



# COUNTY OF YOLO

Health and Human Services Agency

*Nolan Sullivan*  
Director

**Samantha Fusselman**  
Adult and Aging Branch Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • [www.yolocounty.org](http://www.yolocounty.org)

## Yolo County Behavioral Health QM Residential/Withdrawal Management SUD Documentation Training 11/3/23

### Frequently Asked Questions (FAQ's)

**Q. Are there CEU's for this training or a participant certificate?**

**A.** We are not able to provide CEUs at this time. We can look into certificates of participation if this is something that would be beneficial to providers.

**Q. Residential: What are some tips for completing the Assessment Tool?**

**A.** Here are some helpful reminders for completing the Yolo County Full Assessment Tool:

- **Client specific**
  - Information within the assessment should come from the person seeking care, in their own words whenever possible
  - Accurately documented “picture” of the person’s current and historical needs
  - Should not use ‘cookie cutter’ or copied/pasted language
- **Updated & Accurate**
  - Updates should not be identical or nearly identical to the previous assessment. They should include new information on the client’s progress or lack of progress in treatment, and clearly give a snapshot of the client’s current functioning
  - The assessment should be thoroughly filled out and free from spelling errors, typos, or other errors that make the content of the assessment unclear
- **Include Ample Information**
  - It should be clear in the documentation as to why the client meets the dimension ratings, including client specific reasons, client quotes, and/or clinical impressions

*Revised: 11/10/2023*

Every effort is made to update this information in a timely fashion, however, as regulations frequently are revised, it is strongly recommended to consult the [DHCS BHIN page](#) for the current year, the [DHCS CalAIM FAQ](#) website, review current P&Ps, and/or contact HHSa BH-QM at [HHSaQualityManagement@yolocounty.org](mailto:HHSaQualityManagement@yolocounty.org) with questions to assure accuracy.



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- **Abstinence**
  - There should be explanations for recent periods of abstinence (change in circumstance, incarcerated, etc.) if applicable
- **Inform Level of Care Decisions:**
  - The person should receive care in the least restrictive level of care that is clinically appropriate to treat their condition
  - For level 3.5: Additional information should be included to justify that the client needs the additional supports provided by treatment in this level of care
- **Signed & Dated**
  - If a counselor completed portions of the assessment, they should sign and date the assessment document
  - LPHA must sign/date the LOC and diagnosis portions of this document

**Q. Residential: What are the timeframes for completion of the Assessment tool for authorizations and reauthorizations?**

**A. For Initial Authorizations:**

The Yolo County Full Assessment Tool must be completed within 72 hours of member's admission and submitted to Yolo County BH QM within 5 days of admission.

**For Re-authorizations:**

The Yolo County Full Assessment Tool must be completed at a minimum of every 30 days in alignment with requirements to submit authorization request to Yolo County BH QM prior to the end of the previous authorization approval period.

**Q. What types of services are included under Care Coordination?**

**A. Here are a few ways that care coordination is implemented:**

- Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.

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- Coordinating with ancillary services, including educational, social, vocational, housing, criminal justice, childcare, and more.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.

### Q. Can you explain the differences between group counseling and other groups?

A. As Counseling and Patient education groups are a large component of residential services, this is a great question!

- In **Group counseling**: members learn and practice recovery strategies, build interpersonal skills, and reinforce and develop social support networks. Group counseling can have between 2-12 members in a group.
- In **Other structured activities**: these are activities that happen within residential treatment including group walk, room study or house meetings. These activities may be vital components of residential services; however, they are not considered clinical interventions nor eligible for reimbursement.
- In **Patient education** groups there is a focus on education on addiction, treatment, recovery, and associated health risks.

### Q. Residential: Which services are included in the daily note and which services need a separate note?

A. Most services that are provided in residential treatment are included in the daily progress note including: Assessment, Individual and Group Counseling, Medication Services, Patient Education, SUD Crisis Intervention, Peer Support Services. For each services provided, there needs to be a narrative within the daily progress note describing how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, risk factors, interventions used, member response).

*Revised: 11/10/2023*

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Care Coordination Services, Recovery Services, and MAT Services require additional stand-alone progress notes that are separate from the daily progress note.

**Q. Withdrawal Management: Which services are included in the daily note and which services need a separate note?**

**A.** Most services that are provided in withdrawal management treatment are included in the daily progress note including: Assessment, Observation, Peer Support Services. Within the narrative of the daily progress note be sure to describe how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, risk factors, interventions used, member response).

Care Coordination Services, Recovery Services, and MAT Services require additional stand-alone progress notes that are separate from the daily progress note.

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