Assessed – No Admit
Documentation Standards for SUD Outpatient and Residential Providers (excluding OTP)

Access to the County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) is based on a “no wrong door” policy, meaning clients have multiple ways to enter services in the DMC-ODS. Additionally, a fundamental principle of the DMC-ODS is provision of “the right service, at the right time, for the right duration, in the right setting,” and care coordination to assist clients to locate that right level of care to meet their individualized needs at the time of service request. The combination of these factors means that there will be times when a client presents to a SUD program for services, but on initial assessment, may be determined to be better served at a higher (or lower) level of care.

To promote these “no wrong door” and care coordination principles, the County has made the decision to reimburse providers with County funds for these situations when a client is assessed at a program, found not to need that level of care, and is assisted with linkage to the appropriate level of care within the County’s DMC-ODS. This situation is referred to as “Assessed - No Admit.”

In order for programs to be reimbursed for this service, SanWITS entry is required (see accompanied documentation for data entry steps in SanWITS for this process). Additionally, certain documentation must be completed in order to claim for this service.

Clients who are assessed in person (via the Brief ASAM Screening tool or appropriate version -- either adolescent or adult -- of the Initial Level of Care Assessment) and are found to have needs better met in a different level of care than what the program provides, may be claimed to the “Assessed – No Admit” process when the following occurs:

• The program assists the client, through the warm handoff process, to receive services at the appropriate level of care. This handoff should happen on the same day.
• SanWITS data entry is completed per the SanWITS Flow “Assessed – No Admit” Process (see accompanied documentation)
• Documentation is completed and stored:
  o Since these clients would not be admitted to the program, there would not be a client file to maintain documentation for that treatment request. Programs must create a process for retention of documentation (i.e. electronically, 3-ring binder with documentation by date, etc.) The process must meet all regulations regarding storage of confidential client information.
  o Additionally, a progress note for the service must be written and stored. It should include information on all resources provided and warm handoff steps taken to link the client with the appropriate level of care. (NOTE: “Assessed – No Admit” services are captured as “Case Management,” so progress notes and SanWITS encounters must reflect this service.)
Assessed – Delayed Admit
Documentation Standards for Collaborative Court Clients Transitioning to Residential Treatment

As stated in BHS Information Sharing Notice BHS-2018-014, "planned admissions" is a process for managing residential capacity, especially for timely admissions of Collaborative Court Participants. Refer to this Information Sharing Notice for expectations regarding the planned admission process.

The SanWITS functionality for this specific situation is referred to as "Assessed - Delayed Admit." The County has made the decision to reimburse providers for up to 4 units (1 hour) maximum with County funds for Assessed – Delayed Admit of Collaborative Court clients.

Documentation standards are as follows:

- SanWITS data entry is completed per the attached specifications (4 units maximum allowed).
- Documentation is completed and filed:
  - Since these clients will be admitted (but at a later date), the program delaying admission would start a chart for the client and file all documentation.
  - A progress note for the service must be written and filed. (NOTE: “Assessed – Delayed Admit” services are captured as “Case Management,” so progress notes and SanWITS encounters must reflect this service.)
  - Progress note must be completed within timelines and meet all progress note requirements in order to claim for this service.
  - To conduct this warm handoff properly, other documentation (such as releases of information) may need to be obtained. Any additional documentation obtained as part of the “Assessed – Delayed Admit” process must be filed.
  - Billing is limited to up to 4 units (1 hour) maximum.

Currently, the “Assessed – Delayed Admit” process is restricted to Collaborative Court clients only. The County will be assessing trends regarding this process over time and may expand to other populations in the future.

For questions regarding this memo, please contact: QIMatters.HHSA@sdcounty.ca.gov