



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration
Behavioral Health

Clinic Services
Emergency Medical Services
Environmental Health/Animal Services

Public Health
Public Administrator/Public Guardian

Policy Number	725
Policy Title	Drug Medi-Cal Substance Use Disorder Services
References	Monterey County Behavioral Health (MCBH) Policies, MCBH Policy 700 and 715 California Code of Regulations Title 22, Section 51341.1, Section 51341.1, Section 51490.1, Section 51008.5, Section 51341.1, California Health and Safety Code Section 1596.792(e)
Effective	May 25 th , 2017

1 PURPOSE

2 The purpose of Monterey County Behavioral Health (MCBH) Policy 725 – Drug Medi-Cal
3 Substance Use Disorder (SUD) Services is to establish policies that shall be applied to all MCBH
4 SUD programs and subcontracted providers in accordance with pertinent Federal, State, and local
5 laws and regulations. These policies shall be applied to all SUD programs in addition to policies
6 applicable to specific types of SUD programs (see MCBH Policy 700, 705, 710, 715, and 720).
7 These policies should not be construed as to exclude or supersede any and all relevant federal,
8 state, and local laws regarding substance use disorder programs.

9

10 Policy 725 comprises of the following subsections:

- 11 I. [Definitions of Terms](#)
- 12 II. [Provider Responsibilities](#)
- 13 III. [Perinatal Program Descriptions](#)
- 14 IV. [Types of DMC Services Programs](#)
- 15 V. [Admission and Medical Necessity Criteria](#)
- 16 VI. [Naltrexone Beneficiary Eligibility Requirements](#)
- 17 VII. [Treatment Plans](#)
- 18 VIII. [Progress Notes](#)
- 19 IX. [Minimum Beneficiary Contacts](#)
- 20 X. [Justification for Continuing Services](#)
- 21 XI. [Discharge from Treatment Requirements](#)
- 22 XII. [Fair Hearing Rights](#)
- 23 XIII. [Maintain Client Records](#)

24

25

26 **I. DEFINITION OF TERMS**

27 **REFERENCES:**

- 28 ● California Code of Regulations, Title 22, Section 51341.1

29

30 The following terms are defined as follows under the California Code of Regulations, Title 22, Section
31 51341.1:

32

33 **Collateral Services:** face-to-face sessions with therapist or counselors and significant persons in the
34 life of a beneficiary, focusing on the treatment needs of the beneficiary in terms of supporting the
35 achievement of the beneficiary's treatment goals. Significant persons are individuals that have a
36 personal, not official or professional, relationship with the beneficiary.

37

38 **Crisis Intervention Services:** face-to-face contact between a therapist or counselor and a
39 beneficiary in crisis. Services shall focus on alleviating crisis problems. "Crisis" means an actual
40 relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat
41 of relapse. Crisis intervention services shall be limited to stabilization of the beneficiary's emergency
42 situation.

43

44 **Discharge Services:** the process to prepare the beneficiary for referral into another level of care,
45 post treatment return or reentry into the community, and/or linkage of the individual to essential
46 community treatment, housing and human services.

47

48 **Face-to-face:** means occurring in person, at a certified facility. Telephone contacts, home visits, and
49 hospital visits shall not be considered face-to-face.

50

51 **Group Counseling:** face-to-face contacts in which one or more therapist or counselors treat two (2)
52 or more clients at the same time with a maximum of twelve (12) in the group, focusing on the needs
53 of the individuals served. Group counseling shall be conducted in a confidential setting, so that
54 individual not participating in the group cannot hear the comments of the group participants, therapist
55 or counselor. A beneficiary that is 17 years of age or younger shall not participate in group
56 counseling with any participants who are 18 years of age or older. However, a beneficiary who is 17
57 years of age or younger may participate in group counseling with participants who are 18 years of
58 age or older when the counseling is at a provider's certified school site.

59

60 **Individual Counseling:** face-to-face contacts between a beneficiary and a therapist or counselor.
61 Individual counseling shall be conducted in a confidential setting, so that individuals not participating
62 in the counseling session cannot hear the comments of the beneficiary, therapist or counselor.

63

64 **Intake:** the process of admitting a beneficiary into a substance use disorder treatment program.
65 Intake includes the evaluation or analysis of the cause or nature of mental, emotional, psychological,
66 behavioral and substance use disorders; the diagnosis of substance use disorders utilizing the
67 Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition,
68 published by the American Psychiatric Association; and the assessment of treatment needs to
69 provide medically necessary treatment services by a physician. Intake may include a physical
70 examination and laboratory testing (e.g. body specimen screening) necessary for substance use

71 disorder treatment and evaluation conducted by staff lawfully authorized to provide such services
72 and/or order laboratory testing within the scope of their practice or licensure.

73

74 **Medication Services:** the prescription or administration of medication related to substance use
75 disorder treatment services, or the assessment of the side effects or results of that medication
76 conducted by staff lawfully authorized to provide such services and/or order laboratory testing within
77 the scope of their practice or licensure.

78

79 **Patient Education:** provide research based education on addiction, treatment, recovery and
80 associated health risks.

81

82 **Relapse:** a single instance of a beneficiary's substance use or a beneficiary's return to a pattern of
83 substance use.

84

85 **Relapse Trigger:** means an event, circumstance, place or person that puts a beneficiary at risk of
86 relapse.

87

88 **Support Plan:** a list of individuals and/or organizations that can provide support and assistance to a
89 beneficiary to maintain sobriety.

90

91 **II. PROVIDER RESPONSIBILITIES**

92 **REFERENCES:**

- 93 ● California Code of Regulations, Title 22, Section 51341.1
- 94 ● California Code of Regulations, Title 22, Section 51490.1
- 95 ● California Code of Regulations, Title 22, Section 51008.5

96

97 **POLICY AND PROCEDURES:**

98 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
99 Programs to comply with the Drug Medi-Cal substance use disorder services provider responsibility
100 requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

101

102 Provider shall establish, maintain, and update as necessary, an individual patient record for each
103 beneficiary admitted to treatment and receiving services. Each beneficiary's individual patient record
104 shall include documentation of personal information as follows:

105

106 A. Documentation of beneficiary's personal information shall include all of the following:

107

108 1. Information specifying the beneficiary's identifier (i.e. name, number).

109 2. Date of birth

110 3. Sex

111 4. Race and/or ethnic background

112 5. Address

113 6. Telephone number

114 7. Next of kin or emergency contact

- 115 8. For pregnant and postpartum women, medical documentation that substantiates the
116 beneficiary's pregnancy and the last day of pregnancy
117
- 118 B. Documentation of treatment episode information shall include documentation of all activities,
119 services, sessions, and assessments and include but not limited to all of the following:
120
- 121 1. Intake and admission data, including, if applicable, a physical examination.
 - 122 2. Treatment plans.
 - 123 3. Compliance with physical examination requirements
 - 124 4. Progress Notes
 - 125 5. Continuing services justifications.
 - 126 6. Laboratory test orders and results.
 - 127 7. Referrals.
 - 128 8. Counseling notes.
 - 129 9. Discharge plan.
 - 130 10. Discharge summary.
 - 131 11. Compliance with the multiple billing requirements specified in Section 51490.1 (b).
 - 132 12. Any other information relating to the treatment services rendered to the beneficiary.
133
- 134 C. Establish and maintain a sign-in sheet for every group counseling session, which shall include all
135 of the following:
136
- 137 1. Typed or legibly printed name and signature of the therapist(s) and/or counselor(s)
138 conducting the counseling session. By signing the sign-in sheet the therapist(s) and/or
139 counselor(s) certify that the sign-in sheet is accurate and complete.
 - 140 2. Date of the counseling session.
 - 141 3. Topic of the counseling session.
 - 142 4. Start and end time of the counseling session.
 - 143 5. A typed or legibly printed list of the participants' names and the signature of each participant
144 that attended the counseling session. The participants shall sign the sign-in sheet at the
145 start of or during the counseling session.
146
- 147 D. Provide services.
148
- 149 E. Submit claims for reimbursement and maintain documentation specified in Section 51008.5
150 supporting good cause claims where the good cause results from provider-related delays.
151

152 **III. PERINATAL PROGRAM DESCRIPTIONS**

153 **REFERENCES:**

- 154 ● California Code of Regulations, Title 22, Section 51341.1
- 155 ● California Health and Safety Code Section 1596.792(e)

156

157 **POLICY AND PROCEDURES:**

158 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
159 Programs to comply with the Drug Medi-Cal substance use disorder services Perinatal Program

160 Description requirements set forth in California Code of Regulations, Title 22, Section 51341.1.
161

162 Only pregnant and postpartum women are eligible to receive perinatal residential substance use
163 disorder services. Perinatal services shall include the following:

- 164
- 165 1. Perinatal services shall address treatment and recovery issues specific to pregnant and
166 postpartum women, such as relationships, sexual and physical abuse, and development of
167 parenting skills.
 - 168 2. Perinatal services shall include:
 - 169 a. Mother/child habilitative and rehabilitative services (i.e. development of parenting skills,
170 training in child development, which may include the provision of cooperative child care
171 pursuant to Health and Safety Code Section 1596.792(e) (See Policy #705 Section X:
172 Interim Services);
 - 173 b. Service access (i.e. provision of or arrangement for transportation to and from medically
174 necessary treatment);
 - 175 c. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the
176 mother and infant; and
 - 177 d. Coordination of ancillary services (i.e. assistance in accessing and completing dental
178 services, social services, community services, educational/vocational training and other
179 services which are medically necessary to prevent risk to fetus or infant).
- 180

181 **IV. TYPES OF DMC SERVICES PROGRAMS**

182 **REFERENCES:**

- 183 ● California Code of Regulations, Title 22, Section 51341.1

184

185 **POLICY AND PROCEDURES:**

186 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
187 Programs to comply with the Drug Medi-Cal substance use disorder services program requirements
188 set forth in California Code of Regulations, Title 22, Section 51341.1.

189

190 Drug Medi-Cal substance use disorder services shall include all of the following:

191

- 192 1. Narcotic Treatment Program Services
 - 193 a. Intake
 - 194 b. Admission physical examinations and laboratory tests
 - 195 c. Individual and/or group counseling services
 - 196 d. Treatment Planning
 - 197 e. Patient Education
 - 198 f. Collateral Services
 - 199 g. Crisis Intervention Services
 - 200 h. Medical services
 - 201 i. Body specimen screening
 - 202 j. Physician and nursing services related to substance use
 - 203 k. Medical psychotherapy
 - 204 l. Discharge services

- 205 m. Utilizing methadone and/or levoalphacetylmethadol (LAAM) as narcotic replacement drugs
- 206 n. Provision of methadone and/or LAAM as prescribed by a physician to alleviate the symptoms
- 207 of withdrawal to opiates
- 208
- 209 2. Outpatient Drug Free Treatment
- 210 a. Intake
- 211 b. Admission physical examinations
- 212 c. Individual and/or group counseling services
- 213 d. Family Therapy
- 214 e. Collateral Services
- 215 f. Crisis intervention Services
- 216 g. Patient Education
- 217 h. Medication Services
- 218 i. Treatment Planning
- 219 j. Body specimen screens
- 220 k. Discharge services
- 221
- 222 3. Intensive Outpatient Treatment
- 223 a. Intake
- 224 b. Admission physical examinations
- 225 c. Individual and/or group counseling services
- 226 d. Patient Education
- 227 e. Family Therapy
- 228 f. Collateral Services
- 229 g. Treatment Planning
- 230 h. Medication Services
- 231 i. Body Specimen Screens
- 232 j. Crisis Intervention Services
- 233 k. Discharge Services
- 234
- 235 4. Perinatal Residential Substance Use Disorder Services
- 236 a. Intake
- 237 b. Admission physical examinations and laboratory tests
- 238 c. Treatment Planning
- 239 d. Patient Education
- 240 e. Individual and group counseling services
- 241 f. Family Therapy
- 242 g. Parenting Education
- 243 h. Safeguarding Medications
- 244 i. Body Specimen Screens
- 245 j. Medication Services
- 246 k. Collateral Services
- 247 l. Crisis Intervention Services
- 248 m. Discharge Services
- 249
- 250 5. Naltrexone Treatment Services
- 251 a. Intake

- 252 b. Admission physical examinations
- 253 c. Treatment planning
- 254 d. Medication services
- 255 e. Physician and nursing services related to substance use
- 256 f. Body specimen screens
- 257 g. Individual and group counseling services
- 258 h. Collateral services
- 259 i. Crisis intervention services
- 260

261 **V. ADMISSION and MEDICAL NECESSITY CRITERIA**

262 **REFERENCES:**

- 263 ● California Code of Regulations, Title 22, Section 51341.1

264

265 **POLICY AND PROCEDURES:**

266 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
267 Programs to comply with the Drug Medi-Cal substance use disorder services admission and medical
268 necessity criteria requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

269

270 For a provider to receive reimbursement for Drug Medi-Cal substance use disorder services, those
271 services shall be provided by or under the direction of a physician and all of the following
272 requirements shall apply:

273

274 For Outpatient Drug Free (ODF), Naltrexone treatment, Intensive Outpatient Treatment (IOT), and
275 Perinatal Residential Services each of the following admission criteria and medical necessity
276 procedures shall be met:

277

- 278 1. Provider shall develop and document procedures for the admission of beneficiaries to treatment.
- 279
- 280 2. Provider shall complete a personal, medical, and substance use history for each beneficiary
281 upon admission to treatment.
- 282
- 283 3. Physician shall review each beneficiary's personal, medical and substance use history within
284 thirty (30) calendar days of the beneficiary's admission to treatment date.
- 285
- 286 4. Physical examination requirements:
 - 287 a. If a beneficiary had a physical examination within the twelve (12) month period prior to the
288 date of admission, the physician shall review documentation of the beneficiary's most recent
289 physical examination within thirty (30) calendar days of the beneficiary's admission to
290 treatment date. If a provider is unable to obtain documentation of a beneficiary's most recent
291 physical examination, the provider shall describe the efforts made to obtain this
292 documentation in the beneficiary's individual patient record.
 - 293 b. As an alternative to complying with item (a) above, the physician, a registered nurse
294 practitioner or a physician's assistant, may perform a physical examination of the beneficiary
295 within thirty (30) calendar days of the beneficiary's admission to treatment date.
 - 296 c. If the physician has not reviewed the documentation of the beneficiary's physical

297 examination as outlined in items (a) and (b) above, then the provider shall include in the
298 beneficiary's initial and updated treatment plans the goal of obtaining a physical examination,
299 until this goal has been met.

300

301 5. Physician shall evaluate each beneficiary to diagnose whether the beneficiary has a substance
302 use disorder within thirty (30) calendar days of the beneficiary's admission to treatment date.

303 The diagnosis shall be based on the applicable diagnostic code from the Diagnostic and
304 Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition, published by the
305 American Psychiatric Association. The physician shall document the basis for the diagnosis in
306 the beneficiary's individual patient record.

307

308 6. Physician shall determine whether substance use disorder services are medically necessary
309 within thirty (30) calendar days of each beneficiary's admission to treatment date.

310

311 VI. NALTREXONE BENEFICIARY ELIGIBILITY REQUIREMENTS

312 REFERENCES:

- 313 ● California Code of Regulations, Title 22, Section 51341.1

314

315 POLICY AND PROCEDURES:

316

317 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
318 Programs to comply with the Drug Medi-Cal substance use disorder services beneficiary eligibility
319 requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

320

321 In addition to the requirements of Section V (Admission and Medical Necessity Requirements) above,
322 the provider shall confirm that all of the following conditions are met for each beneficiary receiving
323 Naltrexone treatment services:

324

325 1. Has a documented history of opiate addiction.

326

327 2. Is at least eighteen (18) years of age.

328

329 3. Has been opiate free for a period of time to be determined by a physician based on the
330 physician's clinical judgment. The provider shall administer a body specimen test to confirm the
331 opiate free status of the beneficiary.

332

333 4. Is not pregnant and is discharged from treatment if she becomes pregnant.

334 a. Physician shall certify the beneficiary's fitness for treatment based upon the beneficiary's
335 physical examination, medical history, and laboratory results

336 b. Physician shall advise the beneficiary of the overdose risk should the beneficiary return to
337 opiate use while taking Naltrexone and the ineffectiveness of opiate pain relievers while on
338 Naltrexone.

339

340 **VII. TREATMENT PLANS**

341 **REFERENCES:**

- 342 ● California Code of Regulations, Title 22, Section 51341.1

343

344 **POLICY AND PROCEDURES:**

345

346 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
347 Programs to comply with the Drug Medi-Cal substance use disorder services treatment plan
348 requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

349

350 The provider shall prepare an individualized written initial treatment plan based upon the information
351 obtained in the intake and assessment process for each patient admitted to Outpatient Drug Free
352 (ODF), Intensive Outpatient Treatment (IOT), Perinatal Residential, and Naltrexone treatment
353 services. The provider shall attempt to engage the beneficiary to meaningfully participate in the
354 preparation of the initial and updated treatment plans.

355

356 The initial and updated treatment plans shall include all of the following elements:

357 1. A statement of problems to be addressed.

358

359 2. Goals to be reached which address each problem.

360

361 3. Action steps which will be taken by the provider.

362

363 4. Target dates for the accomplishment of action steps and goals.

364

365 5. Description of the services, including the type of counseling to be provided and the frequency
366 thereof.

367

368 6. The assignment of a primary therapist or counselor.

369

370 7. Beneficiary's diagnosis

371

372 8. If beneficiary has not had a physical exam within the twelve (12) month period prior to the
373 admission to treatment date, a goal that the beneficiary will have a physical examination.

374 a. If documentation of a beneficiary's physical examination, which was performed during the
375 prior twelve (12) months, indicates a beneficiary has a significant medical illness, a goal that
376 the beneficiary obtain appropriate treatment for the illness.

377

378 In addition, providers shall ensure that the initial treatment plan meets all of the following
379 requirements:

380

381 1. Therapist or counselor shall type or legibly print their name, and sign and date the initial
382 treatment plan within thirty (30) calendar days of the admission to treatment date.

383

384 2. Beneficiary shall review, approve, type or legibly print their name, sign and date the initial
385 treatment plan, indicating whether the beneficiary participated in preparation of the plan, within

386 (30) calendar days of the admission to treatment date.
387 a. If the beneficiary refuses to sign the treatment plan, the provider shall document the reason
388 for refusal and the provider's strategy to engage the beneficiary to participate in treatment.
389
390 3. Physician shall review the initial treatment plan to determine whether the services are medically
391 necessary. If the physician determines the services in the initial treatment plan are medically
392 necessary, the physician shall type or legibly print their name, and sign and date the treatment
393 plan within fifteen (15) calendar days of signature by the therapist or counselor.
394

395 Furthermore, providers shall ensure that the treatment plan is reviewed and updated as follows:
396

- 397 1. Therapist or counselor shall complete, type or legibly print their name, sign and date the updated
398 treatment plan no later than ninety (90) calendar days after signing the initial treatment plan, and
399 no later than every ninety (90) calendar days thereafter, or when a change in problem
400 identification or focus of treatment occurs, whichever comes first.
401
- 402 2. Beneficiary shall review, approve, type or legibly print their name and, sign and date the updated
403 treatment plan, indicating whether the beneficiary participated in preparation of the plan, within
404 thirty (30) calendar days of signature by the therapist or counselor.
405 a. If the beneficiary refuses to sign the updated treatment plan, the provider shall document the
406 reason for refusal and the provider's strategy to engage the beneficiary to participate in
407 treatment.
408
- 409 3. Physician shall review each updated treatment plan to determine whether services are medically
410 necessary. If the physician determines the services in the updated treatment plan are medically
411 necessary, the physician shall type or legibly print their name and, sign and date the updated
412 treatment plan within fifteen (15) calendar days of signature by the therapist or counselor.
413 a. If the physician has not prescribed medication, a psychologist licensed by the State of
414 California Board of Psychology may review for medical necessity, type or print their name
415 and date an updated treatment plan.
416

417 **VIII. PROGRESS NOTES**

418 **REFERENCES:**

- 419 ● California Code of Regulations, Title 22, Section 51341.1

421 **POLICY AND PROCEDURES:**

422
423 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
424 Programs to comply with the Drug Medi-Cal substance use disorder services progress note
425 requirements set forth in California Code of Regulations, Title 22, Section 51341.1.
426

427 For Outpatient Drug Free (ODF) or Naltrexone treatment services, for each individual and group
428 counseling session, the therapist or counselor who conducted that counseling session shall record a
429 progress note for each beneficiary who participated in the counseling session; and type or legibly
430 print their name, and sign and date the progress note within seven (7) calendar days of the

431 counseling session. Progress notes are individual narrative summaries and shall be legible and
432 include all of the following:

433

434 1. Topic of the session.

435

436 2. Description of the beneficiary's progress on the treatment plan problems, goals, action steps,
437 objectives, and/or referrals.

438

439 3. Information on the beneficiary's attendance, including the date, start and end times of each
440 individual and group counseling session.

441

442 For Intensive Outpatient Treatment (IOT) and perinatal residential treatment services, the therapist or
443 counselor shall record at a minimum one (1) progress note per calendar week, for each beneficiary
444 participating in structured activities including counseling sessions. Therapist or counselor shall type
445 or legibly print their name, and sign and date progress notes within the following calendar week.

446 Progress notes are individual narrative summaries and shall be legible and include all of the
447 following:

448

449 1. Description of the beneficiary's progress on the treatment plan problems, goals, action steps,
450 objectives, and/or referrals.

451

452 2. A record of the beneficiary's attendance at each counseling session including the date, start and
453 end times and topic of the counseling session.

454

455 **IX. MINIMUM BENEFICIARY CONTACT**

456 **REFERENCES:**

- 457 ● California Code of Regulations, Title 22, Section 51341.1

458

459 **POLICY AND PROCEDURES:**

460

461 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
462 Programs to comply with the Drug Medi-Cal substance use disorder services minimum beneficiary
463 contact requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

464

465 For Outpatient Drug Free (ODF), Intensive Outpatient Treatment (IOT), Perinatal Residential, or
466 Naltrexone treatment services, a beneficiary shall be provided a minimum of two (2) counseling
467 sessions per thirty (30) day period except when the physician determines that either of the following
468 apply:

469

470 1. Fewer beneficiary contacts are clinically appropriate.

471 2. Beneficiary is progressing toward treatment plan goals.

472

473

474 **X. JUSTIFICATION FOR CONTINUING SERVICES**

475 **REFERENCES:**

- 476 ● California Code of Regulations, Title 22, Section 51341.1

477

478 **POLICY AND PROCEDURES:**

479

480 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
481 Programs to comply with the Drug Medi-Cal substance use disorder services justification for
482 continuing services requirements set forth in California Code of Regulations, Title 22, Section
483 51341.1.

484

485 For Outpatient Drug Free (ODF), Intensive Outpatient Treatment (IOT), Perinatal Residential, and
486 Naltrexone treatment services, continuing services shall be justified as follows:

487

488 1. For each beneficiary, no sooner than five (5) months and no later than six (6) months after the
489 beneficiary's admission to treatment date or the date of completion of the most recent justification
490 for continuing services, the therapist or counselor shall review the beneficiary's progress and
491 eligibility to continue to receive treatment services, and recommend whether the beneficiary
492 should or should not continue to receive treatment services.

493

494 2. For each beneficiary, no sooner than five (months) and no later than six (6) months after the
495 beneficiary's admission to treatment date or the date of completion of the most recent justification
496 for continuing services, the physician shall determine whether continued services are medically
497 necessary.

498

499 3. Determination of medical necessity shall be documented by the physician in the beneficiary's
500 individual patient record and shall include documentation that all of the following have been
501 considered:

502

a. Beneficiary's personal, medical and substance use history.

503

b. Documentation of the beneficiary's most recent physical examination.

504

c. Beneficiary's progress notes and treatment plan goals.

505

d. Therapist or counselor's recommendation as specified in item (1) above.

506

e. Beneficiary's progress

507

508 4. If the physician determines that continuing treatment services for the beneficiary is not medically
509 necessary, the provider shall discharge the beneficiary from treatment.

510

511 **XI. DISCHARGE FROM TREATMENT REQUIREMENTS**

512 **REFERENCES:**

- 513 ● California Code of Regulations, Title 22, Section 51341.1

514

515 **POLICY AND PROCEDURES:**

516

517 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
518 Programs to comply with the Drug Medi-Cal substance use disorder services discharge from

519 treatment requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

520

521 Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. In addition
522 to the requirements of this subsection, an involuntary discharge is subject to the requirements set
523 forth in the Fair Hearing Rights section below.

524

525 A therapist or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary
526 with whom the provider loses contact. The discharge plan shall include, but not be limited to all of
527 the following:

528

529 1. Description of each of the beneficiary's relapse triggers and a plan to assist the beneficiary to
530 avoid relapse when confronted with each trigger.

531 2. Develop a support plan which is defined as a list of individuals and/or organizations that can
532 provide support and assistance to a beneficiary to maintain sobriety.

533

534 3. Discharge plan shall be prepared within thirty (30) calendar days prior to the date of the last face-
535 to-face treatment with the beneficiary.

536

537 4. During the therapist or counselor's last face-to-face treatment with the beneficiary, the therapist
538 or counselor and the beneficiary shall type or legibly print their names, sign and date the
539 discharge plan.

540

541 5. A copy of the discharge plan shall be provided to the beneficiary.

542

543 Provider shall complete a discharge summary for any beneficiary with whom the provider lost contact
544 in accordance with the following requirements:

545

546 1. Provider shall complete the discharge summary within thirty (30) calendar days of the date of the
547 provider's last face-to-face treatment contact with the beneficiary.

548

549 2. Discharge summary shall include all of the following:

550 a. Duration of the beneficiary's treatment as determined by the date of admission to and
551 discharge from treatment.

552 b. Reason for discharge.

553 c. Narrative summary of the treatment episode.

554 d. Beneficiary's prognosis.

555

556 **XII. FAIR HEARING RIGHTS**

557 **REFERENCES:**

- 558 ● California Code of Regulations, Title 22, Section 51341.1

559

560 **POLICY AND PROCEDURES:**

561

562 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)

563 Programs to comply with the Drug Medi-Cal substance use disorder services fair hearing rights

564 requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

565

566 Providers shall inform each beneficiary of the right to a fair hearing related to denial, involuntary
567 discharge, or reduction in Drug Medi-Cal substance use disorder services as it relates to their
568 eligibility or benefits.

569

570 Providers shall advise the beneficiary in writing at least ten (10) calendar days prior to the effective
571 date of the intended action to terminate or reduce services. The written notice shall include all of the
572 following:

573

574 1. Statement of the action the provider intends to take.

575 2. Reason for the intended action.

576 3. Citation of the specific regulation(s) supporting the intended action.

577 4. An explanation of the beneficiary's right to a fair hearing for the purpose of appealing the
578 intended action.

579 5. Provide problem resolution process and information to beneficiary

580 6. An explanation that the beneficiary may request a fair hearing by submitting a written request to:

581

582 DEPARTMENT OF SOCIAL SERVICES STATE HEARINGS DIVISION

583

P.O. BOX 944243, MS 9-17-37

584

SACRAMENTO, CA 94244-2430

585

1 (800) 952-5253 TDD 1(800) 952-8349

586

587 7. An explanation that the provider shall continue treatment services pending a fair hearing decision
588 only if the beneficiary appeals in writing to the Department of Social Services for a hearing within
589 ten (10) calendar days of the mailing or personal delivery of the notice of intended action.

590

591 **XIII. MAINTAIN CLIENT RECORDS:**

592 **REFERENCES:**

- 593 ● California Code of Regulations, Title 22, Section 51341.1

594

595 **POLICY AND PROCEDURES:**

596

597 It is the policy of Monterey County Behavioral Health (MCBH) and its Substance Use Disorder (SUD)
598 Programs to comply with the Drug Medi-Cal substance use disorder services for maintaining client
599 records requirements set forth in California Code of Regulations, Title 22, Section 51341.1.

600

601 For each beneficiary, providers shall maintain all of the documentation in the beneficiary's individual
602 patient record for a minimum of three (3) years from the date of the last face-to-face contact between
603 the beneficiary and the provider. In addition providers shall maintain documentation that the
604 beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause
605 results from beneficiary-related delays, for a minimum of three (3) years from the date of the last
606 face-to-face contact. If an audit takes place during the three year period, the providers shall maintain
607 records until the audit is completed.