Treatment Planning for Substance Use Disorder

ACBHCS Clinical Documentation Standards
California Code of Regulations (CCR) Title 22
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Tobacco Use and Treatment for Substance Use Disorders (SUD)

Despite the diagnostic similarities to SUD included diagnosis, Tobacco Use Disorder (F17.200) is not a Department of Health Care Services (DHCS) included diagnosis in the treatment of SUD beneficiaries and cannot be claimed through Drug Medi-Cal.
Current assessment standards require substance use/exposure to be assessed, including tobacco/nicotine products. The tobacco/nicotine use may include:

- Current/historical use of tobacco and nicotine related products
- Exposure to tobacco and nicotine related products
- Familial history of tobacco and nicotine use
- Risk for use/relapse
- Impact of the client’s use and/or exposure to tobacco/nicotine on their recovery from SUD
- Experiences of quitting/attempting to quit
SUD Assessment Standards

The assessment must demonstrate all of the following:

• The client’s use/exposure to tobacco/nicotine products are exacerbating the SUD symptoms that are being treated and/or are a trigger for relapse

• The adult client’s SUD impairments to functioning are preventing them from accessing needed community supports/resources
  • This requirement to independently seek out community supports/resources is not expected of adolescents
Clinical Justification

For some clients, tobacco use or exposure can significantly impact their ability to maintain recovery and may be part of the etiology of developing or exacerbating SUD symptoms. Compounding the issue, their SUD symptoms/impairments may be preventing them from accessing area/community resources to assist with tobacco cessation. Examples: health, housing, employment, relationships, family and children.
Claiming for SUD Treatment Services

• In order to claim for services the treatment plan must contain an identified tobacco use objective/goal/problem and associated action steps

• Direct treatment for tobacco use disorder IS NOT claimable through SUD/DMC

• All treatment plans include: Statement of Problems (Challenges), Goals (Objectives), Action Steps, and Interventions must follow existing SUD clinical documentation standards and be related to treatment of a DMC SUD Included Diagnosis
SUD Treatment Planning Overview

SUD treatment focused on tobacco cessation may be appropriate if it is related to the treatment plan goals of the individual and is provided by a “counselor or therapist” as defined in CCR Title 22.

- Individualized
- Based on ALL issues identified during intake assessment(s)
- The treatment plan is considered as the Beneficiary’s “prescription for treatment services”
Treatment Planning - Breaking It Down

• Problem (Challenge) Statements are significant issues related to treating the client’s included SUD, their recovery from SUD, and relapse prevention
• Goals are something mutually established between the client and provider for each identified problem
• Action Steps include the client or the provider and the steps they will take to accomplish the identified goals on a treatment plan
• Target date is the intended date to complete action steps and/or reach the desired goal-set attainable and reasonable target dates associated to each goal and/or action step
Type and Frequency Description of Services

• Attendance (frequency of services) If the treatment plan states two (2) groups per week, it is expected that the provider will bill for two groups per week

• Type of Service(s) includes group, individual, collateral, and discharge planning

• Individualized Treatment

• Primary Counselor and/or Therapist (LPHA / DMC ODS)
QUESTIONS ??