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SAPC INFORMATION NOTICE 22-19

December 20, 2022

TO: Los Angeles County Substance Use Disorder
SAPC – All Treatment Providers

FROM: Gary Tsai, M.D., Division Director 
Substance Abuse Prevention and Control

SUBJECT: DOCUMENTATION STANDARDS AND REQUIREMENTS

The County of Los Angeles Department of Public Health (Public Health), Division of Substance Abuse Prevention and Control (SAPC) is issuing Information Notice #22-19 to clarify the requirements and responsibilities for clinical documentation in accordance with Department of Health Care Services Behavioral Health Information Notice 22-019 related to California Advancing Innovations in Medi-Cal (CalAIM). The following applies to all SAPC contracted treatment service providers (network providers) and staff documenting clinical services within the SAPC network.

Problem Lists

Documentation of substance use disorder (SUD) treatment services by network providers are required to include Problem Lists for each beneficiary that they treat during dates of service from July 1, 2022 onward, with the exception of Opioid Treatment Programs (OTP).

The Problem List consists of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, clinical evaluations, crisis encounters, or other types of service encounters. Problems identified by the documenting practitioner during any service encounter shall either be addressed or include a plan to address the problem by the documenting practitioner, within their scope of practice, during that service encounter, and subsequently added to the Problem List. The Problem List shall be updated on an ongoing basis to reflect the current presentation of the beneficiary. Network provider’s practitioners who deliver or coordinate care within the SAPC treatment network shall create and maintain the Problem List. Practitioners are defined

as any professional staff licensed, registered, certified, or otherwise recognized as eligible to deliver services in accordance with the most [current version of the SAPC Provider Manual posted on the SAPC website](#).

The Problem List shall include, but is not limited to, the following:

- Diagnoses, if any, identified by a practitioner acting within their scope of practice.
- Diagnosis-specific specifiers from the current DSM shall be included with the diagnosis, when applicable.
- Problems, if any, identified by a practitioner acting within their scope of practice.
- Problems or illnesses, if any, identified by the beneficiary and/or significant support person.
- The name and title of the practitioner that identified, added, or removed the problem, and the date the problem was identified, added, or removed.

Practitioners shall add, modify, or remove problems from the Problem List when there is a relevant change to a beneficiary's condition. Complete Problem Lists shall include a legible signature from a Licensed Practitioner of the Healing Arts (LPHA) and are required to be documented via the Sage templates or on another Problem List or Treatment Plan template approved by SAPC, as applicable. Neither the beneficiary signature nor the ICD-10 code are required on the problem lists. Problem Lists are required to be completed in accordance with the timeframes specified within [the current version of the SAPC Provider Manual posted on the SAPC website](#).

Treatment Plans

SAPC contracted providers who offer SUD treatment services outside of OTP settings and who also have external accreditation (such as accreditation from The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or otherwise) requiring the completion of Treatment Plans shall include Problem List documentation elements on their Treatment Plans, according to the below:

- Primary Sage provider agencies should continue using the Treatment Plan Form within Sage to document Treatment Plans that include the required Problem List components.
- Secondary Sage provider agencies should continue using their SAPC-approved Treatment Plan forms which must include documentation of the required Problem List components.

SAPC contracted providers remain responsible for completing any applicable additional Treatment Plan fields to meet requirements of treatment planning in accordance with their accreditation.

Treatment Plans continue to be required by SAPC contracted OTP's as specified within [the current version of the SAPC Provider Manual posted on the SAPC website](#).

Documenting Diagnoses

When diagnoses are included in the Problem List or Treatment Plan, network providers are required to ensure these diagnoses have been made by a LPHA operating within their scope of practice. LPHAs with nursing licenses shall deliver services and make diagnoses only within the scope of practice of their license, as regulated by the California Board of Registered Nursing.

Registered or certified SUD counselors can document a diagnosis on the Problem List or Treatment Plan only when including the name and title of the LPHA who made the diagnosis. SUD counselors are able to document non-diagnosis problems and list themselves as the practitioner who identified and added the problem. Examples of non-diagnosis problem documentation include:

- *Problems with alcohol* if the beneficiary is pending an LPHA-made diagnosis of alcohol use disorder
- *Patient-reported diabetes* if the LPHA-made diagnosis of diabetes mellitus is not otherwise documented in the clinical record
- *Patient experiencing homelessness*

For services provided to beneficiaries who have initiated treatment prior to establishing an SUD diagnosis, one or more of the ICD-10 codes Z55 through Z65, "Persons with potential health hazards related to socioeconomic and psychosocial circumstances," may be documented in the appropriate diagnosis field by both LPHAs and SUD counselors, as applicable, during the assessment period.

Timeframe to Complete Progress Notes

Progress notes (including but not limited to individual service notes, group notes, crisis encounter notes, and any miscellaneous notes describing a clinical service) must be documented within *3 business days* inclusive of the date of service, with the exception of notes for crisis services, which shall be completed within *24 hours* of the crisis encounter. For example, if a beneficiary was seen for a non-crisis service on Monday, January 9, 2023, the progress note documenting this service must be completed and signed by Wednesday, January 11, 2023.

For the purposes of clinical progress notes, SAPC defines a business day as a non-weekend and non-holiday regardless of whether the SAPC provider is contracted to operate during weekends and holidays. Holidays that apply to the SAPC treatment network are the days formally designated as holidays by the County of Los Angeles.

In contrast, the timeframe to complete ASAM assessments, level of care justification notes, Treatment Plans, and Problem Lists are based on calendar days. Refer to [the current version of the SAPC Provider Manual posted on the SAPC website](#) for the specific timeframes for completion of ASAM assessments, level of care justification notes, Treatment Plans, and Problem Lists requirements for SAPC contracted providers.

Documentation Training Requirement & Attestation

SAPC contracted provider agencies are required to ensure that their staff are trained on these updated documentation requirements.

Providers can meet this requirement by any of the four (4) options below:

1. Confirm that their staff have attended the [SAPC sponsored “CaAIM Documentation Requirement Updates” training](#). This training is approved for two hours of continuing education credit for SUD counselors, master’s level LPHAs and psychologists.
2. Confirm that their staff have attended the [“Clinical Documentation for Substance Use Treatment Providers: CaAIM Requirements and Best Practices” training](#). This is an updated version of SAPC’s extended Clinical Documentation training and includes all the CaAIM related documentation requirements and opportunities for skill development. This training is also approved for three and a half hours of continuing education credits for SUD counselors, master’s level LPHAs and psychologists.
3. Have a supervisor and/or training representative from their agency complete either option 1 or 2 above AND confirm that they have conducted the necessary internal agency in-services that prepare the agency’s clinical staff to adhere to CaAIM documentation requirements.
4. Confirm that their staff have independently reviewed [a recording of the “CaAIM Documentation Requirement Updates” training posted to the SAPC-Sage website](#). While this training is available on demand, no continuing education credits are provided for practitioners who do not register for and attend a live training.

Each provider agency must attest to compliance by completing the attached Attestation of Compliance with CaAIM Documentation Requirements Form and submitting the attestation to your assigned SAPC Contract Program Auditor (CPA) on or before 12/31/2022. Providers who do not submit the required attestation by 12/31/2022 will be considered in breach of their contract and/or agreement terms and provisions and may be subject to contract action. Providers shall keep documentation/proof of compliance on file and shall make available to SAPC upon request.

For further questions related to Documentation Standards or Timelines within the SAPC Network of Care, contact SAPC’s Clinical Services Branch via telephone at (626) 299-3531 or email at SAPC.QI.UM@ph.lacounty.gov

GT:bh

Attachment