

Documentation Matrix

| | X= Required | | | | X' = Required with Co-signature/Supervisor Approval | | | | | | X ¹ = Completed Under the Direction of the Supervisor | | | | | | No/No Access | | | | ORDER CONNECT | | |
|--|-------------|-----------------|-------------|---------------------|---|------|--|----------------------------------|-------|--|--|-----------------|-----------------|--------------------|-----------------------|-----|--------------|----------------|--------|--------------------------------|--------------------------------|------------|------------------|
| | Diagnosis | Core Assessment | Client Plan | Client Housing Plan | Progress Note(s) | AIMS | Health Questionnaire (Child and Adult) | Mental Status Exam (child/adult) | LOCUS | CODA (Co-Occurring Disorders Assessment) | Medication Service Plan | CANS Assessment | ANSA Assessment | Client Safety Plan | Vocational Assessment | ASI | TASI | SUD Assessment | CalOMS | Initial Psychiatric Assessment | Psychiatric Mental Status Exam | Prescriber | Prescriber Agent |
| MD Psychiatrist (MD Psychiatrist) (Post Graduate Medical Doctor) (MD Psychiatrist (Medicare Certified)) | X | NO | NO | NO | X | X | NO | NO | X | X | NO | NO | X | NO | NO | NO | NO | NO | X | X | X | NO | NO |
| MD - Not Psychiatrist (MD - Not Psychiatrist) (Doctor of Osteopathy) (Medical Doctor) | X | NO | NO | NO | X | X | NO | X | X | X | NO | NO | X | NO | NO | NO | NO | NO | X | X | X | NO | NO |
| MD Psych Resident - Licensed (MD Psych Resident - Licensed) (Post Graduate Medical Doctor) (Psych Resident Licensed (Medicare)) | X | NO | NO | NO | X | X | NO | NO | X | X | NO | NO | X | NO | NO | NO | NO | NO | X | X | X | NO | NO |
| MD Psych Resident - Unlicensed (MD Psych Resident - Unlicensed) (Post Graduate Medical Doctor) | X | NO | NO | NO | X | X | NO | NO | X | X | NO | NO | X | NO | NO | NO | NO | NO | X | X | NO | X | NO |
| MD Psych Med Stud Clinical Clerkship (MD Psych Med Stud Clinical Clerkship) (Medical Student Clinical Clerkship) (Student Intern) (Medical Student) (Clerkship) | X | NO | NO | NO | X* | X | NO | NO | X* | X* | NO | NO | X | NO | NO | NO | NO | NO | X* | X* | NO | NO | NO |
| Nurse Practitioner (Nurse Practitioner) (Family Nurse Practitioner) (Nurse Practitioner (Medicare Certified)) | X | X | X | NO | X | X | X | X | X | X* | NO | NO | X | NO | NO | NO | NO | NO | X | X | X | X | X |
| Nurse Practitioner - Intern | X | NO | NO | NO | X | X | NO | NO | X* | X* | NO | NO | X | NO | NO | NO | NO | NO | X* | X* | NO | X | X |
| Physician Assistant | X | NO | NO | NO | X | X | NO | NO | X | X* | NO | NO | X | NO | NO | NO | NO | NO | X | X | X | X | X |
| Registered Nurse | X | NO | NO | NO | X | X | X | NO | NO | NO | NO | NO | X | NO | NO | NO | NO | NO | NO | NO | NO | X | X |
| LVN | NO | X* | X* | X* | X | NO | X | X* | X* | NO | X ¹ | X* | X ¹ | X | X | X | NO | NO | NO | NO | NO | X | X |
| Licensed Psychiatric Technician (LPT) (Licensed Psychiatric Technician (LPT)) (Psychiatric Technician) | NO | X* | X* | X* | X | NO | X | X* | X* | NO | X ¹ | X* | X ¹ | X | X | X | NO | NO | NO | NO | NO | X | X |
| PhD Psychologist (PhD Psychologist) (Licensed Psychologist) (PhD Psychologist (Medicare Certified)) | X | X | X | X | X | NO | 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) | X | X | X | X | X | NO | X | X | NO | X | NO | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| MFT | X | X | X | X | X | NO | X | X | X | NO | X | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| LCSW (Licensed Clinical Social Worker) (Licensed Clinical Social Worker Medicare) | X | X | X | X | X | NO | X | X | X | NO | X | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| LPCC II | X | X | X | X | X | NO | X | X | X | NO | X | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| LPCC I | X | X | X | X | X | NO | X | X | X | NO | X | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| Master's Level Unlicensed - Elig for Waiver (Master's Level Unlicensed - Elig for Waiver) (Associate Social Worker) (Associate Marriage and Family Therapist) (Associate Professional Clinical Counselor) | X | X | X | X | X | NO | X | X | X | NO | X | X | X | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| Student/Intern (Student/Intern) (Master's Level Student) | NO | X* | X* | X* | X* | NO | X* | X* | X* | NO | X ¹ | X* | X* | X ¹ | X | X | NO | NO | NO | NO | NO | NO | NO |
| Graduate Student (Psychologist Student (Student Intern)) (These are Pre/Post Doctoral Students - UCD Only) | X | X* | X* | X* | X* | NO | X* | X* | X* | NO | X ¹ | X* | X* | X ¹ | X | X | NO | NO | NO | NO | NO | NO | NO |
| Mental Health Rehab Specialist | NO | X* | X* | X* | X | NO | X | X* | X* | NO | X ¹ | X* | X ¹ | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| MHA I | NO | NO | NO | X* | X* | NO | NO | NO | NO | NO | NO | NO | X ¹ | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| MHA II | NO | NO | NO | X* | X | NO | NO | NO | NO | NO | NO | NO | X ¹ | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| MHA III | NO | X* | X* | X* | X | NO | X* | X* | X* | NO | X ¹ | X* | X ¹ | X | X | X | NO | NO | NO | NO | NO | NO | NO |
| Peer Staff/Employment Spec. | NO | NO | NO | NO | X/Peer | NO | NO | NO | NO | NO | NO | NO | X ¹ | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO |
| ADS MD | X | NO | NO | NO | X | NO | NO | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS NP | X | NO | NO | NO | X | NO | NO | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS PA | X | NO | NO | NO | X | NO | NO | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS RN | X | NO | NO | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X* | X | NO | NO | NO | NO | NO |
| ADS LVN | NO | NO | X* | NO | X | NO | X | NO | NO | NO | NO | NO | X ¹ | NO | X | NO | X* | X | NO | NO | NO | NO | NO |
| ADS MFT | X | NO | X | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS LCSW | X | NO | X | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS LPCC I | X | NO | X | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |
| ADS LPCC II | X | NO | X | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO |

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| ADS Master's Level Unlicensed - Elig for Waiver (Master's Level Unlicensed - Elig for Waiver) (Associate Social Worker) (Associate Marriage and Family Therapist) (Associate Professional Clinical Counselor) | X | NO | X | NO | X | NO | X | NO | NO | NO | NO | NO | X | NO | X | NO | X | X | NO | NO | NO | NO | NO | NO |
| ADS Counselor I (ADS Counselor I) (Alcohol And Drug Counselor) | NO | NO | X* | NO | X | NO | X* | NO | NO | NO | NO | NO | X¹ | NO | X | NO | X* | X | NO | NO | NO | NO | NO | NO |
| ADS Counselor II (ADS Counselor II) (Alcohol And Drug Counselor) | NO | NO | X* | NO | X | NO | X* | NO | NO | NO | NO | NO | X¹ | NO | X | NO | X* | X | NO | NO | NO | NO | NO | NO |

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DOCUMENTATION REQUIREMENTS - QUALITY MANAGEMENT

| 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 | 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 b) Child Mental Status Exam c) Child Health Questionnaire d) Client Plan e) CANS -Child Adolescent Needs Assessment (Ages 6 through 20) f) PSC-35 (Ages 3 through 18) g) Diagnosis (required by Clinician or MD) h) CSI Admission i) Update Client Data j) Co-Occurring Disorders Assessment – as needed/applicable k) Vocational Assessment as needed/applicable | a) Core Assessment b) Child Mental Status Exam c) Child Health Questionnaire d) CANS - Child Adolescent Needs Assessment (Ages 6 through 20) e) PSC-35 (Ages 3 through 18) f) Diagnosis (required annually by Clinician or MD) g) Client Plan* h) CSI Admission i) Update Client Data j) Co-Occurring Disorders Assessment – as needed/applicable k) Vocational Assessment as needed/applicable | a) Core Assessment b) Adult Mental Status Exam c) Adult Health Questionnaire d) Client Plan e) Diagnosis (required by Clinician or MD) f) CSI Admission g) Update Client Data h) Co-Occurring Disorders Assessment – as needed/applicable i) Vocational Assessment as needed/applicable j) CANS -Child Adolescent Needs Assessment (Ages 18 through 20) k) ANSA-Adult Needs and Strengths Assessment (Ages 21 and up) l) PSC-35 (Age 18) | a) Core Assessment (High Intensity Providers) *Annual Assessment Progress Note (Low/Moderate Intensity Providers) b) Adult Mental Status Exam c) Adult Health Questionnaire d) Client Plan* e) Diagnosis (required annually by Clinician or MD) f) CSI Admission g) Update Client Data h) Co-Occurring Disorders Assessment - as needed/applicable i) Vocational Assessment as needed/applicable j) CANS - Child Adolescent Needs Assessment (Ages 18 through 20) k) ANSA-Adult Needs and Strengths Assessment (Ages 21 and up) l) PSC-35 (Age 18) |
| MH Psychiatric Services - Initial Bundle | MH Psychiatric Services - Annual Bundle | 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 IOS) due between the 5th and 6th month; (Residential Treatment) due every 30 days; (Withdrawal Management/Detox) N/A; (NTP/OTP/MAT) N/A |
| a) Initial Psychiatric Assessment (IPA) b) Psychiatric Mental Status Exam c) Diagnosis d) OrderConnect e) Medication Service Plan f) AIMS (used as indicated) | a) Psychiatric Mental Status Exam b) Diagnosis c) OrderConnect d) Medication Service Plan e) AIMS (used as indicated) | a) SUD Assessment (ASAM) b) CalOMS c) Diagnosis (required by LPHA or MD) d) Treatment Plan e) Physical Examination collected or completed by MD, NP and PA. f) Health Screening Questionnaire | a) SUD Assessment (ASAM) b) CalOMS c) Diagnosis (required by LPHA or MD) d) Treatment Plan e) Physical Examination collected or completed by MD, NP and PA. f) Health Screening Questionnaire |

1) * Client Plan 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 thereafter

5) AIMS is used by eligible Medical staff as indicated

6) For Adult programs, the LOCUS will be used to support admission criteria to FSP and subacute levels of care.

7) CANS completed within the first 60 days from the Assessment Start Date/First Medi-Cal Billable Service, at 6-month intervals and at discharge

8) ANSA must be finalized according to the frequency that is identified in the Program's contract.

9) PSC-35 completed within the first 60 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, OSHPD, MHSA FSP documents, etc) must be collected and entered at the required collection points

10) Allergies and Hypersensitivities – entered in Order Connect (formerly Infosciber).
 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).

11) For Documentation Matrix: X*: indicates co-signature/supervisor approval required
 X†: indicates the document is to be completed under the direction of the supervisor.

12) SUD Assessment (ASAM) 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)