Documentation Matrix

		DOCUMENTATION MARTIX																							
				X= Required			X* = Requin	ed with Co-signat		pproval	CODA (Co-			X' = Com	pleted Under the D	Direction of the Sur	pervisor				NO=No Access			ORDER CONNEC	
		Crisis Screening &	Core		Client Housing	Progress		Health Questionnaire	Mental Status Exam		Occurring Disorders	Medication	CANS	ANSA	Client Safety	Vocational			SUD		Initial Psychiatric	Psychiatric Mental Status		Prescriber	
MD Psychiatrist (MD	Diagnosis	Assessment	Assessment	Client Plan	Plan	Note(s)	AIMS	(Child/Adult)	(Child/Adult)	LOCUS	Assessment)	Service Plan	Assessment	Assessment	Plan	Assessment	ASI	TASI	Assessment	CalOMS	Assessment	Exam	Prescriber	Agent	Non-Prescriber
Psychiatrist) (Post Graduate Medical Doctor) (MD Psychiatrist (Medicare Certified))	l ,	NO.	NO	NO.	NO		Ų	NO.	NO	NO			NO	NO		NO	NO	NO	NO				,	NO	NO
MD - Not Psychiatrist (MD - Not Psychiatrist)	_ ^	NO.	NO	, NO	NO	- ^-		NO	NO	, NO		_ ^	NO.	NO	1	NO	NO.	, NO	NO.	NO.	^			, NO	NO
(Doctor of Osteopathy) (Medical Doctor)																									
	×	NO	NO	NO	NO	×	×	NO	_ ×	NO	×	×	NO	NO	×	NO	NO	NO	NO	NO	x	X	Х	NO	NO
MD Psych Resident - Licensed (MD Psych Resident - Licensed) (Post Graduate Medical Doctor) (Psych Resident Licensed (Medicare))		NO.	NO.	NO.	NO				NO	NO			NO	NO.		NO	NO	NO	NO.	NO	l				NO
MD Psych Resident - Unlicensed	_ ×	NO	NO	NO	NO	×	×	NO	NO	NO	_ ×	_ ×	NO	NO	×	NO	NO	NO	NO	NO	* *	* *	x	NO	NO
(MD Psych Resident - Unlicensed) (Post Graduate Medical Doctor)	×	NO	NO	NO	NO	×	×	NO	NO	NO	×	×	NO	NO	×	NO	NO	NO	NO	NO	×	x	NO	×	NO
MD Psych Med Stud Clinical Clerkship																									
(MD Psych Med Stud Clinical Clerkship) (Medical Student Clinical Clerkship) (Student Intern)																									
(Medical Student) (Clerkship)																									
Nurse Practitioner	×	NO	NO	NO	NO	X.	×	NO	NO	NO	X*	X*	NO	NO	X	NO	NO	NO	NO	NO	X*	Х*	NO	NO	NO
(Nurse Practitioner) (Family Nurse Practitioner) (Nurse Practitioner (Medicare Certified))																									
	x	x	x	x	NO	×	×	x	x	×	x	X*	NO	NO	x	NO	NO	NO	NO	NO	×	x	x	×	x
Nurse Practitioner - Intern	×	NO	NO	NO	NO	x	x	NO	NO	NO	X*	х-	NO	NO	×	NO	NO	NO	NO	NO	х-	X*	NO	×	×
Physician Assistant	×	NO	NO	NO	NO	x	x	NO	NO	NO	×	x.	NO	NO	×	NO	NO	NO	NO	NO	x	x	x	×	×
Registered Nurse	x	NO	NO	NO	NO	x	x	x	NO	NO	NO	NO	NO	NO	x	NO	NO	NO	NO	NO	NO	NO	NO	x	x
LVN	NO	X*	x.	x.	X*	x	NO	×	x.	X*	x.	NO	x¹	x-	x'	x	×	×	NO	NO	NO	NO	NO	×	×
Licensed Psychiatric Technician (LPT) (Licensed Psychiatric Technician (LPT))																									1
(Licensed Psychiatric Technician (LPT)) (Psychiatric Technician)	NO	X*	X*	x.	X*	x	NO	x	X*	X*	X*	NO	X¹	X*	x'	x	×	×	NO	NO	NO	NO	NO	×	×
PhD Psychologist (PhD Psychologist) (Licensed Psychologist)																									
(PhD Psychologist (Medicare Certified))	x	x	x	x	x	x	NO	x	x	x	x	NO	x	x	x	x	x	x	NO	NO	NO	NO	NO	NO	NO
PhD (Waived) (PhD (Waived)) (Registered Psychological Assistant) (Registered Psychologist)																									
(Registered Psychological Assistant) (Registered Psychologist)	x	x	x	x	x	x	NO	×	×	NO	×	NO	×	x	x	x	×	x	NO	NO	NO	NO	NO	NO	NO
MFT	×	×	×	×	×	×	NO	×	_ x	×	×	NO	×	×	×	×	×	×	NO.	NO.	NO	NO NO	NO	NO	NO
LCSW (Licensed Clinical Social Worker)																									
(Licensed Clinical Social Worker Medicare)	×	X	×	X	x	×	NO	x	×	×	x	NO	×	×	x	x	×	×	NO	NO	NO	NO	NO	NO	NO
	x	×	×	×	x	X	NO	X	×	×	x	NO	×	x	x	X	×	×	NO	NO	NO	NO	NO	NO	NO
Master's Level Unlicensed - Elig for Walver (Master's Level Unicensed - Elig for Walver) (Associate Social Worker) (Associate Marriage and Family Therapist) (Associate Professional Clinical Counselor)																									
(Associate Professional Clinical Counselor)		l																							
Student/Intern	×	* *	_ ×	_ ×	_ ×	×	NO	x	_ *	_ ×	×	NO	_ ×	×	x	x	_ ×	_ ×	NO.	NO	NO.	NO	NO	NO	NO
Student/Intern (Student/Intern) (Master's Level Student)																									
Graduate Student	NO	X.	x.	x	X*	Х.	NO	Х*	X.	X*	X.	NO	X.	Х*	х-	X	_ x	_ ×	NO	NO	NO	NO	NO	NO	NO
(Psychologist Student (Student Intern) (These are Pre/Post Doctoral Students - UCD Only)																									
	x	X*	X*	X*	X*	X*	NO	X*	X*	X*	X*	NO	X ¹	X*	Х*	X ¹	x	x	NO	NO	NO	NO	NO	NO	NO
Mental Health Rehab Specialist	NO	X*	X*	X*	X*	x	NO	x	X*	X*	X*	NO	X¹	X*	X1	x	x	x	NO	NO	NO	NO	NO	NO	NO
MHAI	NO	x	NO	NO	X*	х•	NO	NO	NO	NO	NO	NO	NO	NO	X1	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MHA II	NO	x	NO	NO	X*	x	NO	NO	NO	NO	NO	NO	NO	NO	X¹	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
MHA II	NO	х-	х•	x-	x-	x	NO	x.	х•	x.	X*	NO	X ^t	х-	X ^t	×	×	×	NO	NO	NO	NO	NO	NO	NO
Peer Staff/Employment Spec.	NO	x	NO	NO	NO	X/Peer	NO	NO	NO	NO	NO	NO	NO	NO	x¹	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
BH Peer Specialist	NO	×	NO	x	×	x	NO	NO	NO	NO	NO	NO	NO	NO	X ¹	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Senior BH Peer Specialist	NO	x	NO	x	x	x	NO	NO	NO	NO	NO	NO	NO	NO	X¹	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
BH Peer Program Manager	NO	×	NO	x	x	x	NO	NO	NO	NO	NO	NO	NO	NO	x	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
ADS MD	x	NO	NO	NO	NO	x	NO	NO	NO	NO	NO	NO	NO	NO	x	NO	х	NO	x	x	NO	NO	NO	NO	NO
ADS NP	×	NO	NO	NO	NO	x	NO	NO	NO	NO	NO	NO	NO	NO	×	NO	×	NO	×	×	NO	NO	NO	NO	NO
ADS PA	×	NO	NO	NO	NO	x	NO	NO	NO	NO	NO	NO	NO	NO	×	NO	×	NO	×	×	NO	NO	NO	NO	NO
ADS RN	x	NO	NO	NO	NO	x	NO	x	NO	NO	NO	NO	NO	NO	x	NO	x	NO	x*	×	NO	NO	NO	NO	NO
ADS LVN	NO	NO	NO	X*	NO	x	NO	x	NO	NO	NO	NO	NO	NO	X ¹	NO	x	NO	X*	×	NO	NO	NO	NO	NO
ADS PHD Psychologist	x	x	x	x	NO	x	NO	x	NO	NO	NO	NO	NO	NO	x	NO	x	NO	x	×	NO	NO	NO	NO	NO
ADS MFT	x	x	x	x	NO	x	NO	x	NO	NO	NO	NO	NO	NO	x	NO	x	NO	x	×	NO	NO	NO	NO	NO
ADS LCSW	x	x	x	x	NO	x	NO	x	NO	NO	NO	NO	NO	NO	x	NO	x	NO	x	x	NO	NO	NO	NO	NO
ADS LPCC	×	×	×	×	NO	x	NO	×	NO	NO	NO	NO	NO	NO	×	NO	×	NO	×	×	NO	NO	NO	NO	NO
ADS Master's Level Unlicensed - Elig for Waiver																									
(Master's Level Unicensed - Elig for Waiver) (Associate Social Worker)																									
(Master's Level Unicensed - Eig for Waiver) (Associate Social Worker) (Associate Marriage and Family Therapist) (Associate Professional Clinical Counselor)																									
ADS Counselor I	x	×	x	x	NO	x	NO	x	NO	NO	NO	NO	NO	NO	x	NO	x	NO	x	×	NO	NO	NO	NO	NO
ADS Counselor I (ADS Counselor I) (Alcohol And Drug Counselor)			,		,				,,,				,,,									,			NC.
ADS Counselor II	NO	x	NO	X*	NO	X	NO	Х*	NO	NO	NO	NO	NO	NO	X.	NO	×	NO	X*	×	NO	NO	NO	NO	NO
(ADS Counselor II) (Alcohol And Drup Counselor)	NO	l x	NO	Х*	NO	x	NO	х*	NO	NO	NO	NO	NO	NO	X1	NO	x	NO	X*	×	NO	NO	NO	NO	NO

Documentation Matrix

				X= Required			X* = Requi	red with Co-signat	ure/Supervisor A	pproval				X1 = Comp	oleted Under the D	rection of the Su	pervisor				NO=No Access			ORDER CONNEC	,
		Crisis			Client			Health	Mental Status		CODA (Co- Occurring										Initial	Psychiatric			
		Screening &	Core			Progress		Questionnaire	Exam		Disorders	Medication	CANS	ANSA	Client Safety	Vocational			SUD		Psychiatric	Mental Status	1	Prescriber	
	Diagnosis	Assessment	Assessment	Client Plan	Plan	Note(s)	AIMS	(Child/Adult)	(Child/Adult)	LOCUS	Assessment)	Service Plan	Assessment	Assessment	Plan	Assessment	ASI	TASI	Assessment	CalOMS	Assessment	Exam	Prescriber	Agent	Non-Prescriber

UIREMENT:

	DOCUMENTATION REQUI
MH Child Initial Bundle-Complete within 60 days of Assessment Start Date/First Medi-Cal Billable Service	MH Child Annual Bundle- Complete within 30 days prior
a) Core Assessment	a) Core Assessment
b) Child Mental Status Exam	b) Child Mental Status Exam
c) Child Health Questionnaire	c) Child Health Questionnaire
d) Client Plan	d) CANS - Child Adolescent Needs Assessment (Ages 6 through 20)
e) CANS -Child Adolescent Needs Assessment (Ages 6 through 20)	e) PSC-35 (Ages 3 through 18)
f) PSC-35 (Ages 3 through 18)	f) Diagnosis (required annually by Clinician or MD)
g) Diagnosis (required by Clinician or MD)	g) Client Plan*
h) CSI Admission	h) CSI Admission
i) Update Client Data	i) Update Client Data
j) Co-Occurring Disorders Assessment – as needed/applicable	j) Co-Occurring Disorders Assessment – as needed/applicable
k) Vocational Assessment as needed/applicable	k) Vocational Assessment as needed/applicable

ITS -	QUALITY MANAGEMENT	
	MH Adult Initial Bundle:Complete within 60 days of Assessment Start Date/First Medi-Cal Billable Service	MH Adult Annual Bundle- Complete within 30 days prior
		a) Core Assessment (High Intensity Providers)
	a) Core Assessment	*Annual Assessment Progress Note (Low/Moderate Intensity Providers)
	b) Adult Mental Status Exam	b) Adult Mental Status Exam
	c) Adult Health Questionnaire	c) Adult Health Questionnaire
	d) Client Plan	d) Client Plan*
	e) Diagnosis (required by Clinician or MD)	e) Diagnosis (required annually by Clinician or MD)
	f) CSI Admission	f) CSI Admission
	g) Update Client Data	g) Update Client Data
	h) Co-Occurring Disorders Assessment – as needed/applicable	h) Co-Occurring Disorders Assessment - as needed/applicable
	i) Vocational Assessment as needed/applicable	i) Vocational Assessment as needed/applicable
	j) CANS -Child Adolescent Needs Assessment (Ages 18 through 20)	j) CANS - Child Adolescent Needs Assessment (Ages 18 through 20)
	k) ANSA-Adult Needs and Strengths Assessment (Ages 21 and up)	k) ANSA-Adult Needs and Strengths Assessment (Ages 21 and up)
	I) PSC-35 (Age 18)	I) PSC-35 (Age 18)

MH Psychiatric Services - Initial Bundle	MH Psychiatric Services - Annual Bundle
a) Initial Psychiatric Assessment (IPA)	a) Psychiatric Mental Status Exam
b) Psychiatric Mental Status Exam	b) Diagnosis
c) Diagnosis	c) OrderConnect
d) OrderConnect	d) Medication Service Plan
e) Medication Service Plan	e) AIMS (used as indicated)
f) AIMS (used as indicated)	

ADS Documentation Bundle- Due from Admission Start Date; (OP, OS and IOS) due within 30 days; (Residential Treatment) due within 10 days; (Withdrawal Management/Detox) due within 1 day except for the Client Plan which is due within 48 hours; (NTP/OTP/MAT) due within 28 days	ADS Documentation Bundle Update-Due from Admission Start Date: (OP, OS and
a) SUD Assessment (ASAM)	a) SUD Assessment (ASAM)
b) CalOMS	b) CalOMS
c) Diagnosis (required by LPHA or MD)	c) Diagnosis (required by LPHA or MD)
d) Treatment Plan	d) Treatment Plan
e) Physical Examination collected or completed by MD, NP and PA.	e) Physical Examination collected or completed by MD, NP and PA.
f) Health Screening Questionnaire	f) Health Screening Questionnaire

1) "Client Plan is is due annually at minimum and/or when there are significant changes in the client's condition, or at intervals established by authorization 2) For programs that require service request for re-authorization: the clinical bundle is required to support medical necessity when requesting for reauthorization 3) Other assessments (i.e. CODA, Vocational Assessment) completed based on any intervals as needed 4) Medication Service Plan completed upon prescribing of medications and annually thereals as needed 5) AMSIs is used by eligible Medical staff as indicated 5 for Adult programs, the COUS will be used to support admission criteria to FSP and subsocute levels of care.
7) CAMS completed within the first 50 days from the Assessment Start Date/First Medi-Cal Billable Service, at 6-month intervals and at discharge 8) AMSA must be finalized according to the frequency that is identified in the Program's contract.
8) PSC-35 completed within the first 50 days from the Assessment Start Date/First Medi-Cal Billable Service, at 6-month intervals and at discharge 9) All mandatory State Reporting information (CSI, OSIPP), MISA FSP documents, etc) in the Program's continuent of the Contract of the Program's continuent of the Program's contract of 10) Allergies and Hypersensitivities – entered in Order Connect (formetry infocorber)
Qualified staff are expected to complete this information.
If a client has no known allergies, this must be indicated as well as No Known Allergies (NKA).
If For Documentation Matrix: X*: Indicates co-signature/supervisor approval required
X*: Indicates the document is to be completed under the direction of the supervisor.
If SUD Assessment (ASMI) to be completed by ADS Counselors certified and registered or LPHA. If completed by ADS Counselor, must be reviewed by LPHA or MD.
Note: *A Progress Note that accounts for service and duration must be completed with every service (i.e., completing the Core Assessment does not generate a charge)
IS) Orfish Screening and Assessment South from this two options: Screening and Assessment Select the one that signifies to your program (classification