

SUD Peer Support Services Plan of Care Instructions

REQUIRED FORM:

An approved Peer Plan of Care must be documented in the client's chart in a Progress Note prior to, or in conjunction with the first Peer Support Specialist Service. If the Peer Plan of Care is developed in conjunction with a service provided to the client, the service itself should also be documented on the same note.

WHY:

Best practice is the client is involved in the development of the Plan of Care as it engages and empowers the client.

Progress notes are a basis for planning care and treatment across providers and programs, a legal record describing treatment provided for reimbursement purposes, and an effective communication tool. Remember that clients have a legal privilege to view their medical record, so it is recommended to minimize clinical or programmatic jargon.

WHEN:

The Peer Plan of Care must be documented prior to, or in conjunction with, the first Peer Support Specialist service provided to the client. Progress Notes must be completed within the 3 business days (day of service + 2 business days), or 24 hours for crisis services, as directed in DHCS Information Notice 22-019.

This form is to be completed to document all services provided to a client.

COMPLETED BY:

The Peer Support Services Plan of Care and Progress Note can be completed by an LPHA, SUD Counselor, or Peer Support Specialist.

RESIDENTIAL PROGRAMS:

Only one note is required for a bed day to summarize the client's services; however, separate notes must be written for Peer Support Specialist Services, Case Management, or Clinical Consultation. All notes should still contain all the elements below.

ELEMENTS:

(Note: Underlined sections below are **REQUIRED** and the rest are optional):

Progress notes shall be typed or legible if handwritten.

- **Client Name:** Complete client's full name.
- **Client ID:** Complete the client ID number as determined by agency guidelines.
- **Date:** Complete date of the service.
- **Total Service Time in minutes (optional)**

- **Total Documentation Time in minutes (optional)**
- **Total Travel Time in minutes (optional)**
- **Total Time (including: service, documentation, travel) in minutes**
 - Note: If billing a bed day, enter “bed day” in this field
- **Language of Service (if other than English)**
- **Translator Utilized (if applicable)**
- **Location of Beneficiary at the Time of Service:** Refer to reference page for codes and location descriptions and select appropriate code from drop-down list.
- **Contact Type:** Refer to reference page codes (F-F = face to face, TEL = Telephone, TH = Telehealth, COM = In Community):
- **Service Type:** Refer to reference page for codes (IND = Ind. Counseling, GR = Group Counseling, CC = Care Coordination, MAT = Medication Assisted Treatment, CLC = Clinician Consultation, BED = Bed Day)
- **EBP Utilized** (progress note must document specifics of how EBP was utilized the narrative)

Progress Note Narrative Section: A complete progress note addresses:

1. A narrative describing the service, including how the service addressed the beneficiary’s behavioral health need (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 any update to the problem list as appropriate.
3. Best practice is to include clear documentation of how evidence-based practices were used in the service provided.

Peer Support Services Plan of Care: Include specific, individualized goals that have measurable results.

Telehealth Consent: Documentation of client consent to receive services via telehealth of telephone must be documented, and may include documentation of verbal consent. A one-time consent in the client file is considered sufficient.

Providers can refer to the CalMHSA documentation guides for examples of effective documentation.

Provider Signature: All entries must include the printed name with title/credentials, signature with title/credentials and date of the staff completing the progress note. **Note:** the signature must either be a wet signature or a digital signature. A typed name in the signature line is not considered a signature and may be out of compliance.

Co-Signature: Peer Plans of Care must be approved by any treating provider who can render reimbursable Medi-Cal services. All entries must include the printed name with title/credentials, signature with title/credentials and date of the staff completing the progress note. **Note:** the signature

must either be a wet signature or a digital signature. A typed name in the signature line is not considered a signature and may be out of compliance.