CONTRA COSTA ALCOHOL & OTHER DRUGS SERVICES
A Program of Behavioral Health Services

Non-Residential Treatment Services Form

Confidential Patient Information under HIPAA & 42 CFR Part 2

Begin Date:
Begin Time:
End Time:

Facility Name	ID	Program Name	ID
Consumer Name	MRN	Provider/Staff Name	ID

Elapsed Time (in minutes):		Total Minutes:		Travel Time (in minutes):
DOCUMENTATION TIME				
☐ Group Session	# in Group:	Doc Start Time:	Doc End Time:	Doc Time (in minutes):
☐ Ind. Session	Duration of Session (in minutes):	Doc Start Time:	Doc End Time:	Doc Time (in minutes):

Place of Service (Check 1)

☐ **Office**	☐ **Primary Care Health Clinic**	☐ **Home**	☐ **Skilled Nursing Facility**
☐ **Phone**	☐ **Hospice**	☐ **Inpatient Psychiatric**	☐ **Job Site**
☐ **School**	☐ **Mobile Service**	☐ **Emergency Room**	☐ **Age Specialty Center**
☐ **Crisis Field**	☐ **Telehealth**	☐ **Emergency Shelter**	☐ **Non Traditional Location**
☐ **Inpatient Health**	☐ **Faith Based Location**	☐ **Residential Treatment Center**	☐ **Other Location**
☐ **Jail**	☐ **Field**		

Confirmed Pregnancy	**Interpreter**	**Name of Interpreter (If applicable):**	**Language service provided in other than English (if applicable):**
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **No**		

DRUG MEDI-CAL SERVICES (check no more than 1 + Documentation Time if applicable)

DMC Level 1.0 Outpatient Treatment

☐ **103-85 Group Counseling**	☐ **110-80 Crisis Intervention**	☐ **135-87 Recovery Support Services**
☐ **104-80 Individual Treatment/Counseling**	☐ **115-80 Intake Clinical**	☐ **561-68 Case Mgmt – Client Contact**
☐ **106-85 Education Group**	☐ **126-88 Physician Consultation**	☐ **562-68 Case Management – Collateral**
☐ **107-80 Collateral Service**	☐ **129-80 Discharge Planning**	☐ **141-00 Missed Appointment / No Show (Doc Time N/A for Missed Appt/No Show)**
☐ **100-80 Documentation Time**	☐ **100-68 Documentation Time-Case Management**	☐ **XXX-XX (If this is chosen, not to be entered into ShareCare)**
☐ **100-87 Documentation Time-Rec Support**		

DMC Level 2.1 Intensive Outpatient Treatment

☐ **103-30 Group Counseling**	☐ **110-30 Crisis Intervention**	☐ **135-37 Recovery Support Services**
☐ **104-30 Individual Treatment/Counseling**	☐ **115-30 Intake Clinical**	☐ **561-6A Case Mgmt – Client Contact**
☐ **106-30 Education Group**	☐ **126-38 Physician Consultation**	☐ **562-6A Case Management – Collateral**
☐ **107-30 Collateral Service**	☐ **129-30 Discharge Planning**	☐ **141-00 Missed Appointment / No Show (Doc Time N/A for Missed Appt/No Show)**
☐ **100-30 Documentation Time**	☐ **100-6A Documentation Time-Case Management**	☐ **XXX-XX (If this is chosen, not to be entered into ShareCare)**
☐ **100-37 Documentation Time-Rec Support**		

DMC Level 3.1 Case Management, Recovery Support & Physician Consultation Only

☐ **126-44 Physician Consultation**	☐ **561-69 Case Mgmt – Client Contact**	☐ **100-47 Documentation Time-Recovery Sup**
☐ **135-47 Recovery Support Services**	☐ **562-69 Case Management – Collateral**	☐ **100-69 Documentation Time-Case Mgmt**
		☐ **XXX-XX (If this is chosen, not to be entered into ShareCare)**

DMC Level 3.2 Case Management, Recovery Support & Physician Consultation Only

☐ **126-45 Physician Consultation**	☐ **561-6B Case Mgmt – Client Contact**	☐ **100-6B Documentation Time-Case Mgmt**
	☐ **562-6B Case Management – Collateral**	☐ **XXX-XX (If this is chosen, not to be entered into ShareCare)**

DMC Level 3.3 Case Management, Recovery Support & Physician Consultation Only

☐ **126-JK Physician Consultation**	☐ **561-AK Case Mgmt – Client Contact**	☐ **100-KL Documentation Time-Recovery Sup**
☐ **135-KL Recovery Support Services**	☐ **562-AK Case Management – Collateral**	☐ **100-AK Documentation Time-Case Mgmt**
		☐ **XXX-XX (If this is chosen, not to be entered into ShareCare)**

DMC Level 3.5 Case Management, Recovery Support & Physician Consultation Only

☐ 126-JK Physician Consultation	☐ 561-AK Case Mgmt – Client Contact	☐ 100-KL Documentation Time-Recovery Sup
☐ 135-KL Recovery Support Services	☐ 562-AK Case Management – Collateral	☐ 100-AK Documentation Time-Case Mgmt
		☐ XXX-XX (If this is chosen, not to be entered into ShareCare)

Non-DRUG MEDI-CAL BILLABLE SERVICES (check no more than 1)

Non-Residential AB-109, SAPT or Other Non-DMC Services

☐ 103-00 Group Counseling	☐ 109-00 Treatment Planning	☐ 141-00 Missed Appointment / No Show
☐ 104-00 Individual Treatment/Counseling	☐ 110-00 Crisis Intervention	☐ 561-00 Case Mgmt – Client Contact
☐ 106-00 Education Group	☐ 115-00 Intake/Clinical	☐ 562-00 Case Management – Collateral
☐ 107-00 Collateral Service	☐ 129-00 Discharge Planning	☐ XXX-XX (If this is chosen, not to be entered into ShareCare)

SAMHWorks

☐ 103-00 Group Counseling	☐ 174-00 MH Service – Pre-School Social	☐ 177-00 Child/Family Services Contact
☐ 104-00 Individual Treatment/Counseling	☐ 175-00 MH Service – Child Counseling	☐ 178-00 Employment Specialist Contact
☐ 106-00 Education Group	☐ 176-00 Psychotherapy Evaluation	☐ 196-00 Transitional Counsel Individual
☐ 172-00 Children Linkage		☐ XXX-XX (If this is chosen, not to be entered into ShareCare)

NTP

☐ 103-8B Group Counseling	☐ 148-8B NTP Group Counseling	☐ 404-25 NTP Dose - Perinatal
☐ 104-8A Individual Treatment/Counseling	☐ 149-8A NTP Individual Tx/Counseling	☐ 561-6C Case Mgmt – Client Contact
☐ 143-29 NTP Perinatal Group Counseling	☐ 401-20 NTP Dose – Methadone	☐ 562-6C Case Management – Collateral
☐ 144-26 NTP Perinatal Individual Treatment	☐ 402-8A Medication Monitoring	☐ XXX-XX (If this is chosen, not to be entered into ShareCare)

PROGRESS NOTE

The description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals

ASAM Dimensions: 1 – Acute Intoxication/Withdrawal Potential; 2 – Biomedical Conditions/Complications; 3 – Emotional/Behavioral/Cognitive Conditions/Complications; 4 – Readiness to Change; 5 – Relapse/Continued Use/Continued Problem Potential; 6 – Recovery Environment

Dimension area(s) covered / topic(s) of session:

Therapist or Counselor Printed Name:	Therapist or Counselor Signature (with credentials):	Date Name Printed & Signed: