



Origination 5/27/2026
Last Approved 6/10/2026
Effective 6/10/2026
Last Revised 6/10/2026
Next Review 6/10/2027

Owner Samuel Shea:
GOBHI Operations and Compliance Senior Manager
Area GOBHI Compliance
Applicability Greater Oregon Behavioral Health, Inc.

GOBHI Behavioral Health Clinical Documentation Policy

I. Policy Statement and Purpose

- A. Eastern Oregon Coordinated Care Organization (EOCCO) and Greater Oregon Behavioral Health Inc. (GOBHI) requires appropriate clinical documentation to be completed following every service. This includes documentation being legible, with appropriately dated signatures following the provision of each service. All documentation is expected to meet Oregon Administrative Rule requirements at all times.
- B. Services must be provided consistent with the diagnosis as identified in the behavioral health assessment. Services provided solely for the convenience of the recipient, recipient's family, or provider of services are not covered. Additionally, services provided solely for recreational purposes, research and data collection, or fulfilling a legal requirement placed on the recipient are not eligible for reimbursement under this policy. Finally, services that are provided solely at the direction of the court but do not meet medical necessity will not be covered.
- C. The purpose of this policy is to establish consistent documentation standards in accordance with applicable Oregon Administrative Rules (OARs) and the most current Coordinated Care Organization (CCO) contract with the Oregon Health Authority (OHA). This policy defines documentation requirements for reimbursement for all behavioral health services covered by those receiving behavioral health care.
- D. This policy applies to all EOCCO behavioral health providers seeking reimbursement for

service delivery and is not exclusive to contracted providers, including:

1. Mental Health (MH)
2. Substance Use Disorder (SUD)
3. Co-Occurring Disorder
4. Problem Gambling

II. Definitions

- A. **ASAM Criteria:** The criteria in the Third Edition of The American Society of Addiction Medicine (ASAM) for the assessment, level of care placement and treatment of addictive, substance-related, and co-occurring conditions. The ASAM Criteria is a clinical guide to developing patient-centered service plans and making objective decisions about admission, continuing care, and transfer or discharge of individuals.
- B. **Assessment:** The process of obtaining sufficient information through a face-to-face interview to determine a diagnosis and to plan individualized services and supports. For outpatient substance use disorder services, the assessment is multi-dimensional and consistent with The ASAM Criteria, third edition. Staff completing assessments must meet the following:
 1. Mental Health Assessments: Require Qualified Mental Health Professional (QMHP) or higher staff to initiate and complete the assessment. Other clinic staff may assist in gathering documentation and/or data toward the completion of the assessment.
 2. American Society of Addiction Medicine (ASAM): Requires Certified Alcohol and Drug Counselor (CADC)-level staff or higher to initiate and complete the assessment.
- C. **Interim Service Plan:** The written record of services and supports to be provided at the initiation of the assessment but prior to completion of the full assessment. An interim service plan is only allowed up to the assessment completion, not to exceed the 90-day timeline.
- D. **Service Note:** The written record of services and supports provided, including documentation of progress toward intended outcomes consistent with the timelines stated in the service plan.
- E. **Service Plan:** A comprehensive plan for services and supports provided to or coordinated for an individual and their family, as applicable, that is reflective of the assessment and then intended outcomes of service.

III. Procedure

- A. **Assessments**
 1. Assessments must initiate treatment and be completed within 90 days. Assessments must include medical necessity, risk screening, and diagnostic justification per OAR 309-019-0135.
 2. **General Requirements**
 - a. Initiated at entry by qualified staff:
 - i. QMHP or higher for Mental Health
 - ii. Certified Alcohol and Drug Counselor for Substance Use Disorder

- iii. Certified Problem Gambling Specialist for Gambling
 - b. Providers may take multiple sessions to complete the assessment but it must be completed within 90 days.
3. **If the first session does not yet support a Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) diagnosis, documentation must include, at minimum:**
- a. Suicide risk screening
 - b. Immediate needs
 - c. Safety risks
 - d. Trauma impacts
 - e. Appropriateness for treatment
 - f. Intoxication/withdrawal (if applicable)
4. **A complete assessment must include:**
- a. Relevant biopsychosocial history
 - b. DSM-5-TR diagnosis with criteria and symptoms
 - c. Suicide risk screening and interventions
 - d. Trauma identification
 - e. Substance use (for MH assessments)
 - f. Problem gambling screening
 - g. Current MH and medical conditions
 - h. Recommendations for further assessment or services
5. **For SUD/ASAM assessments:**
- a. Ratings for each of the ASAM Dimensions
 - b. Level of care determination with justification for assessed level of care
 - c. Severity of risk per dimension
 - d. Overall severity of risk
6. **Assessment Updates:**
- a. **MH:** Must be completed at least annually or with any change in clinical presentation
 - b. **SUD:** During any level of care changes or at transitions between levels of care

B. Service Plans

- 1. Service plans must be individualized, based on the assessment. Service goals must be measurable with an identified baseline, and completed before treatment, per OAR 309-019-0140.
 - a. Providers must have an initial or interim service plan before initiating

treatment.

- b. The service plan must be completed before treatment unless providing:
 - i. Care coordination
 - ii. Case management
 - iii. Peer services

2. Core Requirements

a. Service plans must:

- i. Reflect the most current assessment
- ii. Address identified needs
- iii. Include a safety plan when risk is present
- iv. Show participation and agreement from the individual/family
- v. Be signed by qualified staff as identified in OAR

b. Each service plan must include:

- i. Individualized, measurable goals with baselines
- ii. Specific services/supports to meet goals
- iii. Frequency, amount, and duration of services
- iv. Staff qualifications for each service
- v. Re-evaluation schedule

c. For Co-Occurring Programs:

- i. Address holistic needs
- ii. Use harm reduction when appropriate
- iii. Support long-term wellness
- iv. Match stage of change for both MH and SUD

C. Service Notes

1. Every service note must clearly document what was done, why, by whom, and for how long, per OAR 309-019-0140.
2. Each note must include:
 - a. Service provided
 - b. How it relates to the service plan unless providing “routine services” as defined above
 - c. Date, start/end time, and total duration
 - d. Provider name, credentials, and signature
 - e. Setting of service
 - f. Progress updates
 - g. Reason for delay and expected completion date for services provided prior

to Service Plan.

h. Demonstrate medical necessity per OAR 410-172-0620

D. Transitions and Service Termination

1. Transfers and discharges must be documented with reasons, dates, referrals, and outreach efforts, per OAR 309-019-0140.
2. Documentation must include:
 - a. Date of transfer/termination
 - b. Reason for transition
 - c. ASAM level of care and risk severity (for SUD/co-occurring)
 - d. Referrals to follow-up services
 - e. Outreach attempts per OARs

E. Clinical Oversight and Compliance

1. EOCCO and GOBHI reserve the right to conduct chart audits to ensure compliance with this policy at any time. Providers are obligated to engage in these chart audits as requested.

F. Alignment with EOCCO Access Goals

1. This policy supports EOCCO's commitment to:
2. Rapid access to behavioral health services;
3. Early identification of risk;
4. Person-centered engagement;
5. Reduction of administrative barriers to care.

G. At GOBHI, we acknowledge and address the historical and ongoing injustices and discrimination faced by individuals based on age, color, disability, gender, gender identity, language, national origin, race, religion, and sexual orientation. We firmly believe that the diverse cultures, ethnicities, backgrounds, and experiences of our staff and the individuals we serve are invaluable assets in shaping and improving our policies and procedures for the advancement of diversity, equity, and inclusion (DEI) practices in our daily work.

IV. Related Policies & Procedures, Forms and References

- A. 309-019-0135
- B. 309-019-0140
- C. 410-172-0620
- D. 410-172-0630
- E. GOBHI Encounter Data Manual

F. GOBHI Payment Integrity Monitoring, Auditing, and Overpayment Policy

G. <https://www.oregon.gov/oha/HSD/OHP/Tools/BH-Entry-Assessment-FAQ.pdf>

V. Affected Departments

A. GOBHI Compliance and Quality Improvement

Approval Signatures

Step Description	Approver	Date
Policy Owner	Samuel Shea: GOBHI Operations and Compliance Senior Manager	6/10/2026

Applicability

GOBHI

COPY