

## Medicaid Documentation Standards for Substance Use Disorder Providers

Based on the 410 and 309 Oregon Administrative Rules (OARs)

Applying this checklist to your client charts can help make sure your documents are aligned with the OARs.

### General Information for the Overall Chart

Treatment, as defined in the Oregon Administrative Rules is, “the planned, individualized program of medical, psychological, and rehabilitative procedures, experiences, and activities meant to remediate symptoms of a DSM-5-TR diagnosis.”

309-019-0105

- Client charts need to fully support the services that are billed.**
  - The service notes and claims need to match (e.g., date, duration of service, place of service, units of service, provider, etc.).
  - The services and documentation meet the criteria for medically necessary and medically appropriate services (i.e., documents scope of services).
  - The services are provided and documented in a way that is consistent with the needs of the client documented in the assessment and with the service plan.
  
- The information in the client record meets the following standards:**
  - Professional standards (e.g., professional ethics, licensing, DSM-5-TR, ASAM Criteria, Third Edition, etc.).
  - Oregon Administrative Rules relevant to the type of service being provided.
  - Contracts relevant to the agency and provider of services (examples: Oregon State Medicaid Plan, Coordinated Care Organization (CCO) contract, agency specific contracts).
  
- Services that are medically necessary are described as a health service required for a client to address one or more of the following:**
  - The prevention, diagnosis, or treatment of a condition or disorder that results in behavioral health impairments or a disability.
  - The ability to achieve age-appropriate growth and development.
  - The ability for a client to attain, maintain, or regain independence in self-care, ability to perform activities of daily living, or improve health status.
  - They are also medically appropriate.
  
- Services that are medically appropriate are:**
  - Services and supports that are needed to diagnose, stabilize, care for, and treat the client’s behavioral health condition.
  - Rendered by a provider who has the training, credentials or license that is appropriate to treat the condition and deliver the service.
  - Based on the standards of evidenced-based practice and good health practice. Services provided are safe, effective, appropriate, and consistent with the diagnosis found in the behavioral health assessment.
  - Connected to the service plan, which is individualized to the client. The services are also appropriate to achieve the specific and measurable goals that are written in the client’s service plan.
  - Not provided only for the convenience or preference of the client, the client’s family, or the provider of the service (this includes the frequency of the service).

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not provided only for recreational purposes.</li> <li><input type="checkbox"/> Not provided only for research and data collection.</li> <li><input type="checkbox"/> Not provided only for meeting a legal requirement placed on the client (e.g., only provided to meet court/probation mandate such as drug court or DUII services. Services must be medically necessary and appropriate based on the assessment).</li> <li><input type="checkbox"/> The most cost effective of the covered services that can be safely and effectively provided to the client (e.g., the client is placed at an appropriate level of care).</li> </ul>
<p><b>Assessment</b></p> <p>As defined in the Oregon Administrative Rules as “the process of obtaining sufficient information through a face-to-face [in person or telehealth] interview to determine a diagnosis and to plan individualized services and supports.”</p> <p>309-019-0105</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Completed (or updated) and signed at the time of entry before any other services or supports by a qualified program staff.</b> Exception: Crisis and stabilization services can be provided at any time. Note: Qualified Substance Use Program Staff are defined in <a href="#">309-019-0125(9)</a>.</li> <li><input type="checkbox"/> <b>The assessment has the client’s diagnosis and documents the medical need for services:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The diagnosis is documented according to DSM-5-TR standards.</li> <li><input type="checkbox"/> There is enough information to support each DSM-5-TR diagnosis that is the medically necessary reason for services. This includes documenting each endorsed DSM-5-TR criteria per diagnosis, and the symptoms supporting each criterion.</li> <li><input type="checkbox"/> The assessment identifies the client’s need for services, including functional impairments (how symptoms affect the client’s daily functioning).</li> </ul> </li> </ul> <p><b>Each assessment is a multi-dimensional assessment consistent with The ASAM Criteria, Third Edition that has each of the following components:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ASAM Level of Care Determinations <ul style="list-style-type: none"> <li><input type="checkbox"/> A determination for dimensions 1-6, with any discrepancies documented.</li> <li><input type="checkbox"/> An overall determination, with any discrepancies documented.</li> </ul> </li> <li><input type="checkbox"/> A Risk Assessment that has: <ul style="list-style-type: none"> <li><input type="checkbox"/> A severity of risk for each dimension</li> <li><input type="checkbox"/> Identification of immediate needs</li> <li><input type="checkbox"/> Consideration of the history of each risk, as well as present concerns</li> <li><input type="checkbox"/> Overall determination of the severity of the client’s current level of risk.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The assessment screens for the presence of:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Substance use</li> <li><input type="checkbox"/> Problem gambling</li> <li><input type="checkbox"/> Mental health conditions</li> <li><input type="checkbox"/> Chronic medical conditions</li> <li><input type="checkbox"/> Symptoms related to psychological or physical trauma</li> <li><input type="checkbox"/> Suicide risk</li> </ul> </li> </ul> <p><b>When the above screening process finds the presence of any of the above conditions or risk to health and safety to the client:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Further assessments will be completed to determine the need for follow up actions, additional services and support, and the level of risk to the client or others.</li> <li><input type="checkbox"/> The client chart will have documentation of a referral for further assessment, planning, and intervention from an appropriate professional. This may be with the same provider, or with a collaborative community partner.</li> </ul>

- A documented safety plan is completed with the client, as indicated, to list actions to use during periods of increased risk. The document is updated as circumstances change, or created if risk presents during treatment.
- Documentation at time of entry shall include an evaluation that assesses:**
  - Social isolation       Self-reliance       Physical health       Housing
  - Parenting issues       Domestic violence       Financial considerations
- The assessment is culturally and age relevant:**
  - Consider reviewing the DSM-5-TR [Cultural Formulation Interview](#) and the National [Culturally and Linguistically Appropriate Services](#) Standards.
  - Consider reviewing the DSM-5-TR [supplementary modules](#) for specific populations, such as children, adolescents, and adults.
- The assessment is updated as required:**
  - The assessment is updated when there are changes to clinical circumstances.
  - Any changes to the ASAM Level of Care placement decision will be justified with an update to the multidimensional assessment on file.
  - Tip: updated assessments must document the medical need for continued services. They should document progress, barriers, and updates to symptoms, risk, and personal information.

**Service Plan**

As defined in the Oregon Administrative Rules is “a comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and the intended outcome of services.”

309-019-0105

- The service plan is completed and signed by a supervisory or substance use disorder treatment staff before the start of services.**
- The service plan is created with the participation of the client and their family members, as applicable. The document shows evidence of their participation.**
- The service plan is individualized to the client and their presenting needs.**
  - It is comprehensive and designed to improve the client’s condition to the point where the client’s continued participation in services is no longer necessary.
  - It is reflective of the client’s assessment, their diagnosis, the ASAM Level of Care, and the client’s needs.
  - It addresses all areas of concern found in the assessment that the client agrees to address, and the applicable service coordination details to address identified needs.
  - It has a specific statement outlining the intended outcome for treatment.
  - It includes the care coordination goals and objectives as indicated to address needs.
  - It includes objectives that support the participation of family and other agencies as appropriate (e.g., social service, child welfare, or corrections agencies, etc.).
- The service plan has the following elements that are individualized to the client:**
  - Date the service plan was created, and the date the clinician signed it.
  - The client’s diagnosis.
  - The ASAM Level of Care placement. When there is a discrepancy document the client’s preferred ASAM Level of Care placement (e.g., due to client preference or pending residential placement).
  - Identify the specific services and supports that will be utilized to meet goals and objectives (e.g., individual therapy, case management, peer support, etc.).

	<ul style="list-style-type: none"> <li><input type="checkbox"/> The expected frequency of each type of planned service or support (e.g., group therapy, 60 minutes, two times per week).</li> <li><input type="checkbox"/> The schedule for re-evaluating the service plan.</li> </ul> <p><b>The service plan objectives must:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be individualized to meet the assessed needs of the client.</li> <li><input type="checkbox"/> Support the use of evidence-based practices and interventions appropriate for the diagnosis.</li> <li><input type="checkbox"/> Be specific and measurable to help the client evaluate their progress, including a baseline evaluation (as defined in OAR 309-019-0105(20)).</li> </ul> <p><b>For providers of youth substance use disorder services, service plans must:</b> ( if <input type="checkbox"/> N/A)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Include participation of parents, other family members, schools, children’s service agencies, and juvenile corrections, as appropriate. The service plan should include appropriate case management goals and objectives as needed.</li> <li><input type="checkbox"/> Services or appropriate referrals shall include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Family counseling</li> <li><input type="checkbox"/> Community and social skills training</li> <li><input type="checkbox"/> Smoking cessation service</li> </ul> </li> </ul>
<p><b>Service Note</b></p> <p>As defined in the Oregon Administrative Rules, “the written record of services and supports provided, including documentation of progress toward intended outcomes consistent with the timelines stated in the service plan.”</p> <p>309-019-0105</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The service note connects to the service plan:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The note must document the specific objective(s) that the service is addressing.</li> <li><input type="checkbox"/> The note must have information about how the objective was addressed.</li> <li><input type="checkbox"/> The note includes periodic updates describing the client’s progress.</li> </ul> </li> <li><input type="checkbox"/> <b>The service note has an evidence-based intervention appropriate for the diagnosis:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The note documents the specific evidence-based practice being used (e.g., Cognitive-Behavioral Therapy, Internal Family Systems, etc.).</li> <li><input type="checkbox"/> The note documents the intervention/how the evidence-based practice was applied to meet the specific and measurable goals in the service plan.</li> </ul> </li> <li><input type="checkbox"/> <b>The service note has the extent of the services provided</b> (e.g., Peer Support Specialist met face to face with the client in the community for skills training). Tip: Think type of contact and setting.</li> <li><input type="checkbox"/> <b>The service note has:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> The number of services being provided (units of service).</li> <li><input type="checkbox"/> The client’s diagnosis.</li> <li><input type="checkbox"/> Name, signature, and credentials of individual who provided the service.</li> <li><input type="checkbox"/> The date on which the service was provided, as well as date of signature.</li> <li><input type="checkbox"/> Specific service provided (name or CPT Code).</li> <li><input type="checkbox"/> Start and stop times and duration (be exact, such as 11:01 to 11:58 AM – 57 min).</li> </ul> </li> </ul> <p><b>For providers of youth substance use disorder services, the service record must document continuing care in an appropriate duration and designed to maximize recovery opportunities.</b></p> <p><b>Services should include:</b> (<input type="checkbox"/> if N/A)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reintegration services and coordination with family and schools</li> <li><input type="checkbox"/> Adolescent self-help groups where available</li> </ul>

	<input type="checkbox"/> Referral to emancipation services when appropriate <input type="checkbox"/> Referral to physical or sexual abuse counseling and support when appropriate <input type="checkbox"/> Referral for peer delivered services  <input type="checkbox"/> <b>Service note documentation is completed and signed before it is billed.</b>  <input type="checkbox"/> <b>Service note (or Service Record) documents any decisions to transfer the client:</b> <input type="checkbox"/> The date of the transfer. <input type="checkbox"/> The reason to transfer the client (i.e., to an internal or external provider). <input type="checkbox"/> The ASAM Criteria Level of Care recommendation and risk assessment at transfer. <input type="checkbox"/> Referral to any follow-up services and/or other behavioral health providers. <input type="checkbox"/> All outreach efforts made, as applicable.
<b>Care Coordination Requirements</b>	<p><b>Documentation that the program provided or coordinated the following services and supports that the client agrees to address:</b></p> <p><i>Special Access Needs:</i></p> <input type="checkbox"/> Childcare <input type="checkbox"/> Mental health services <input type="checkbox"/> Transportation <p><i>Additional Services and Supports:</i></p> <input type="checkbox"/> Gender- Specific <input type="checkbox"/> Peer Delivered Services <input type="checkbox"/> Smoking cessation. <input type="checkbox"/> Housing and employment support for those who qualify under OAR 309-019-0105 <input type="checkbox"/> Reintegration with family or community. <input type="checkbox"/> Housing <input type="checkbox"/> Family services, including therapeutic services for children in custody of women in treatment. <p><input type="checkbox"/> <b>The program will coordinate referral services with:</b></p> <input type="checkbox"/> Agencies providing services to clients who have experienced physical abuse, sexual abuse, or other types of domestic violence. <input type="checkbox"/> Parenting training <input type="checkbox"/> Continuing care treatment services are to be consistent with the ASAM Criteria. They should include referrals to support groups where available. <p><input type="checkbox"/> <b>Programs that receive the SUPTR block grant funding must document either providing or coordinating the following for clients:</b></p> <input type="checkbox"/> Primary medical care, including referral for prenatal care if applicable, and child-care and transportation where needed. <input type="checkbox"/> Primary pediatric care, including immunizations for their children. <input type="checkbox"/> Gender specific substance use disorder treatment and other therapeutic interventions that may include but are not limited to: <input type="checkbox"/> Relationship issues <input type="checkbox"/> Sexual and physical abuse <input type="checkbox"/> Parenting <input type="checkbox"/> Access to childcare and transportation while receiving these services. <input type="checkbox"/> Therapeutic interventions for children in the custody of individuals in treatment may include but are not limited to addressing their developmental needs, any issues concerning sexual and physical abuse and neglect. Program to ensure sufficient case management and transportation to ensure that individuals and their children have access to services.
<b>Documentation for Specific</b>	<p><b>Please see the following Oregon Administrative Rules for documented standards for the following Levels of Care:</b></p> <ul style="list-style-type: none"> <li>• Early Intervention (ASAM Level 0.5): <a href="#">309-019-0181</a></li> </ul>

## ASAM Levels of Care

- Outpatient (ASAM Level 1.0): [309-019-0182](#)
- Intensive Outpatient (ASAM Level 2.1): [309-019-0183](#)
- Partial Hospitalization/Day Treatment (ASAM Level 2.5): [309-019-0184](#)
- DUII Services Providers: [309-019-0195](#)

The above information is based on OAR 410-172, 410-120, and 309-019 rules. There are additional clinical and administrative requirements outlined in the OARs, Oregon State Plan, and CCO contract. Please see the *Behavioral Health Outpatient Requirements* Handout for additional information. If you have questions or would like more information, please contact your Metro Regional Leadership or your Provider Relations Specialist (PRS).

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