

DATE: January 10, 2025

Behavioral Health Information Notice No: 25-001
Supersedes ADP Bulletins: [10-08](#) and [11-10](#)

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies California
Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Update to Protocols for Collecting and Reporting Discharge Data in
California Outcomes Measurement System Treatment (CalOMS Tx)

PURPOSE: To notify counties and network providers of updated business rules and
guidelines for collecting and reporting data for discharging Substance
Use Disorder (SUD) treatment clients.

REFERENCE: CalOMS Tx Data Collection Guide, Code of Federal Regulations chapter
45 section 96.136(d)(6), Welfare and Institutions Code 14184.102
Subdivision d; [Behavioral Health Information Notice \(BHIN\) 23-068](#);
[California Code of Regulations, Title 22, § 51341.1\(h\)\(6\)](#)

BACKGROUND:

Counties and direct providers are required to collect SUD treatment outcomes data and submit this information electronically to the Department of Health Care Services (DHCS) via CalOMS Tx. It is critical that counties and treatment providers collect accurate and complete client outcome data at discharge so client outcomes can be measured and reported to public funding agencies to demonstrate the benefits and efficacy of treatment services. Data must be collected on all individuals served, by all SUD providers that receive funding from DHCS, regardless of the source of funds used for the service provided.

This BHIN updates protocols and definitions for discharging clients for the following standard discharge values:

- Completed Treatment Plan & Goals – Referred/Standard (status 1)
- Completed Treatment Plan & Goals – Not Referred/Standard (status 2)
- Left Before Completion with Satisfactory Progress – Referred/Standard (status 3)

In addition, DHCS is updating the timeframe when an administrative discharge can occur for non-residential outpatient programs. These updates to discharge protocols align with current trends in SUD treatment, improve the collection of Treatment Episode Data Sets¹, and are in line with the American Society of Addiction Medicine (ASAM) 4th Edition, Dimension 6² for person centered considerations.

This BHIN does not update existing treatment planning³ or discharge planning⁴ protocols.

POLICY:

For a complete list of discharge protocols, including the updates described in this BHIN, authorized users can refer to the CalOMS Tx Data Collection Guide “Section 8 – Discharge Data Collection” by logging in to the [Behavioral Health Information Systems](#).

Updates to Protocols for Discharging Clients:

Discharge protocols have been updated to include the following language:

“When a discharge interview is scheduled, but the client experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service, SUD treatment providers may complete the standard discharge questions when all of the following conditions are met:

- *The client made satisfactory progress in their treatment service;*
- *discharge planning has commenced;*
- *the client left the program due to a life circumstance and notified the program;*
and
- *the treatment program has sufficient client file documentation needed to accurately complete the discharge questions without guessing the responses.*

Treatment providers will use their understanding of the client’s life circumstance and make client-centered decisions to determine when a standard discharge without a face-

¹ [Treatment Episode Data Set \(samhsa.gov\)](#)

² [About the ASAM Criteria](#)

³ [BHIN 23-068](#)

⁴ [California Code of Regulations, Title 22, § 51341.1\(h\)\(6\)](#)

to-face or telehealth⁵ discharge interview is appropriate. Examples of life circumstances include, but are not limited to relocation, family illness/emergency, or securing employment. Programs do not need to obtain DHCS approval of a client's life circumstance to proceed with a standard discharge. It is the responsibility of the treatment programs to maintain sufficient client file documentation, including the method used to obtain the responses to the standard discharge questions.

Efforts to conduct the interview and an explanation of the client's absence from the discharge interview and/or the final treatment service must be documented in the client's file. Programs should never guess client responses when completing discharge questions."

Updates to Standard Discharge Status 1, 2 and 3 Definitions:

To reflect the updated discharge protocol outlined above, discharge status definitions have been revised as follows:

- **Standard Discharge status 1, 2, and 3** definitions have been updated to allow for a standard discharge when the client *"has made satisfactory progress in treatment, discharge planning has commenced ,but experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service and notifies the program; and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses."*⁶

Program Participants Administratively Discharged by Modality:

The time frame for administratively discharging clients in **non-residential outpatient treatment programs** when the client has not had at least one face-to-face or telehealth visit with a treatment counselor has been updated from "30 consecutive days" to "within 30 *but no later than 60 consecutive days. Treatment programs will use their knowledge of the client, program capacity, and other clinical, treatment, or financial factors to determine when the non-residential outpatient client is discharged for lack of participation."*

REQUIREMENTS:

Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) programs shall implement the guidance in this BHIN no later than 90 calendar days from

⁵ The term "telehealth" is used to describe both synchronous audio-only (telephone) and synchronous video interactions.

⁶ CalOMS Tx Data Collection Guide, Section 8.4

January 10, 2025

the date of publication. Implementation shall include but is not limited to updating policies and procedures as well as supporting materials for DMC and DMC-ODS providers needed to ensure compliance. Additionally, Medi-Cal behavioral health delivery systems shall communicate these updates to their staff, subcontractors if applicable, and network providers that provide or administer DMC and DMC-ODS services, and ensure the appropriate staff, subcontractors, and network providers are trained on requirements set forth in this BHIN.

Please contact DATAR-CalOMSProgramSupport@dhcs.ca.gov for questions.

Sincerely,

Original signed by

Marlies Perez, Chief
Community Services Division

Attachment A – [CalOMS Tx Data Collection Guide Section 8 Discharge Data Collection Excerpt](#)