Problem List/Treatment Plan Form Job Aid
for Primary Sage Users

Contents

Overview

In July 2022 new CalAIM documentation requirements from the State went into effect including the introduction of the Problem List in lieu of a treatment plan. This requirement applies to SAPC treatment providers except for Opioid Treatment Providers (OTP), who must still complete treatment plans as part of federal requirements.

When these requirements went into effect Sage was not configured to include a Problem List. However, SAPC has worked with Netsmart to update Sage and incorporated feedback received from providers. SAPC understands that although the State may no longer require Treatment Plans for DMC-ODS services outside of OTPs, many providers are required by an accrediting body such as the Commission on Accreditation of Rehabilitation Facilities (CARF) and Joint Commission to continue completing treatment plans. As such, SAPC proceeded with a hybrid approach that incorporates a required Problem List section and non-mandatory treatment plan sections.

This form is to be used by Primary Sage Users only effective Thursday 4/20/2023.

Problem List/Treatment Plan Form

This form is comprised of seven (7) parts, three of which are required by SAPC.

- General Information (Required)
- Problem List (Required)
- Treatment Plan Problem(s) (Optional and may be used to meet accreditation requirements)

- Types of Services Provided (Optional and may be used to meet accreditation requirements)
- Health Care Team (New Section and Optional)
- Patient Signature (New Section and Optional)
- Form Status (Required)

General Information

This section is similar to the previous iteration of the Treatment Plan form. The items in this section are required for the form to be submitted.

Field	Entry
Date Created	Enter the date the form was created.
Problem List Type	Select if this is a New Plan for the patient such as if this is a new admission or if this is an updated Problem List.
Next Review Date	Enter the date the form is to be reviewed. (At minimum as noted in Provider Manual 7.0)
Next Update Date	Enter the date the form is to be updated. (At minimum as noted in Provider Manual 7.0)
Program	Select the program site where the patient is receiving services.
Primary Counselor	Search for the name of the patient's primary counselor.
Created By	Search for the author's name who is creating the form.
Start Time	Enter the time the form was started.
End Time	Enter the time the form was completed.
Was physical exam completed within the last 12 months?	Select the appropriate answer then enter the date on the following conditionally required question.
Date Physical Exam Completed	If Yes was selected, this field will become required. Enter the date the physical exam was completed.
Date of Scheduled Physical Exam Appointment	If No was selected, this field will become required. Enter the date the physical exam appointment is scheduled.

If patient's preferred language is not English, were linguistically appropriate services provided in patient's preferred language?	Select the appropriate response.
Please Explain	If No was selected, this field will become required. Indicate why linguistically appropriate services were not provided to the patient.
Referred for Medication-Assisted Treatment (MAT)?	Select the appropriate response.
State Reason(s) for MAT Referral/ Non-Referral	Indicate why the patient did or did not receive a referral for MAT services.

Problem List

This is a new section that was added specifically to meet CalAIM Documentation Requirements. This section is required and at least one problem must be entered. Depending on the selections made conditionally required fields may become enabled.

Field	Entry
Add New Record	Click Add New Record for each Problem to be included in the Problem List. This will create a yellow highlighted row in the table above the field.
Date Problem Added	Indicate when the problem was added to the Problem List, not the onset of the problem.
Problem Description	Problems could be listed in various manners: a diagnosis, an illness, a social determinant of health, z-code, or a simple description of an issue. As SUD providers, there should be at least one substance related problem that is appropriate for the LOC. • If the problem is listed as a diagnosis, and diagnosing is outside of the author's scope of practice then the practitioner's name and credential who made the

	diagnosis and when the diagnosis was made must be included in this field. • Problems identified by patients or support persons should include "as identified by _____ (parent, therapist, etc.)"
Status	**Active:** a problem that is currently being addressed. **Inactive**: is a known problem but is not currently the focus of treatment. An example might be a patient who was struggling academically due to substance use, but then dropped out of school so they could focus on substance use treatment and has the intention of returning to their studies. **Resolved**: problem is no longer an issue for the patient. A common example may be if lack of housing was a problem, but during treatment the patient was able to obtain housing.
Identified By	**Patient:** Problem was identified by the patient. If a diagnosis was reported by a patient but not substantiated by other documentation in the Problem Description continue to describe the problem "As reported by the patient" and indicate it was identified by the patient. **Staff:** refers to if a staff member identified the issue. Although the Problem List development is a collaborative process some items, like "Z-codes" or official diagnosis are considered Staff identified. **Support Person:** Select if the problem was identified by support person such as a family member, probation officer, outside therapist.
Practitioner	Find the name of the practitioner who is adding the problem.
Practitioner's Title	Select the most appropriate title for the practitioner from the drop down. This is important to establish Scope of Practice. Do not select LPHA or License Eligible LPHA as this does not clearly identify a practitioner's scope of practice. This listing of titles is used on other forms; therefore, those options could not be omitted.
Date Problem Removed	If the "Status" is marked as Resolved, this field will be conditionally required. Enter the date the problem was flagged for removal.
Removed by Practitioner	If the "Status" is marked as Resolved, this field will be conditionally required. Find the name of the practitioner who identified the problem as resolved. This may be different than the practitioner who added the problem.
Removed by Practitioner's Title	If the "Status" is marked as Resolved, this field will be conditionally required. Select the most appropriate title for the practitioner that identified the problem as resolved from the drop down.

Editing a Problem

Problems may need to be updated periodically to indicate if an item is Resolved or Inactive. This could occur during the updates to the Problem List/Treatment Plan form and/or if an error was made during entry.

When the form has been saved the Problem List table will show the **Select** function. Clicking this will populate the remainder of the section with the information from the table row.

Problem List

	Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title	Date Problem Removed	Removed by Practitioner	Removed by Practitioner's Title
Select	02/01/2023	F10.20 Alcohol Use Disorder, Moderate. Diagnosed by Esther Orellana, Clinical Psychologist on 1/30/2023	Active	Staff	002683	Registered SUD Counselor			
Select	02/01/2023	Z55.3 Underachievement in school	Active	Staff	002781	Certified SUD Counselor			
Select	02/01/2023	Problems with Cannabis Use as identified by the patient	Active	Patient	001927	Licensed Marriage/Family Therapist-LMFT			
Select	02/01/2023	Problems with transportation due to driver's license suspension from a DUI as reported by the patient's Probation Officer.	Active	Support Person	002769	Clinical Psychologist (CP)			

If during treatment, a problem is resolved or flagged for removal, select the problem then click on the **Status** drop down. Select **Resolved** and three additional fields will be enabled and required. The practitioner removing a problem may be different than the practitioner who added the problem.

Do Not Edit the **Problem Description**, **Identified By**, **Practitioner**, or **Practitioner's Title** as this should reflect the original data as to when the problem was added to the list.

Problem List

	Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title	Date Problem Removed	Removed by Practitioner	Removed by Practitioner's Title
Select	02/01/2023	F10.20 Alcohol Use Disorder, Moderate. Diagnosed by Esther Orellana, Clinical Psychologist on 1/30/2023	Active	Staff	002683	Registered SUD Counselor			
Select	02/01/2023	Z55.3 Underachievement in school	Active	Staff	002781	Certified SUD Counselor			
Select	02/01/2023	Problems with Cannabis Use as identified by the patient	Active	Patient	001927	Licensed Marriage/Family Therapist-LMFT			
Delete	02/01/2023	Problems with transportation due to driver's license suspension from a DUI as reported by the patient's Probation Officer.	Resolved	Support Person	002769	Clinical Psychologist (CP)			

Add New Record

Date Problem Added
02/01/2023 [Today] [Yesterday]

Problem Description
Problems with transportation due to driver's license suspension from a DUI as reported by the patient's Probation Officer.

Status
Resolved ⌄

Active
Inactive
Resolved

[_____] [Search]
ESTHER ⌄

Date Problem Removed
[____] [Today] [Yesterday]

Removed by Practitioner's Title
[_____ ⌄]

Identified By
Support Person ⌄

Practitioner's Title
Clinical Psychologist (CP) ⌄

Removed by Practitioner
Search for: [_____] [Search]
[_____ ⌄]

The table will reflect the updated information when one of the following actions is taken:

1. A different problem is clicked
2. A new problem is added
3. The form is saved

Problem List

	Date Problem Added	Problem Description	Status	Identified By	Practitioner	Practitioner's Title	Date Problem Removed	Removed by Practitioner	Removed by Practitioner's Title
Select	02/01/2023	F10.20 Alcohol Use Disorder, Moderate. Diagnosed by Esther Orellana, Clinical Psychologist on 1/30/2023	Active	Staff	002683	Registered SUD Counselor			
Select	02/01/2023	Z55.3 Underachievement in school	Active	Staff	002781	Certified SUD Counselor			
Select	02/01/2023	Problems with Cannabis Use as identified by the patient	Active	Patient	001927	Licensed Marriage/Family Therapist-LMFT			
Delete	02/01/2023	Problems with transportation due to driver's license suspension from a DUI as reported by the patient's Probation Officer.	Resolved	Support Person	002769	Clinical Psychologist (CP)	04/11/2023	002769	Clinical Psychologist (CP)

Deleting a Problem

Problems that have been added to a finalized Problem List/Treatment Plan form should not be deleted. The Problem List Table contains a delete function to use if during the development of the Problem List an item was entered in error and needs to be completely excluded from the list.

Treatment Plan Problem(s)

This section is very similar to what it was on the old Treatment Plan form. Completion of this section is optional as it is not required by SAPC or the State. However, if a new record is added certain fields will be conditionally required to be filled in for the form to save. It is up to the provider with what, if any, information is entered.

Treatment Plan Problem(s)

Number	Treatment Start Date	Problem Statement	Long-Term Goal	ASAM Dimensions	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date

Add New Record

Number

Treatment Start Date — Today / Yesterday

Problem Statement

Long-Term Goal

ASAM Dimensions
- 1. Acute intoxication and/or Withdrawal Potential
- 2. Biomedical Conditions and Complications
- 3. Emotional, Behavioral, or Cognitive Conditions/Complications
- 4. Readiness to Change
- 5. Relapse Continued Use, or Continued Problem Potential
- 6. Recovery Environment

Short Term Goal(s) (SMART)

Action Steps

Target Date — Today / Yesterday

Complete Date — Today / Yesterday

Field	Entry
Add New Record	Adds a problem to the treatment plan section.
Number	Identifies the number of the problem.
Treatment Start Date	Select the date the patient entered treatment.
Problem Statement	Enter the problem statement.
Long-Term Goal	Enter the identified long-term goal.
ASAM Dimension	Select the appropriate dimension(s) associated with the problem.
Short Term Goals(s) (SMART)	Enter the SMART goals.
Action Steps	Enter the action steps for the patient and/or provider to help meet the goal.
Target Date	Enter the expected target date for the goal to be met.
Complete Date	Enter the date the goal was met.

Types of Services Provided

This is an optional field and up to the discretion of the provider to complete. This is not required by SAPC or the State. When items are checked off their corresponding frequency text box will be conditionally required.

Health Care Team

This is a new section that was added to the form to allow for a centralized location to find a listing of a patient's health care team. This section is optional and up to the discretion of the provider to complete. This may serve as a helpful resource to list outside agency collaterals such as therapists and primary care practitioners. None of the fields are required so provider may enter as much or as little information as available for a team member.

Field	Entry
Provider Name	Name of the individual team member.
Provider Agency	The name of the agency with whom the individual is associated.
Provider Type	The role of the individual, such as therapist, physician, etc.
Address	Address of the individual/agency.
Phone Number	The best contact phone number for the individual.
Email	Email of the individual. Remember emails containing any Protected Health Information must be encrypted due to HIPAA and 42 CFR Part 2 regulations.

Patient Signature

Patient signature is a new field but is not required by SAPC or the State. This field was added in preparation for SAPC's Sage upgrade to PCNX. Currently under Sage-ProviderConnect this section is not functional, but if providers need to obtain a patient signature, the form can be printed, and a wet signature obtained and uploaded to Sage.

Patient Signature	Patient Name
Patient Signature	TEST,TEST
Get Signature Clear Signature Pad Cancel Signature	
Patient Signature Date Today Yesterday	Patient Signature Time Current Time

Form Status

The Problem List/Treatment Plan form still needs to be finalized by a Licensed Eligible LPHA or LPHA. If a non-LPHA completes this form the form should be saved in **Draft**. If the Draft form is ready for an LPHA to finalize, non-LPHA staff should also check off the **Draft Complete-Ready for Finalization** box. By checking off this box, the form would then populate the Treatment Plan Worklist report which LPHAs utilize to identify plans ready for their review.

Only License Eligible LPHAs and LPHAs should finalize this form for the Problem List to be considered valid.

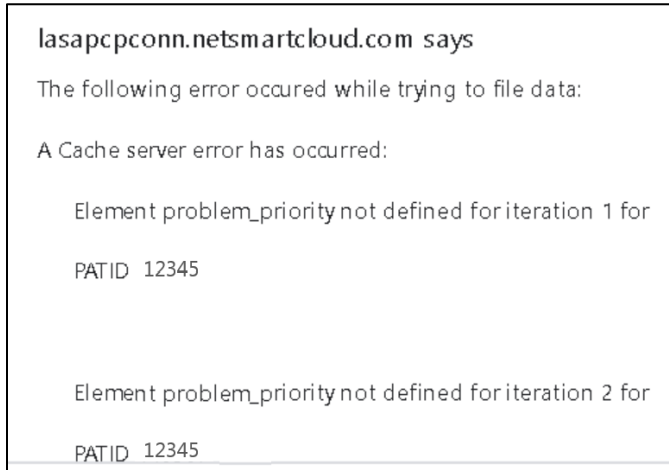| Form Status	
Draft Complete - Ready for Finalization	
☐ Yes	
This Section To Be Completed By LPHA Staff Only	
By clicking final you are acknowledging with your electronic signature that this treatment plan has been reviewed by a Licensed Practitioner of the Healing Arts (LPHA)	
Form Status ○ Draft ○ Final	

Transitioning from Treatment Plans

When updating or defaulting from the old Treatment Plan form the Treatment Plan Problem(s) section will have a blank column that must have an entry or the form will not be allowed to be saved.

|		Number	Treatment Start Date	Problem Statement	Long-Term Goal	ASAM Dimensions	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
Select			07/01/2022	Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022	"Get housing"	Dimension 3	N/A	N/A		
Select			07/01/2022	Problem with Employment^Problem Added By: Maria Gonzalez, RADT-I^Practitioner Title: Registered SUD Counselor ^Date Added: 7/2/2022^Date Removed: 8/5/2022^Removed by: John Smith, CADC-II, Certified SUD Counselor	N/A	Dimension 3, Dimension 5	N/A	N/A		
Select			07/01/2022	Alcohol use^Problem Added By: Esther Orellana, Ph.D.^Practitioner Title: Licensed Psychologist^Date Added: 7/2/2022	N/A	Dimension 4	N/A	N/A		

If the remainder of the Problem List/Treatment Plan for is filled out and saved without adding the "Number" to the Treatment Plan Problem(s) section to the form, there will be a pop up when the form is attempted to be saved.

lasapcpconn.netsmartcloud.com says

The following error occured while trying to file data:

A Cache server error has occurred:

    Element problem_priority not defined for iteration 1 for

    PATID 12345

    Element problem_priority not defined for iteration 2 for

    PATID 12345

To allow the form to save click "Select" next to the problem in the Treatment Plan Problem(s) section.

	Number	Treatment Start Date	Problem Statement	Long-Term Goal	ASAM Dimensions	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
Select		07/01/2022	Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022	"Get housing"	Dimension 3	N/A	N/A		

Then in the number drop down select the appropriate number to assign to this problem.

Number

1
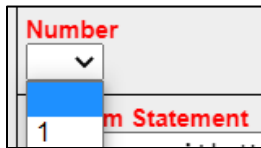
Repeat this step for all the problems in this section and the form can be saved.

Treatment Plan Problem(s)

	Number	Treatment Start Date	Problem Statement	Long-Term Goal	ASAM Dimensions	Short Term Goal(s) (SMART)	Action Steps	Target Date	Complete Date
Delete	1	07/01/2022	Problems with Housing ^Problem Added By: John Smith, CADC-II^Practitioner Title: Certified SUD Counselor ^Date Added: 7/3/2022	"Get housing"	Dimension 3	N/A	N/A		
Select	2	07/01/2022	Problem with Employment^Problem Added By: Maria Gonzalez, RADT-I^Practitioner Title: Registered SUD Counselor ^Date Added: 7/2/2022^Date Removed: 8/5/2022^Removed by: John Smith, CADC-II, Certified SUD Counselor	N/A	Dimension 3, Dimension 5	N/A	N/A		
Select	3	07/01/2022	Alcohol use^Problem Added By: Esther Orellana, Ph.D.^Practitioner Title: Licensed Psychologist^Date Added: 7/2/2022	N/A	Dimension 4	N/A	N/A		