

Module 8: Recovery Services Transcript

Slide Number	Slide Heading	Slide Narration Text
1	Module 8: Recovery Services Webinar	Welcome to Module 8 of our DMC- ODS webinar series. This webinar will focus on Recovery Services (formerly known as “after care”).
2	Recovery Services	<p>Recovery services are available for clients who have completed treatment at any level of care in the Drug Medi-Cal Organized Delivery System, also known as the DMC-ODS. They are not considered a “level of care” in the DMC–ODS, but rather are a type of service, similar to services that used to be referred to as “after care.”</p> <p>The goal of Recovery services is assisting the client to take a central role in building and maintaining the internal and community supports necessary to sustain recovery.</p> <p>Recovery Services cannot be claimed in combinations with any other treatment service. This means that the client would not be able to receive Recovery Services and treatment at an Outpatient, Residential or OTP provider at the same time.</p>
3	When to use Recovery Services	<p>As we saw on the previous slide, Recovery Services are available to clients who have completed a course of DMC-ODS treatment. Recovery Services serve to support a client when he/she may become triggered, may have relapsed, or as a preventative measure to prevent relapse. Recovery Services offer clients an opportunity for sustained engagement and long-term retention in SUD services.</p> <p>As a client is completing treatment and are determined not meet criteria for another level of care (like outpatient or residential), but their ASAM Dimension 6 risk rating reflects the need for a recovery environment, then Recovery Services are most appropriate. Clients must meet medical necessity for Recovery Services. In addition to not requiring outpatient or higher level of care, this looks like a client who was previously diagnosed with a SUD diagnosis while in treatment, but after completing their course of treatment are now likely “in remission” of that diagnosis.</p>
4	Process to Admit to Recovery Services	<p>Now let’s look at the process to admit a client to Recovery Services. A warm handoff from the current treatment level of care to Recovery Services is the best practice. For example, if a client was in outpatient care within the same program, a session between counselors (if a new counselor will be providing services) should take place. If the client will be receiving Recovery Services in a program different from the one in which they completed their treatment, then phone contact to discuss the plan of care and share relevant information should take place. Please review the warm handoff guidelines in the Substance Use Disorder Provider Operations Handbook (also known as the SUDPOH) for more information. Transition between treatment and Recovery Services should occur within 10 days from discharge.</p> <p>Prior to completing treatment, the program should discuss the option of Recovery Services with the client and obtain permission to contact them after treatment ends. If the client has not been linked to Recovery Services at treatment discharge, the Treatment program should make at least 3 attempts to engage client, on 3 separate days, to demonstrate efforts to engage client</p>

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		<p>in recovery services. These contacts should be documented. If there is no contact from client after 30 days, no additional effort by the treatment program is required.</p> <p>We will talk in more detail about the admit process for Recovery Services next.</p>
5	Transition within the Same Program	<p>If transitioning a client into Recovery Services within the same program, the client needs to be discharged from CalOMS and the current program enrollment in SanWITS end dated. The episode will remain open, and a new program enrollment for Recovery Service is started in SanWITS.</p> <p>No new CalOMS entry required in Recovery Services and no new intake/admit paperwork required. However, the new counselor should review the most recent treatment plan, ASAM LOC and Diagnosis Determination Note, also known as the DDN.</p> <p>We will see on the next slide what clinical documents need to be completed.</p>
6	Transition within the same Program (con't)	<p>When the client is within the same program, although no new intake administrative paperwork is required, we will require within 30 days of admit, completion of a new Diagnostic Determination Note, Initial Recovery Plan and the Treatment Effectiveness Assessment (AKA: TEA), which is a brief self-report assessment tool.</p> <p>This documentation can be stored in the current chart with a new tab for Recovery Services.</p> <p>The TEA and Recovery plans are to be reviewed and updated every 90 days.</p> <p>We will see a TEA assessment form and Recovery Plan later on in this presentation.</p>

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7	Transition to another program	When a client is being transitioned out of the treatment program and being referred to another program for Recovery Services, there must be care coordination between the programs to ensure a smooth transition. The current provider should provide relevant discharge information and fax to the new provider all required/relevant documentation. We will see the list of documentation on the next slide.
8	Transition to another program (con't)	<p>When a client is being transitioned from one program to another program, the referring program will: discharge the client in CalOMS and close the SanWITS episode. The referring program will also fax the required documentation to the new program, this includes:</p> <ul style="list-style-type: none"> Intake/assessment – Initial Level of Care Assessment Discharge summary DDN Most current treatment plan ASI/YAI Most current ASAM LOC Health questionnaire Most recent risk assessment
9	Transition to another program (con't)	<p>Because the client was referred to a new program for Recovery Services, the new provider must open a new chart for the client for Recovery Services. The new program must complete the new admission/intake documents:</p> <ul style="list-style-type: none"> Financial Eligibility Consents 42 CFR HIPAA/NPP HRA TB Screening Questionnaire <p>In addition, you must complete new admission clinical documentation within 30 days from date of admission:</p> <ul style="list-style-type: none"> DDN, TEA and Recovery Plan ASAM LOC (if + 3 months since last treatment service) <p>The TEA and Recovery plans are to be reviewed and updated every 90 days</p>

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10	Components of Recovery Services	<p>Assessment in Recovery Services is different than in other services, as it does not require a complete bio-pyscho-social assessment. However, within 30 days of admission to Recovery Services, completion of a Treatment Effectiveness Assessment (TEA) is required in addition to identifying a diagnosis (DDN)</p> <p>We will take a look at the TEA form on the next slide.</p> <p>Clients who are in recovery services can receive individual and group counseling, recovery monitoring/coaching, and drug screening (if medically appropriate) and Case Management. Please note, however, that clients who are in recovery services cannot participate in the same groups as clients in outpatient or residential care.</p>
11	Treatment Effectiveness Assessment	<p>This is the brief self- assessment tool we talked about in a previous slide. The TEA (Treatment Effectiveness Assessment) it is an efficient, patient-centered instrument for evaluating progress in recovery from addiction.</p> <p>The TEA elicits client responses that help the client and counselor quickly gauge client progress in treatment and recovery. It focuses on the areas of recovery and relates to the Recovery Plan. For each area on the TEA, clients are asked to think about how things have changed or become better. The more the client has improved, the higher the number they circle on the scale – from 1 being not better at all, to 10 being much better. In each area, the client can write the one or two changes most important to them in the remarks section.</p> <p>Section 1 is Substance Use and the clients are asked to rate “How much better are you with drug and alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being loaded, being sick, in trouble and in other drug using activities, etc.”</p> <p>Section 2 is Health and the clients are asked “how has your health improved? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc.”</p> <p>Section 3 is Lifestyle and clients are asked “how much better are you in taking care of personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments?”</p> <p>And the last section, Section 4 is Community and the clients are asked “Are you a better member of the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people?”</p> <p>As a reminder, this form is to be completed within 30 days of date of admit and every 90 days from the previous one completed.</p>

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12	Recovery Plan	<p>Success in Recovery Services comes from a person-centered recovery plan. This means developing a plan of care that is individualized and client driven.</p> <p>A Person-Centered Recovery plan for ongoing recovery and relapse prevention builds on the treatment program’s discharge plan. Characteristics of the recovery plan include:</p> <ul style="list-style-type: none"> • Assisting the client to identify the services and/or skills that will support the client’s recovery • Development of a personal network of support • <p>We will see a Recovery Plan on the next slide.</p>
13	Recovery Plan	<p>This is our first look at a recovery plan.</p> <p>A recovery plan is to assist the client in continuing their recovery and understanding that recovery is a long-term, lifestyle change. The plan must be completed within 30 days of the admit date and is to be updated no later than every 90 days or as needed when a significant change occurs.</p> <p>This is page one of the Recovery Plan</p> <p>Each prompt area must be completed. If it doesn’t apply, please mark “not applicable.” The first area of the plan identifies CASE MANAGEMENT needs:</p> <p>We will see the definitions of each case management category on another slide</p> <p>On the next slide we will see page two of the Recovery Plan</p>
14	Recovery Plan	<p>After identifying case management and other support needs, the client and counselor decide on the types of ongoing counseling that can support the client’s recovery, including Individual counseling and/or group counseling.</p> <p>The plan is considered completed when the LPHA signs and dates the plan.</p> <p>On the next slide we will see the definition of each Case Management area.</p>

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15	Case Management in Recovery Services	<p>Case management is an important component of Recovery Services and the goal of building the client’s resources in the community. Case management in recovery services focuses on linkages to resources in important life areas, such as:</p> <ul style="list-style-type: none"> • <u>Education and Job Skills</u>: Linkages to life skills, employment services, job training, and education services. • <u>Family Support</u>: Linkages to childcare, parent education, child development support services, family/marriage education. • <u>Support Groups</u>: Linkages to self-help and support, spiritual and faith-based support. • <u>Ancillary Services (other community linkages)</u>: Linkages to housing assistance, transportation, primary care physician, dentist and another individual services coordination.
16	Recovery Services Requirements	<p>Currently, Recovery Services can only be provided by a certified or registered counselor or an LPHA. The County of San Diego is developing a peer support training plan for unlicensed peer staff to provide Recovery Services and must submit this training plan to the Department of Health Care Services (also known as DHCS) for state approval. Programs will be notified once the County receives approval from the State.</p>
17	Recovery Services Documentation	<p>We briefly explained the requirements for documentation in Recovery Services in an earlier slide. Here we will get a more detailed picture.</p> <p>Each client encounter provided requires a written progress note that must be completed within seven (7) days of date of service. The progress notes should capture relevant recovery details such as a summary of status and progress, pertinent changes, relapse potential, etc. and updated recovery plans and TEA’s are required every 90 days</p>
18	Recovery Services vs. OS/IOS	<p>As a reminder: While there are some similarities, recovery services are not outpatient or intensive outpatient levels of care. Recovery Services is a type of service, formerly referred to as after care. If a client’s needs change (for example: the client experiences a significant relapse), clients should be re-assessed and assisted in re-entering the appropriate level of care that his or her needs indicate.</p>

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19	When do recovery services end?	<p>You may recall from the beginning of this presentation that the goal of recovery services is building and maintaining community supports that will help the client sustain recovery. This goal should be made clear to the client from the beginning of his/her recovery services, so that it is clear when recovery services may no longer be needed.</p> <p>The reasons Recovery Services may no longer be needed can vary. For example:</p> <ul style="list-style-type: none"> • The client has met their recovery plan goals and no longer needs to the support/assistance from the program, OR • The client has been absent from services for more than 30 days. When this is the case, please follow SUDPOH missed appointments standards for the process of attempts to engage client and documentation requirements for this situation. • Another reason Recovery Services may no longer be needed, as previously mentioned, is the client’s needs increase and the client is transitioned back to treatment services. • <p>A discharge plan is a required document for ending Recovery Services and is completed within 30 days prior to the last face-to-face visit, when the client no longer needs Recovery Services. We will see a copy of a discharge plan on the next slide.</p> <p>The discharge plan is not required when a client is transitioning to a treatment level of service, or if the client has dropped out of Recovery Services. In those instances, however, the reasons for client ending Recovery Services should be documented in a final progress note.</p> <p>The SanWITS episode needs to be closed. Remember that there was no CalOMS opened/entered for Recovery Services, so there is no CalOMS discharge required.</p>
20	Client Discharge Plan	<p>This is a copy of the discharge plan. It is the same plan we use in the outpatient and residential levels of care. Remember this is completed by the client with counselor support. The client should complete each prompt area. This is something that client will be able to bring with them as they move through their continued recovery journey. Assist the client to make it as practical and meaningful to them as possible.</p>
21	Client Discharge Plan	<p>This is page two of discharge plan. Make sure the client receives a copy and keep a copy in the Recovery Services chart.</p>

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22	We're Here to Help	<p>Congratulations! You've completed module 8 of our DMC – ODS SUD documentation webinar series.</p> <p>We want to leave you with the resources on this slide as they will be helpful to you in the future. The Department of Health Care Services has a wealth of information on the DMC-ODS, and federal/state regulations pertaining to SUD treatment . You may want to bookmark that link.</p> <p>The Optum website is where the County of San Diego uploads important information about our County's DMC-ODS. Our manuals, such as the SUDPOH and SUDURM, as well as other resources, such as communications, copies of our monthly newsletter, resources on QM produced trainings, forms, brochures and information on the grievance and appeal process and NOABDs are all found under the County Staff and Providers tab of the website, where you can select the Drug Medi-Cal Organized Delivery System page.</p> <p>Finally, please don't hesitate to contact the QI Matters email listed on this slide, or the QM Specialist assigned to assist your specific program. We are here to help with any questions you have about documentation or clinical standards in the DMC-ODS, and to be a resource for other questions you may have.</p> <p>Thank you.</p>
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