SUDURM Summary of Changes – December 2023

Effective 01/01/2024

For version control, please recycle or delete previous versions of these forms and keep only the updated versions

Form Number & Name	Revision	What has changed
104b-1 Instructions Brief Screening Tool	Updated information	Updated to include: • Per Exhibit A of BHIN 21-001, "A resident receiving detoxification services upon admission is exempt from the multidimensional assessment, if completion of a pre-assessment within 72 hours following admission for detoxification services occurs and there are contingency plans to transfer the resident to a subsequent level of care where a full assessment would be conducted" • For WM 3.2 services, completion of dimensions 1 & 2 of the brief screening will meet the "pre-assessment" requirement above. Clarification regarding billing for screening: - Screening to determine the appropriate delivery system for beneficiaries seeking service is billable as of 7/1/23. Please refer to the most recent crosswalk and DMC-ODS Billing Manual for more details - If the screening is conducted by an AOD counselor, LPHA, or MD/DO/PA, it may be claimable. If done by a non-clinical staff, it cannot be claimed. - If screening prior to admissions, providers should use the Before Admission/After Discharge Program Enrollment. Please refer to the most up-to-date tip sheet on this program enrollment for further guidance.
104d-1 Instructions Adolescent Initial Level of Care Assessment	Updated information	Updated information regarding timelines: **All providers** - Providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice. **Residential Providers** – For the purposes of the "Multidimensional Assessment" required within 72 hours, residential providers will use the Optum SUD Residential Authorization Request and submit to Optum within 72 hours of admission. Added information: **NOTE:** A separate care plan is no longer required (i.e. Peer Support Specialist Service, Perinatal Plan of Care, documentation of a client's need for a physical exam, etc.) Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template.

Form Number & Name	Revision	What has changed
104d-2 Adolescent Initial Level of Care Assessment	Updated information	Updated reasons for discrepancy to the following: • Not applicable - no difference • Clinical Judgement • Lack of insurance / payment source • Legal Issues / court mandated • Level of care / service not available • Managed care refusal • Client preference • Accessibility • Language/cultural consideration • Other
105a Instructions Adult ASAM Criteria Assessment	Updated information	Updated information regarding timelines: **All providers** - Providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice. **Residential Providers** – For the purposes of the "Multidimensional Assessment" required within 72 hours, residential providers will use the Optum SUD Residential Authorization Request and submit to Optum within 72 hours of admission. Added information: **NOTE:** A separate care plan is no longer required (i.e. Peer Support Specialist Service, Perinatal Plan of Care, documentation of a client's need for a physical exam, etc.) Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template.
105b Adult ASAM Criteria Assessment	Updated information	Updated reasons for discrepancy to the following: • Not applicable - no difference • Clinical Judgement • Lack of insurance / payment source • Legal Issues / court mandated • Level of care / service not available • Managed care refusal • Client preference • Accessibility • Language/cultural consideration • Other

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203b Client Personal Rights and Complaint Information for AOD Certified/Licensed Programs	Updated information	Updated "Your Personal Rights at an AOD Certified Program" to include: The right to attend religious service or activities of their choice and to visits from a spiritual advisor provided that these services or activities do not conflict with facility program requirements. Participation in religious services shall be voluntary only. Added: • Advance Directive Acknowledgement • Open Payments Database Physician's Notice To Clients
209b Acknowledgement of DMC-ODS Beneficiary Handbook, Practice Guidelines, and Provider Directory	Updated information	Added additional threshold languages
501a Instructions Problem List	Updated information	Added information: **NOTE:** A separate care plan is no longer required (i.e. Peer Support Specialist Service, Perinatal Plan of Care, documentation of a client's need for a physical exam, etc.) Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template.
601a Instructions SUD Treatment Progress Note	Updated information	Updated to clarify timeline: This form must be completed within 3 business days of providing a service, or 1 calendar day for crisis services. Per BHIN 23-068, the day of service shall be considered day zero (0). Added: **RESIDENTIAL PROGRAMS AND OTHER BUNDLED SERVICES:** Providers shall complete at minimum a daily progress note for services that are billed on a daily basis (i.e. bundled services such as DMC-ODS Residential Bed Days.) If a second, unbundled service is delivered on the same day, there must be a separate note to support the unbundled service(s) (i.e. Peer Support Specialist Services, Case Management or Clinical Consultation). All notes should still contain all the elements below.

Form Number & Name	Revision	What has changed
601a Instructions SUD Treatment Progress Note	Updated information	Updated following Elements: • Date to "Service Date" • Total Service Time in minutes (optional) to "Duration of Direct Client Care for the Service" which is **<u>required</u>** Updated Progress Note Narrative Section: A complete progress note addresses: 1. A brief description of how the service addressed the beneficiary's behavioral health needs (e.g. symptom, condition, diagnosis, and/or risk factors). 2. A brief summary of next steps. For example: collaboration with other providers, goals and actions to address health/social/educational/other services needed, referrals, discharge and continuing care planning. 3. Best practice is to include clear documentation of how evidence-based practices were used in the service provided. 4. **Group Services only:** Shall also include a brief description of the beneficiary's response to the service. 5. The content of the progress note shall support the service selected. Some notes may contain less descriptive detail than others (i.e. a participant that chose not to spoke in a group compared to one who was more actively engaged). 6. A separate care plan is no longer required (i.e. Peer Support Specialist Service, Perinatal Plan of Care, documentation of a client's need for a physical exam, etc.) Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template. Updated Telehealth Consent to include: Providers can refer to the DHCS Telehealth model consent language page for an example.
601b SUD Treatment Progress Note	Updated information	Updated following Elements: • Date to "Service Date" • Total Service Time in minutes to "Duration of Direct Client Care for the Service" Updated note for timeline of completion: *Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisisservices, which shall be completed within 1 calendar day. The day of service shall be considered day zero (0).

Form Number & Name	Revision	What has changed
601b SUD Treatment Progress Note (continued)	Updated information	Update Narrative section: **Narratives for Non-Group Services:** 1) describe the service, including how the service addressed the beneficiary's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors, 2) next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and 3) any update to the problem list as appropriate **Narratives for Group Services:** In addition to the items above, must include a brief description of the beneficiary's response to the service
602 SUD Peer Support Services Plan of Care	Removed from SUDURM, & updated information	Removed from SUDURM and moved to "Toolbox" tab as an optional form Updated Name of Form: • From Peer Support Services Plan of Care of "Plan of Care" Updated following Elements (to match Progress Note elements): • Date to "Service Date" • Total Service Time in minutes to "Duration of Direct Client Care for the Service" Updated Narrative Section: **Narratives for Non-Group Services:** 1) describe the service, including how the service addressed the beneficiary's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors, 2) next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and 3) any update to the problem list as appropriate

		<u>Narratives for Group Services:</u> In addition to the items above, must include a brief description of the beneficiary's response to the service Removed note for timeline of completion as a Plan of Care is not required, therefore there is no timeline of completion: *Providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours