICABLE Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR Part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.			
EXTERNAL SAPC REVIEW This section will include communication between SAPC and the agency/provider			
Comments: _____			
Assigned Staff:	Reviewed by:	Signature: _____	Date:

Need to ensure that the treatment plan proposed is the one implemented.

LPHA Name, Signature & License # and Date of LPHA Signature needed.

- **Required within 14 days of Patient's signature, max.**
- **Requires face to face interaction with evaluator, if not LPHA.**

Reviews of treatment plans need to be endorsed by LPHA.



## Initial Treatment Plan: Key Dates & Deadlines

Activity	Description	Responsible Person(s)	Due Date*
<b>Establish Treatment Plan</b>	<p>Provider establishes treatment plan to guide treatment.</p> <p>Initial treatment maybe brief until more details from patient can be gathered.</p>	SUD Counselor or LPHA, depending on who is conducting assessment and planning treatment.	Within seven (7) days of treatment admission.
<b>Patient's signature</b>	Treatment plans require patient's signature or specific reason why signature is unable to be obtained.	SUD Counselor or LPHA, depending on who is conducting assessment and planning treatment.	<p>Within thirty (30) days of admission for most services.</p> <p>Within twenty-eight (28) days of admission for OTP patients.</p>
<b>LPHA Signature</b>	LPHA must sign the finalized treatment plan with patient's signature.	LPHA	Within fifteen (15) days of the patient signing.

\*These are maximum timeframes. The ideal scenario is to complete and sign the treatment plan as expeditiously and close to the treatment admission date as possible. See SAPC Provider Manual Version 2, Pg 152-153.

## Treatment Plan: Key Components

At a minimum, treatment plans should include:

- **A statement of problems** to be addressed that are consistent with the diagnosis.
- **Goals** to be reached which address each problem.
- **Action steps** to be taken by the provider and/or patient to accomplish identified goals.
- **Target dates** for accomplishment of action steps and goals.
- **A description of services**
  - Including the type/frequency of counseling to be provided.
- **The proposed type(s) of interventions/modalities**
  - Including the frequency and duration of intervention(s).
- **Specific quantifiable goals and treatment objectives**
  - SMART goals diagnosis and multidimensional assessment.
- **DSM-5 diagnosis for a SUD or “at-risk” justification for Youth (ages 12 – 17) and Young Adults (ages 18 – 20).**

## Treatment Plan: Key Components (cont'd)

**At a minimum, treatment plans should include:**

- **Case Details**

- Thorough documentation of case details, including diagnosis(es) and statement of problems to be addressed.

- **Goals**

- Goals that are mutually established between patient and provider for each identified problem.

- **Action Steps**

- Action steps to be taken by the provider and/or patient in order to achieve the identified goals.
- Target dates for the achievement of identified action steps and goals.

- **Services**

- Description of the type(s) and frequency of services to be provided.
- Required documentation, as specified in Titles 9 and 22, including documentation of physical examinations.

## Treatment Plan: Key Components (cont'd)

- **Patient Review**

- The patient shall review, approve, sign and date the initial treatment plan, indicating whether the patient participated in preparation of the plan.
- **Patient inability/refusal to sign:** see provider manual, version 2 pg. 152.
  - The provider shall document the reason for refusal and the provider's strategy to engage the patient in treatment.
    - \*Note: Given timeline, this should be a rare occurrence.

- **LPHA Review**

- If the LPHA determines the services in the treatment plan are medically necessary, the LPHA shall sign and date the treatment plan, *within 15 calendar days* of signature by the counselor or provider.

- **MAT in Treatment Plan**

- When medications are included in the treatment plan, LPHAs who sign off on treatment plans *must be licensed prescribers*, whether in the OTP setting or non-OTP settings.

## Goals

### UM Lessons Learned (so far)

- Goals should be related to treatment of SUD Conditions.
- List of Goals doesn't have to be long.
  - Providers can and should limit goals to those that are appropriate for the current phase of treatment.
- Treatment should be individualized.
- Providers **do not** have to include goals for the entire course of treatment for any given treatment plan.



- Providers should be designing S.M.A.R.T. goals.
- Requires providers to be specific at goal creation, but should help to direct and monitor treatment progress.
- S.M.A.R.T. goals also make it easier to for providers and patients to collaborate.

## Treatment Plan Reviews & Updates: The Basics

**Table 18. Treatment Plan Minimum Requirements**

Treatment Plan Activity	Level of Care	Minimum Requirement
<b><i>Initial Treatment Plan</i></b>	All Withdrawal Management levels of care	Must be completed upon intake and signed by patient and LPHA within the treatment episode
	Outpatient Intensive Outpatient Residential	Must be completed upon intake within seven (7) calendar days, and signed by patient and LPHA within 30 calendar days of admission
	Opioid Treatment Program	Must be completed upon intake within seven (7) calendar days, and signed by patient and LPHA within 28 calendar days of admission
<b>Treatment Plan <u>Review</u></b>	Outpatient Intensive Outpatient Opioid Treatment Program	Every 30 calendar days, at minimum
	Residential	Every 15 calendar days, at minimum
<b>Treatment Plan <u>Update</u></b>	Outpatient Intensive Outpatient Opioid Treatment Program	Every 90 calendar days, at minimum
	Residential	Every 30 calendar days, at minimum

# Treatment Plan Reviews

## Treatment Plan Reviews:

- Involves minimum periodic review and monitoring of treatment progress to date.
- Providers have discretion in how this is accomplished:
  - Individual review by a counselor/LPHA.
  - Case conference presentation.

## Required documentation:

- Complete the Treatment Plan Review section of the SAPC Treatment Plan.
- DHCS requires Treatment Plan Reviews to be documented on a separate Progress Note.
- Counselor's Signature (\*note: patient signature is NOT needed for Treatment Plan Review).
- LPHA's Signature.

## Treatment Plan Updates

### Treatment Plan Updates

- Formal review & update of treatment plan. Currently involves re-establishing goals and re-completing SAPC Treatment Plan Form.
- Provider should provide information on progress on current goals and/or establish new ones.
- DHCS requires documentation on a separate progress note.
  - Can use this to clinical reasoning and rationale for goals on a separate progress note, or in part of a separate progress note.

### Required documentation:

- Complete the SAPC Treatment Plan Form, entering date in field #12.
- DHCS requires Treatment Plan Updates to be documented on a separate Progress Note. Patient's Signature.
- Counselor's Signature & LPHA's Signature.



# Questions?

