<table>
<thead>
<tr>
<th>Current DMC</th>
<th>DMC-ODS (7/1/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis Determination Note:</strong></td>
<td><strong>Diagnosis Determination Note:</strong></td>
</tr>
<tr>
<td>• DSM-5 diagnosis and basis of the diagnosis documented by Medical Director (MD) or therapist within 30 days.</td>
<td>• Completed by MD or LPHA within first 30 days for OS/IOT and within 10 days for Residential.</td>
</tr>
<tr>
<td>• DHCS direction not to have SUD Counselor document any kind of “provisional” diagnosis or “diagnostic impression”.</td>
<td></td>
</tr>
<tr>
<td><strong>Determination of Medical Necessity:</strong></td>
<td><strong>Determination of Medical Necessity:</strong></td>
</tr>
<tr>
<td>• Intake Assessment</td>
<td>• Assessments and review of ASAM dimensions</td>
</tr>
<tr>
<td>• DSM Criteria</td>
<td>• DSM-5 Criteria (approved SUD diagnoses)</td>
</tr>
<tr>
<td>• Reviewed by Medical Director</td>
<td>• Meets ASAM Dimension Criteria for specific level of care</td>
</tr>
<tr>
<td>• Completed by MD or LPHA within first 30 days for OS/IOT and within 10 days for Residential.</td>
<td>• Reviewed and signed off by Medical Director or LPHA</td>
</tr>
<tr>
<td>• DHCS direction not to have SUD Counselor document any kind of “provisional” diagnosis or “diagnostic impression”.</td>
<td></td>
</tr>
<tr>
<td><strong>Same Day &amp; 2nd Service Billing:</strong></td>
<td><strong>Same Day &amp; 2nd Service Billing:</strong></td>
</tr>
<tr>
<td>• Use Multiple Billing Override Certification (DHCS 6700).</td>
<td>• Most services allowed on same day</td>
</tr>
<tr>
<td>• ODF – document in progress note an unavoidable visit - collateral or crisis service only</td>
<td>• See DHCS billing DMC-ODS Same Day matrix</td>
</tr>
<tr>
<td>• IOT – crisis service only</td>
<td>• Eliminates Form DHCS 6700</td>
</tr>
<tr>
<td><strong>Treatment Planning:</strong></td>
<td><strong>Treatment Planning:</strong></td>
</tr>
<tr>
<td>• Initial Treatment Plan due within 30 days</td>
<td>• Initial Treatment plan timeframes for OS &amp; IOT unchanged</td>
</tr>
<tr>
<td>• Updated Treatment Plan due within 90 days of last plan or earlier if significant changes</td>
<td>• Timeframe change for Residential due within 10 days for initial and every 30 days for updated plans (with all signatures)</td>
</tr>
<tr>
<td>• Must be signed by MD within 15 days</td>
<td>• All plans must be individualized</td>
</tr>
<tr>
<td>• Include updated ASAM Level of Care Recommendation with updated treatment plans</td>
<td>• Include updated ASAM Level of Care Recommendation with updated treatment plans</td>
</tr>
<tr>
<td>• Completed by SUD counselor or LPHA</td>
<td>• Completed by SUD counselor or LPHA</td>
</tr>
<tr>
<td>• Signed by MD or LPHA, if completed by SUD counselor</td>
<td></td>
</tr>
<tr>
<td><strong>Progress Note:</strong></td>
<td><strong>Progress Note:</strong></td>
</tr>
<tr>
<td>• Progress toward treatment goals, action steps and referrals</td>
<td>• Progress toward treatment goals, action steps and referrals</td>
</tr>
<tr>
<td>• Requirements:</td>
<td>• Document use of Evidenced Based Practices (e.g., Motivational Interviewing and Relapse Prevention)</td>
</tr>
<tr>
<td>• date of service</td>
<td>• Same requirements for date, topic, signature, and timeframes</td>
</tr>
<tr>
<td>• topic</td>
<td>• IOT – no weekly notes require a note for every service</td>
</tr>
<tr>
<td>• Completed and signed within 7 days</td>
<td>• Residential – option of weekly progress note or individual notes for each service (if using weekly note, must always have a separate individual note for case management services)</td>
</tr>
<tr>
<td>• IOT and Residential notes weekly</td>
<td>• Weekly notes due within 7 days</td>
</tr>
<tr>
<td><strong>Stay Review:</strong></td>
<td><strong>Stay Review:</strong></td>
</tr>
<tr>
<td>• No earlier than months 5 and no later than 6 months; subsequent stays signed every 5-6 months until d/c</td>
<td>• Timeframes the same</td>
</tr>
<tr>
<td>• Reviewed by therapist/counselor, signed by Medical Director</td>
<td>• ASAM LOC Recommendation included in documentation</td>
</tr>
<tr>
<td>• Completed by SUD counselor or LPHA and reviewed or signed by Medical Director or LPHA, if completed by SUD Counselor</td>
<td></td>
</tr>
<tr>
<td><strong>Discharge:</strong></td>
<td><strong>Discharge:</strong></td>
</tr>
<tr>
<td>• D/C Plan 30 days prior to last face-to-face treatment contact</td>
<td>• No Changes</td>
</tr>
<tr>
<td>• D/C Summary within 30 days of last face to face treatment contact</td>
<td></td>
</tr>
<tr>
<td>Current DMC</td>
<td>DMC- ODS (7/1/18)</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td><strong>Individual Counseling:</strong></td>
<td><strong>Individual Counseling:</strong></td>
</tr>
<tr>
<td>• Limited to intake, treatment planning, crisis intervention, collateral services &amp; DC planning</td>
<td>• No restrictions on types of counseling services</td>
</tr>
<tr>
<td><strong>Units of Service:</strong></td>
<td><strong>Units of Service:</strong></td>
</tr>
<tr>
<td>• Face-to-face contact on a calendar day</td>
<td>• Contact with client</td>
</tr>
<tr>
<td>• ODF Counseling – 50 minutes for Individual, 90 minutes for Group with at least 2 sessions in 30 days.</td>
<td>• Most services billed in 15 minute increments</td>
</tr>
<tr>
<td>• IOT Bundled services – 3 consecutive hours/day and minimum 3 days/week</td>
<td>• OS Total Individual/Group Services per week:</td>
</tr>
<tr>
<td></td>
<td>• Adult: up to 9 hours/week</td>
</tr>
<tr>
<td></td>
<td>• Adolescents: up to 6 hours/week</td>
</tr>
<tr>
<td></td>
<td>• IOS - No 3 hour/ day and 3 day/week minimum</td>
</tr>
<tr>
<td></td>
<td>• Adults – 9-19 hours/week</td>
</tr>
<tr>
<td></td>
<td>• Youth – 6-19 hours/week</td>
</tr>
<tr>
<td></td>
<td>• Residential - 20 hours/week of structured services with minimum 1 hour/day</td>
</tr>
<tr>
<td></td>
<td>• ASAM Level 3.1 - 5 clinical hours</td>
</tr>
<tr>
<td></td>
<td>• Level 3.5 - 10 clinical hours</td>
</tr>
<tr>
<td></td>
<td>• Case Management not included in the 20 hours</td>
</tr>
<tr>
<td><strong>Group Sessions:</strong></td>
<td><strong>Group Sessions:</strong></td>
</tr>
<tr>
<td>• Clinical group size 2-12 clients</td>
<td>• No changes to sizes</td>
</tr>
<tr>
<td>• Education group size may be &gt; 12</td>
<td>• Sign-In Sheets must include typed or legibly printed name and signature of LPHA or SUD counselor, date, start/stop times, topic, typed or legibly printed name and signature of client, and clear indications of out/in times for any breaks</td>
</tr>
<tr>
<td>• Break time is NOT included in total group time</td>
<td><strong>Provision of Services:</strong></td>
</tr>
<tr>
<td></td>
<td>• May be provided throughout community and via Telehealth, phone, or face-to-face</td>
</tr>
<tr>
<td></td>
<td>• Services in community must not be regularly scheduled or on-going</td>
</tr>
<tr>
<td></td>
<td>• Progress Note must document the community setting and how confidentiality was maintained.</td>
</tr>
<tr>
<td><strong>Case Management:</strong></td>
<td><strong>Case Management:</strong></td>
</tr>
<tr>
<td>• Not DMC billable</td>
<td>• Billable</td>
</tr>
<tr>
<td></td>
<td>• Documented in Individual Progress Note with same requirements for signature and completion date as other progress notes</td>
</tr>
<tr>
<td><strong>After care:</strong></td>
<td><strong>Recovery Services:</strong></td>
</tr>
<tr>
<td>• Not DMC billable</td>
<td>• Billable</td>
</tr>
<tr>
<td></td>
<td>• Provided after client has completed treatment (and no transition to another level of care is indicated)</td>
</tr>
<tr>
<td></td>
<td>• Must have a treatment plan and progress notes for individual recovery services provided</td>
</tr>
<tr>
<td></td>
<td>• Includes outpatient individual or group counseling for relapse prevention, recovery monitoring/coaching, care coordination to services, and marriage/family counseling</td>
</tr>
</tbody>
</table>