

GENERAL INSTRUCTIONS

This section provides definitions and general instructions for the Montana Substance Abuse Management System (SAMS). Subject areas include system overview, program requirements, system components and general reporting procedures.

SAMS SYSTEM OVERVIEW

The SAMS system has been designed to allow state approved chemical dependency programs to provide client services data to the Department of Public Health and Human Services (DPHHS) electronically. SAMS data is then sent on to the Federal subcontractor Synectics on a monthly basis.

The SAMS system has been designed to require a complete client picture for each client entered into the SAMS system. A complete client picture consists of an admission, admission drug matrix, admission placement, and an admission diagnosis. All complete data is then sent to Synectics.

PROGRAMS REQUIRED TO REPORT ON SAMS

All state approved chemical dependency treatment programs are required to submit client information and treatment services data to the Montana Department of Public Health and Human Services. Failure to report may result in the suspension or termination of approval status and the loss of county or state funds generated.

CLIENTS REPORTED UNDER SAMS

The SAMS system was developed to collect socio-demographic and service delivery data for clients receiving services from state-approved chemical dependency treatment programs in Montana. A client is defined as follows:

CLIENT

A client is a person receiving services including screening, assessment and case management for a problem with drugs and/or alcohol. Treatment services are provided to individuals diagnosed and admitted to the program for treatment services.

A client must, in accordance with Administrative Rule and under timelines therein, have a file containing a bio-psychosocial history, treatment plan and progress notes. The treatment plan must include a reflection of the qualifying patient placement criteria, measurable treatment goals and objectives with a dimensional focus, as well as a schedule of clinical and supportive services. Every active client must receive face-to-face treatment services at least once a month. These services must be documented in the client file. Active clients constitute the program's caseload.

INACTIVE CLIENT

A client becomes inactive when he/she has not received direct face-to-face treatment services for one month. A client can be maintained as an inactive client for 60 days. If the client does not receive face-to-face treatment services during the 60-day inactive status, he/she

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must be discharged. **When a client has not received the required direct face-to-face treatment services for 90 days the program must discharge the client from SAMS on the date face-to-face treatment services were last provided.** Programs may discharge clients earlier than 90 days at their own discretion.

CASELOAD

The SAMS Caseload Report lists all clients that have not been discharged. The report contains columns that show the number of days since the last service and the last service date. It is up to the provider to run this report every month and manage their own caseload. **Detox, residential inpatient, day treatment, recovery homes, and intensive outpatient, and outpatient components should not have an inactive caseload.**

ACT PROGRAM PARTICIPANTS

Assessment, Course, & Treatment (ACT) program participants are individuals who are court ordered to attend an ACT program provided by an approved chemical dependency program. ACT program participants are entered into SAMS under the ACT button and should not be counted as part of the Active Caseload. ACT programs are considered educational services and must not be confused with treatment. ACT participants must be evaluated and assessed as needing treatment before they are admitted to treatment. A person may be admitted into treatment and the ACT program concurrently. However, ACT program participants must have been evaluated and assessed as needing treatment before they are admitted to the treatment program.

TREATMENT SYSTEM COMPONENTS

PROGRAM

A program is the approved organization that manages and administers treatment services. A program may supervise more than one facility at different locations. Each state approved program is assigned a program number by the Department of Public Health & Human Services.

WITHDRAWAL MANAGEMENT (DETOXIFICATION)

Detoxification (emergency care) means care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short-term medical intervention in a licensed medical hospital. Community based social detoxification refers to short-term medical observation in a social setting with 24-hour nursing care with access to medical services.

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INPATIENT HOSPITAL CARE

Inpatient Hospital Care means treatment for persons requiring 24 hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Public Health and Human Services. Services include medical evaluation and health supervision; chemical dependency services; organized individual, group and family services; short term medical care in a medically licensed facility; discharge referral to necessary supportive services; and a client follow-up program after discharge.

INPATIENT RESIDENTIAL

Inpatient Residential Care means treatment for persons requiring 24-hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; chemical dependency services; organized individual, group and family services; discharge referral to necessary supportive services and a client follow-up program after discharge.

COMMUNITY BASED RESIDENTIAL (Recovery Homes)

Intermediate Care (Transitional Living) means a non-medical residential facility in a community based setting. These facilities provide residential services for individuals who have recently received chemical dependency inpatient services or those receiving concurrent outpatient treatment services who require a moderately structured living arrangement. Services provided include case management, employment skill development, daily living skills, and social and recreational activities.

DAY TREATMENT

Day Treatment means services for persons requiring a more intensive treatment experience than intensive outpatient but who do not require inpatient treatment. Day treatment provides at least 5 hours of client contact time per day for at least 4 days per week. This service can only be provided by Programs that have a 3.5 Inpatient facility.

INTENSIVE OUTPATIENT CARE

Intensive outpatient care means a structured outpatient program providing each client at least 10 hours of counseling and chemical dependency education services per week, length of stay is based on patient placement criteria.

OUTPATIENT CARE

Outpatient Care means services provided on a regularly scheduled basis less than 9 hours weekly but greater than 2.5 monthly to clients residing outside a program. Services include crisis intervention, chemical dependency counseling, referral services and a client follow-up services program after discharge.

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SOURCES OF INFORMATION

Instructions for submission of completed data and questions concerning SAMS reporting procedures and policies should be directed to:

Addictive & Mental Disorders Division
Chemical Dependency Bureau
ATTN: Curt Weiler
P.O. Box 202905- 100 N. Park Suite
300 Helena, MT 59620-2905
Phone: 406-444-7926
Fax: 406-444-4435
Email: Cweiler@mt.gov

This instruction manual and the technical manual are all available on the web. Links are provided below:

<http://dphhs.mt.gov/amdd/FORMS-APPLICATIONS/SAMSFORMS>