

| Misc. Note Type | Used to Document |
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| Assessment | The assessment process or procedure was completed. An assessment is the process for defining the nature of an issue, determining a diagnosis, and developing specific treatment recommendations for addressing the problem and/or diagnosis. This miscellaneous note type is used to document initial intake procedures/forms were completed and the initial assessment or any subsequent assessments during the treatment episode. |
| Case Conference/Review | A meeting or discussion with the patient and treatment team/health care team to assess and monitor the patient's treatment and/or chart to ensure the appropriateness and effectiveness of the quality of treatment and to ensure adherence to all treatment standards. |
| Case Management | Activities to assist patients in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, and/or other community services. |
| Collateral Contact | Sessions between one (1) clinical treatment provider, one (1) patient (unless clinically inappropriate for the patient to be present), and significant person(s) in the patient's life. |
| Discharge Planning/Summary | <p>The development of the patient's planned discharge. The Discharge Plan shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> • A description of each of the beneficiary's relapse trigger(s) • A plan to assist the beneficiary to avoid relapse(s) • A support plan |
| Family Therapy | Psychotherapy, involving both the patient and their family members, that uses specific techniques and evidence-based practices (e.g., family systems theory, structural therapy, etc.). These treatment services must be provided by a Licensed Practitioner of the Healing Arts (LPHA) level therapist. |
| Medical Necessity Justification | <p>Explanation establishing and justifying how a patient meets medical necessity for the requested Level of Care.</p> <p>The note should demonstrate appropriate placement in a substance use disorder Level of Care that is consistent with recommended treatment services and medical necessity based on the current edition of the American Society of Addiction Medicine (ASAM) Criteria. The note should be finalized by the LPHA.</p> <p>Additionally, this note type should be used for medical necessity justification of ongoing treatment services.</p> |
| No Shows | Any instance where a patient does not attend a planned activity. |
| Others | Any other activities that not covered in this table. Examples of other activities include non-billable services that need to be documented, including but not limited to administrative paperwork, administrative discharge, document messages left for the patient, and unplanned discharges. |
| Residential-Mental Health Services | Residential activities related to the assessment, diagnosis, treatment, and/or counseling by a licensed mental health professional to assist a patient in alleviating mental or emotional illness, symptoms, conditions, or disorders. This note type is used to document service hours included in the weekly requirements. |
| Residential-Physical Health Services | Residential activities related to the assessment, diagnosis, treatment, and/or counseling by a licensed medical professional to assist a patient's physical health. This note type is used to document service hours included in the weekly requirements. |

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| <p>Residential-Support Services</p> | <p>Residential activities related to:</p> <ul style="list-style-type: none"> • Alcohol and/or drug testing to detect the presence of specific drugs and determine prior drug use. In general, the testing should not exceed more than twice a week. • Safeguarding Medications means facilities will store all residents' medication(s) and facility staff members may assist with residents' self-administration of medication(s). • Schooling for up to ten (10) hours per week (youth patients only) • Non-Emergency Transport provisions of or arrangement for transportation to and from medically necessary treatment. <p>This note type is used to document service hours included in the weekly requirements.</p> |
| <p>Residential-Therapeutic Services</p> | <p>Organized residential program activities that are designed to meet treatment goals and objectives for increased social responsibilities, self-motivation, and integration into the larger community. Such activities would include participation in the social structure of the residential and/or outpatient program(s). This will also include the patient's progression with increasing levels of responsibilities and independence. This note type is used to document service hours included in the weekly requirements.</p> |
| <p>Treatment Plan(s) Review/ Development</p> | <p>This activity is associated with the review and development of the patient's Treatment Plan(s) in accordance with the guidance provided in the Substance Abuse Prevention and Control's Provider Manual for Substance Use Disorder Treatment Services.</p> |