SANTA BARBARA COUNTY
DEPARTMENT OF
**Behavioral Wellness**
A System of Care and Recovery

# M E M O R A N D U M

**Date:**      July 31, 2019

**To:**        DMC-ODS Alcohol and Drug Providers

**From:**      Santa Barbara County Behavioral Wellness

**Subject:**   Revised SC 5042 Open Caseload Report Memorandum

**CC:**        ADP, QCM

This memorandum supersedes the July 5, 2019 "SC 5042 Open Caseload Report Memorandum". We are pleased to provide the SC 5042 Open Caseload Report as a resource for you to better manage DMC-ODS requirements for active clients. This report is intended to help your agency track current client admissions, services provided, treatment plan compliance, timeliness for Justifications to Continue Treatment and compliance with CalOMS data submission. Please find details regarding how to best use this report below:

*Program Name* **Column**- this column indicates if the client has a current admission in that level of care.
- **Action item:** ensure that the client is [still] active in the correct program and level of care; if client is no longer an active client please discharge and/or transition client to the correct level of care.

*Justification to Continue Needed* **Column**- this column calculates five months from the Admission Open Date in order to show whether you need to complete an *ODS Justification to Continue Treatment Form*. "No" means the client has not yet been in the current level of care for 5 months so an *ODS Justification to Continue Treatment Form* is not yet due. "Yes" means the client has been in the current level of care for more than 5 months.
- **Action item:** if the column shows "Yes", please check ADP-CG to see whether a Justification to Continue Treatment has been completed. If the document has already been finalized in ADP-CG, then no further action is needed. If the document has not yet been finalized in ADP-CG, please complete the document per DMC-ODS Documentation requirements as soon as possible in order to avoid potential disallowances. (Please note that the *Yes/No* only indicates

whether the form is due, and will **not** show whether it has been completed in ADP-CG).

***Number of Days Open* Column:** this column shows how many days the client has been open in that particular level of care.

***First Service Date* Column:** this column shows the client's first service date in the associated level of care as indicated by the first service uploaded to ShareCare.

***Last Service Date* Column:** this column shows the client's last service that has been uploaded to ShareCare. Please note that services are now being transmitted to ShareCare on a daily basis.
- **Action item:** ensure that all client services have been documented and finalized in ADP-CG correctly in order to be uploaded into ShareCare.

**Number of Services Column:** this column shows how many services the client has received that have been uploaded into ShareCare. This includes all services documented included both billable and non-bill procedure codes.
- **Action item:** ensure that all services that the client has received have been documented and finalized in ADP-CG correctly in order to be uploaded into ShareCare.

***Days Without Service* Column:** this column shows how many days have passed since the "Last Service Date", as indicated by services uploaded into ShareCare.
- **Action item:** ensure that all clients are receiving services as indicated on the client's Treatment Plan and that the minimum number of required services are being provided for the associated level of care and documented correctly in ADP-CG.

***30+ Day Flag* Column:** this column shows if a client has **not** received a service in over 30 days as indicated by services uploaded into ShareCare.
- **Action item:** please check that services provided have been documented correctly in ADP-CG. If client has not received any services for over 30 days, then discharge client from the associated level of care in compliance with all DMC-ODS requirements.

***Average Days Between Services* Column:** this column is intended as a resource for your internal utilization review.
- **Action item:** review the frequency of services provided to clients and ensure that services are being provided and documented per the client's Treatment Plan.

***CalOMS Admission Data Reported* Column:** this column shows whether the CalOMS Admission Assessment was successfully transmitted to the State. "Yes" indicates that the CalOMS Admission Assessment was completed and successfully transmitted to the State; no further action is needed. "No" means that the CalOMS Admission Assessment was **not** transmitted to the State either due to not being completed, data entry errors, or due a pending CalOMS data transmission.

- **Action item:** If, "No", then please check the CalOMS Admission Assessment for errors and correct any identifiable errors. If the CalOMS Admission Assessment was completed in the last month, no further action is needed as it should be transmitted in the next month data upload. If the CalOMS Admission Assessment was completed over a month prior and all identifiable errors have bene corrected, please follow-up with Behavioral Wellness at the monthly ADP User Group Meeting.

*Current Treatment Plan* **Column:** this column shows whether the client has a current Treatment Plan in the associated level of care. "Yes" indicates that there is a current Treatment Plan and "No" indicates that the client does not have a current Treatment Plan for that level of care. Please note that if the client was previously active in the associated level of care with your facility, Treatment Plans from the **previous** treatment episode may still show as active. **This column is only intended as a *guide* and all clients need current Treatment Plans for their current treatment episode.**
- **Action item:** ensure that all clients have an active Treatment Plan within the required timeframe for that associated level of care. Complete Treatment Plans within DMC-ODS required timeframes in order to prevent disallowance of services provided.

*Treatment Plan Expiration Date* **Column:** this column shows the expiration date for the most current Treatment Plan in the associated level of care. Please note that if the client was previously active in the associated level of care with your facility, the expiration date from the prior Treatment Plans from the previous treatment episode may show. **Please note, that this column is only intended as a *guide* and all clients need current Treatment Plans for their current treatment episode.**
- **Action item:** ensure that all clients have an active Treatment Plan within the required timeframe for that associated level of care. Revise Treatment Plans within DMC-ODS required timeframes in order to ensure Updated Treatment Plans are in place prior to the Treatment Plan expiration date to prevent disallowance of services provided.

If you have any additional questions about the content of this report, please contact Melissa Wilkins with the Santa Barbara County Department of Behavioral Wellness (mwilkins@co.santa-barbara.ca.us).

If you have technical questions or issues regarding how to open the attachment, please contact Behavioral Wellness IT Division at 805-681-4006.