| GENERAL |
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| The record is accurate and clearly legible to someone other than the writer. |
| Each page of record identifies the member. |
| All entries in the record include the name of the person making the entry. |
| All entries in the record include the name of the person making the entry's professional degree and their relevant identification number, if applicable. |
| All entries in the record include date, where appropriate. |
| All entries in the record include signature (including electronic signature for EMR systems), where appropriate. |
| Each record includes member's address. |
| Each record includes employer and/or school address number, if applicable. |
| Each record includes home, school, and/or work telephone numbers. |
| Each record includes emergency contact information. |
| Each record includes date of birth. |
| Each record includes gender. |
| Each record includes relationship and/or legal status. |
| For members ages 0 to 17, guardianship documentation is included in the record, and proof of guardianship, if applicable. |
| For members ages 0 to 17, there is evidence that services are in context of the family. |
| For members ages 0 to 17, there is evidence of ongoing communication with appropriate family members and/or legal guardians, including any agency legally responsible for the care or custody of the child. |
| For members ages 0 to 17, there is evidence of ongoing coordination with appropriate family members and/or legal guardians, including any agency legally responsible for the care or custody of the child. |
| Each member has a separate record. |
| For telemedicine/telehealth services, there is evidence in the record of verification of recipient's identity. |
| For telemedicine/telehealth services, when possible (i.e., at the next in-person treatment planning meeting), providers must have the recipients sign all documents that had verbal agreements previously documented. |

| MEMBER RIGHTS |
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| There is evidence of a Consent for Treatment or Informed Consent in the record that is signed by the member and/or legal guardian. |
| The Patient Bill of Rights is either signed or refusal is documented. |
| For members 18 years of age and older, the member is given information to create psychiatric advance Directives, or refusal is documented. |
| There is evidence of the member being given information regarding member's rights to confidentiality. |
| If utilizing telemedicine/telehealth services, the consent form includes the rationale for using telemedicine/telehealth in place of in-person services |
| If utilizing telemedicine/telehealth services, the consent form includes the risks of telemedicine/telehealth, including privacy related risks. |
| If utilizing telemedicine/telehealth services, the consent form includes the benefits of telemedicine/telehealth, including privacy related risks. |
| If utilizing telemedicine/telehealth services, the consent form includes possible treatment alternatives. |
| If utilizing telemedicine/telehealth services, the consent form includes risks of possible treatment alternatives. |
| If utilizing telemedicine/telehealth services, the consent form includes benefits of possible treatment alternatives. |
| If utilizing telemedicine/telehealth services, the consent form includes the risks and benefits of no treatment. |

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| For telemedicine/telehealth services, there is consent signed by the recipient or authorized representative in the record authorizing recording of the session. |
| For telemedicine/telehealth services, providers need the consent of the recipient and/or the recipient's parent or legal guardian (and their contact information) prior to initiating a telemedicine/telehealth service with the recipient if the recipient is 17 years old or under. |
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| **INITIAL EVALUATION** |
| An initial/annual assessment is in the record. |
| An initial/annual assessment is completed by a licensed mental health professional. |
| For members ages 0 to 17, there is evidence the legal guardian is involved in the assessment. |
| Any standardized assessments are clearly documented, if applicable. |
| Presenting problem(s) are identified. |
| An initial primary treatment DSM diagnosis is present in the record. |
| The reasons for admission or initiation of treatment are indicated. |
| The reasons for admission or initiation of treatment are appropriate to services being rendered. |
| A complete mental status exam is in the record, documenting the member's affect. |
| A complete mental status exam is in the record, documenting the member's speech. |
| A complete mental status exam is in the record, documenting the member's mood. |
| A complete mental status exam is in the record, documenting the member's thought content. |
| A complete mental status exam is in the record, documenting the member's judgment. |
| A complete mental status exam is in the record, documenting the member's insight. |
| A complete mental status exam is in the record, documenting the member's attention or concentration. |
| A complete mental status exam is in the record, documenting the member's memory. |
| A complete mental status exam is in the record, documenting the member's impulse control. |
| The behavioral health treatment history includes family history information. |
| A behavioral health history is in the record, including any previous providers. |
| A behavioral health history is in the record, including treatment dates, if applicable. |
| A behavioral health history is in the record, including treatment modality, if applicable. |
| A behavioral health history is in the record, including member response, if applicable. |
| The medical treatment history includes known medical conditions. |
| The medical treatment history includes allergies and/or adverse reactions and dates. |
| The medical treatment history includes providers of previous treatment, if applicable. |
| The medical treatment history includes current treating clinicians. |
| The medical treatment history includes current therapeutic interventions and responses, if applicable. |
| The medical treatment history includes family history. |
| Current medications are listed (PH & BH). |
| Prescriber of current medications are listed (PCP & BH). |
| Medication dosage is listed. |
| Medication frequency is listed. |
| Medication start date is listed. |
| Response to medication and other concurrent treatment (successful/unsuccessful) is documented. |
| Problems/side effects are documented, if applicable. |
| The initial history for members under the age of 21 includes prenatal and perinatal events if information is available. |
| The initial history for members under the age of 21 includes a complete developmental history (physical, psychological, social, intellectual and academic). |

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| Assessment of risk includes the presence or absence of current and past suicidal or homicidal risk, danger toward self or others. |
| The record includes documentation of previous suicidal or homicidal behaviors. |
| The record includes documentation of dates of previous suicidal or homicidal behaviors. |
| The record includes documentation of methods of previous suicidal or homicidal behaviors. |
| The record includes documentation of lethality of previous suicidal or homicidal behaviors. |
| Documentation includes any abuse the member has experienced or if the member has been the perpetrator of abuse. |
| Substance use assessment was conducted. |
| Documentation includes past and present use of alcohol and/or illicit drugs as well as prescription and over-the-counter medications and nicotine use. |
| The record documents the presence or absence of relevant legal issues of the member and/or family. |
| There is documentation the member was asked about community resources (family, support groups, social services, school-based services, other social supports) they are currently utilizing. |
| The record documents the assessment of the member's strengths. |
| The record documents the assessment of the member's needs. |
| The assessment documents the spiritual variables that may impact treatment. |
| The assessment documents any financial concerns. |
| The assessment documents any transportation-related challenges. |
| Telemedicine use is documented, if applicable. |
| The member's desired outcomes of treatment are clearly documented in the record. |
| There is evidence of preliminary discharge planning. |
| Indication and identification of any standardized assessment tool or comprehensive screening is completed (i.e., a PHQ-9, GAD-7) as dictated by diagnosis. |
| Documentation of referrals, if applicable. |
| An initial health screening, such as the Healthy Living Questionnaire or the PBHCI, is included in the record. (Unless directed by the plan, this is for informational purposes and not counted against a provider in the compliance rating.) |

| **TREATMENT PLAN** |
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| The treatment plan is in the record. |
| Treatment plan is signed by the member. |
| Treatment plan is signed by member's guardian, if applicable. |
| Treatment plan is signed by the treating LMHP, including credentials in the signature. |
| Treatment plan is signed by the caregiver or other treating professionals or paraprofessionals involved in tx team. |
| Date of treatment plan. |
| Indication if it is an initial or updated treatment plan. |
| Treatment plan signed by the member and/or the member's guardian as documented proof of agreement with the treatment plan. |
| The treatment plan is updated whenever goals are achieved, or new problems are identified. |
| Progress on all goals is included in the update. |
| Treatment plan is based on the assessment (initial or updated). |
| Member's strengths are included in the treatment plan. |
| Member's needs are included in the treatment plan. |
| Treatment plan utilizes input from the member, family, natural supports and/or treatment team. |
| Treatment plan is developed by an LMHP. |
| Treatment plan is consistent with diagnosis. |

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| Treatment plan has long-term goals. |
| Treatment plan has short-term goals/objectives/interventions. |
| Treatment plan goals/objectives/interventions are specific. |
| Treatment plan goals/objectives/interventions are measurable. |
| Treatment plan goals/objectives/interventions are action oriented. |
| Treatment plan goals/objectives/interventions are realistic. |
| Treatment plan goals/objectives/interventions are time limited. |
| There is evidence the treatment has been revised/updated to meet the changing needs of the member, if applicable. |
| Treatment plan reflects services to be provided in the amount. |
| Treatment plan reflects services to be provided in the type. |
| Treatment plan reflects services to be provided in the duration. |
| Treatment plan reflects services to be provided in the frequency. |
| Individualized Crisis Plan is in the record, including any changes related to COVID-19 risks. |
| For telemedicine/telehealth services, there is evidence in the record of a back-up plan (e.g., phone number where recipient can be reached) to restart the session or to reschedule it, in the event of technical problems. |
| For telemedicine/telehealth services, there is evidence in the record of a safety plan that includes at least one emergency contact and the closest ER location, in the event of a crisis. |
| Crisis plan signed by the member and/or the member's guardian as proof of participating in developing the crisis plan. |
| Crisis plan is updated as needed to meet participant's needs. |
| Peer Support Services (PSS): Peer support services are person-centered. |
| Peer Support Services (PSS): Peer support services are recovery focused. |
| Peer Support Services (PSS): Recovery planning assists members to set goals related to home. |
| Peer Support Services (PSS): Recovery planning assists members to set goals related to work. |
| Peer Support Services (PSS): Recovery planning assists members to set goals related to community. |
| Peer Support Services (PSS): Recovery planning assists members to set goals related to health. |
| Peer Support Services (PSS): Recovery planning assists members to accomplish goals related to home. |
| Peer Support Services (PSS): Recovery planning assists members to accomplish goals related to work. |
| Peer Support Services (PSS): Recovery planning assists members to accomplish goals related to community. |
| Peer Support Services (PSS): Recovery planning assists members to accomplish goals related to health. |
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| **PROGRESS NOTES** |
| Progress notes reference treatment goals. |
| All progress notes document clearly who is attending each session (outpatient services). |
| The progress notes describe progress or lack of progress towards treatment plan goals. |
| The progress notes describe/list member strengths. |
| The progress notes describe/list how strengths impact treatment. |
| The progress notes describe/list limitations. |
| The progress notes describe/list how limitations impact treatment. |
| The progress notes document continuous substance use assessment, if applicable. |
| The progress notes document on-going risk assessments (including but not limited to suicide and homicide). |
| The progress notes document (including but not limited to suicide and homicide) monitoring of any at risk situations. |
| Progress notes include documentation of compliance or non-compliance with medications, if applicable. |
| Progress notes indicate ongoing discussion of discharge planning to alternative or appropriate level of care. |
| Progress notes include date of service noted. |

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| Progress notes include begin times of service noted. |
| Progress notes include end times of service noted. |
| Progress notes include signature of the person making the entry. If initials are utilized, initials of providers must be identified with correlating signatures. |
| Progress notes include the functional title, applicable educational degree and/or professional license of the person making the entry. |
| The progress notes document the dates or time periods of follow-up outpatient provider appointments. |
| Provider documents when the member skips appointments, if applicable. |
| When appropriate, there is evidence of supervisory oversight of the treatment record. (Records are reviewed on a regular basis with appropriate actions taken.) |
| Progress notes document specifically if service was provided through Telemedicine/Telehealth. (outpatient services) |
| All progress notes include documentation of the billing code that was submitted for the session. |
| The progress notes reflect reassessments, if applicable. |
| There is evidence of progress summaries in the record. |
| There is evidence of progress summaries completed at least every 90 days, or more frequently as needed, if applicable. |
| Progress summaries document the start and end date for the time period summarized. |
| Progress summaries indicate who participated. |
| Progress summaries indicate where the contact occurred. |
| Progress summaries indicate what activities occurred. |
| Progress summaries indicate how the recipient is progressing or lack of progression toward the personal outcomes in the treatment plan. |
| Progress summaries document any deviation from the treatment plan, if applicable. |
| Progress summaries document any changes in the recipient's medical condition, behavior or home situation that may indicate a need for a reassessment and/or treatment plan change, as applicable. |
| Progress summaries include the signature of the person completing the summary. If initials are utilized, providers' initials must be identified with correlating signatures. |
| Progress summaries include the functional title, applicable educational degree and/or professional license of the person completing the summary. |
| Progress summaries are dated. |
| Progress summaries must be signed by the person providing the services. |
| For telemedicine/telehealth services, there is evidence in the record the member was informed of all persons who are present. |
| For telemedicine/telehealth services, there is evidence in the record the member was informed of the role of each person. |
| For telemedicine/telehealth services, evidence should be included in the record that, regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement for the visit. |
| For telemedicine/telehealth services, documentation should indicate if the member refused services delivered through telehealth. |
| Peer Support Services (PSS): Peer support services are face-to-face interventions with the member present. |
| Peer Support Services (PSS): Peer support services may include, but are not limited to utilizing 'lived experience' to translate and explain the recovery process step by step. |

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| Peer Support Services (PSS): Peer support services may include, but are not limited to utilizing 'lived experience' to translate and explain the expectations of services. |
| Peer Support Services (PSS): Peer Support Services are therapeutic or have programmatic content. |
| Peer Support Services (PSS): Peer Support Services do not contain recreational, social, or leisure (activities) in nature services. |
| Peer Support Services (PSS): Peer Support Services do not document that transportation is provided. |
| Peer Support Services (PSS): Peer Support Services do not document general office/clerical tasks as part of rendered services. |
| Peer Support Services (PSS): Peer Support Services do not document attendance in meetings or sessions without a documented purpose/benefit from the peer's presence in that meeting or session. |
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| **CONTINUITY AND COORDINATION OF CARE** |
| The record documents the member was asked whether they have a PCP. |
| PCP's name is documented in the record, if applicable. |
| PCP's address is documented in the record, if applicable. |
| PCP's phone number is documented in the record, if applicable. |
| If the member has a PCP, there is evidence the provider attempted to or successfully communicated with the PCP, or there is documentation that the member/guardian refused consent for the release of information to the PCP. |
| The record documents that the member was asked whether they are being seen by another behavioral health clinician. |
| Other behavioral health clinician's name is documented in the record, if applicable. |
| Other behavioral health clinician's address is documented in the record, if applicable. |
| Other behavioral health clinician's phone number is documented in the record, if applicable. |

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| If the member is being seen by another behavioral health clinician, there is evidence the provider attempted to or successfully communicated with the primary behavioral health clinician, or there is documentation the member/guardian refused consent for the release of information to the PCP. |
| Provider documents any referrals made to other clinicians, agencies, and/or therapeutic services, if applicable. |
| Release of signed information or refusal noted for communications with other treating providers, if applicable. |
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| **MEDICATION MANAGEMENT (IF APPLICABLE)** |
| Each record indicates what medications have been prescribed. |
| Each record indicates the dosages of each medication. |
| Each record indicates the dates of initial prescription or refills. |
| Documentation of member education of prescribed medication including benefits. |
| Documentation of member education of prescribed medication including risks. |
| Documentation of member education of prescribed medication including side effects. |
| Documentation of member education of prescribed medication including alternatives of each medication. |
| For members 18 and over, documentation of the member understanding and consenting to the medication used in treatment. |
| For children and adolescents, documentation indicates the responsible family member or guardian understands and consents to the medication used in treatment. |
| Documentation that a query was done through the Prescription Monitoring Program (PMP) for behavioral health patients for controlled substances or otherwise applicable. |
| AIMS (Abnormal Involuntary Movement Scale) performed when appropriate (e.g., member is being treated with antipsychotic medication). |
| Initial and ongoing medical screenings are completed for members prescribed antipsychotic medication including but not limited to weight, BMI, labs, and chronic conditions to document ongoing monitoring. |
| There is evidence lab work is ordered, if applicable. |
| There is evidence the ordered lab work is received by the clinician ordering the lab work, if applicable. |
| There is evidence ordered lab work has been reviewed by the clinician ordering the lab work, if applicable as evidenced by date and signature of clinician. |
| When a primary care physician is identified, there is evidence the prescriber attempted coordination of care within 14 calendar days after initiation of a new medication. |
| There is evidence of medication monitoring in the treatment record, documenting adherence. |
| There is evidence of medication monitoring in the treatment record, documenting efficacy. |
| There is evidence of medication monitoring in the treatment record, documenting adverse effects. |
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| **RESTRAINTS AND SECLUSION** |
| There is documentation that alternatives/other less restrictive interventions were attempted. |
| There is documentation of a restraint/seclusion order. |
| There is documentation of physician notification of restraint. |
| There is documentation of member face-to-face assessment by a physician or physician extender (e.g., PA, NP, APRN) within one hour of restraint initiation/application. |
| Documentation must show evidence of consultation with the physician or physician extender (e.g., PA, NP,APRN) within 24 hours of restraint initiation/application. |
| There is documentation of members' parent/guardian notification of restraint/seclusion as soon as possible of restraint occurring (children only). |
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| **MEMBER SAFETY** |

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| If the member was placed on a special watch for harmful behavior, include documentation of the appropriate precautions taken and monitoring occurred. |
| If the member was placed in restraints/seclusion, include documentation of required monitoring. (A patient in seclusion or restraints must be evaluated every 15 minutes and documentation of these evaluations must be entered into the patient's record.) |
| If the member was a victim of abuse or neglect, include documentation of a report to the appropriate protective agency and health standards, as applicable. |
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| **CULTURAL COMPETENCY** |
| Member's primary spoken language is documented. |
| Any translation needs of the member are documented, if applicable. |
| Language needs of the member were assessed (i.e., preferred method of communication), if applicable. |
| Identified language needs of the member were incorporated into treatment, if applicable. |
| Religious/spiritual needs of the member were assessed. |
| Identified religious/spiritual needs of the member were incorporated into treatment, if applicable. |
| Racial needs of the member were assessed (i.e., oppression, privilege, prejudice, etc.), if applicable. |
| Identified racial needs of the member were incorporated into treatment, if applicable. |
| Ethnic needs of the member were assessed. |
| Identified ethnic needs of the member were incorporated into treatment, if applicable. |
| Sexual health related needs were assessed. |
| Identified sexual health related needs of the member were incorporated into treatment, if applicable. |
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| **ADVERSE INCIDENTS** |
| For members ages 0 to 17, include documentation that any adverse incident was reported to the guardian, if the incident did not involve the guardian, within 1 business day of discovery. |
| Documentation that adverse incidents listed on the adverse incident reporting form were reported to the appropriate protective agency within 1 business day of discovery. |
| Documentation that adverse incidents involving direct care staff were reported to the licensing agency, as appropriate. |
| Documentation that adverse incidents listed on the adverse incident reporting form were reported to the health plan within 1 business day of discovery. |
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| **DISCHARGE PLANNING** |
| Include documentation of discussion of discharge planning/linkage to next level of care. |
| Appointment date and/or time of follow up with transitioning behavioral health provider documented on the discharge plan. If not, barriers noted, when member is discharged or transitioned to a different level of care. |
| There is documentation that communication/collaboration occurred with the receiving clinician/program. If not, barriers noted, when member is discharged or transitioned to a different level of care. |
| PCP appointment date and/or time of follow up documented if medical comorbidity present. If not, barriers noted, when member is discharged or transitioned to a different level of care. |
| Medication profile provided to outpatient provider during transition of care. If not, barriers noted, when member is discharged or transitioned to a different level of care. |
| Medication profile reviewed with member during transition of care, when member is discharged or transitioned to a different level of care. |
| Course of treatment [the reason(s) for treatment and the extent to which treatment goals were met] are reflected in the discharge summary, when member is discharged or transitioned to a different level of care. |
| A discharge summary details the recipient's progress prior to a transfer or closure, when member is discharged or transitioned to a different level of care. |

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| A discharge summary must be completed within 14 calendar days following a recipient's discharge or transition to a different level of care. |
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| **CPST/PSR: INITIAL EVALUATION** |
| Medical necessity is documented by a LMHP or physician, for adults, as evidenced by individuals exhibiting impaired emotional, cognitive, or behavioral functioning that is the result of mental illness in order to meet the criteria for disability. |
| Evidence the individual's impairment substantially interferes with role functioning. |
| Evidence the individual's impairment substantially interferes with occupational functioning. |
| Evidence the individual's impairment substantially interferes with social functioning. |
| Services are recommended by an LMHP or physician. |
| Assessments must be performed at least every 365 days or as needed anytime there is a significant change to the member's circumstance. |
| For members 6-18 years of age, there is evidence of the CALOCUS being utilized as part of the assessment. |
| Members 19 years of age and over have at least a score of 3 on the Level of Care Utilization System (LOCUS). |
| For members 19 years of age and over, member must meet the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of serious mental illness (SMI) as evidenced by a rating of 3 or greater on the functional status domain on the Level of Care Utilization System (LOCUS) rating. *Dimension 2 |
| The assessment documents that in addition to having a diagnosable mental disorder, the condition must substantially interfere with, or limit, one or more major life activities, such as: • Basic daily living (for example, eating or dressing); • Instrumental living (for example, taking prescribed medications or getting around the community); and • Participating in a family, school or workplace. |

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| There is evidence of medical necessity, if applicable, for members 19 years of age and over, with longstanding deficits who do not experience any acute changes in their status and have previously met the criteria stated above regarding LOCUS scores, but who now meet a level of care of 2 or lower on the LOCUS, and need subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive CPST services and/or PSR. |
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| **CPST/PSR: TREATMENT PLAN** |
| Treatment plan has recovery focused goals targeting areas of risk identified in the assessment. |
| Treatment plan has recovery focused objectives/interventions targeting areas of risk identified in the assessment. |
| Treatment plan has recovery focused goals targeting areas of need identified in the assessment. |
| Treatment plan has recovery focused objectives/interventions targeting areas of need identified in the assessment. |
| Treatment plan clearly identifies actions to be taken by provider. |
| Treatment plan clearly identifies actions to be taken by member/guardians. |
| Treatment plan clearly identifies specific interventions that will address specific problems/needs identified in the assessment. |
| Transition plan in the record describes how member will transition from adolescence to adulthood for members ages 15 to 21. |
| The treatment plan review is conducted at least once every 180 days or more often as indicated. |
| The treatment plan review is in consultation with provider staff. |
| The treatment plan review is in consultation with the member/caregiver. |
| The treatment plan review is in consultation with other stakeholders. |
| Include documentation of the treatment plan review. |
| Include evidence the member received a copy of the plan upon completion. |
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| **CPST/PSR: PROGRESS NOTES** |
| Services are provided at the provider agency, in the community, in the member's place of residence, and/or via telehealth/telemedicine as outlined in the treatment plan. |
| Services may be furnished in a nursing facility only in accordance with policies and procedures issued by the department. Services will not be provided in an IMD, if applicable. |
| Services are documented as being provided individually or in a group setting. |
| Services are documented as being provided face-to-face and/or via telehealth as per LDH guidelines. |
| Services are appropriate for age. |
| Services are appropriate for development level. |
| Services are appropriate for education level. |
| Services must be directed exclusively toward the treatment of the Medicaid-eligible individual and not be provided at a work site that is job tasks-oriented and not directly related to the treatment of the member's needs. |
| Services must be directed exclusively toward the treatment of the Medicaid-eligible individual and must not contain service or service components in which the basic nature is to supplant housekeeping, homemaking or other basic services for the convenience of the individual receiving services. |

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| Progress notes for PSR services document restoration, rehabilitation and/or support to develop social and interpersonal skills to increase community tenure in the individual's social environment, including home, work and/or school in accordance with the treatment plan. |
| Progress notes for PSR services document restoration, rehabilitation and/or support to enhance personal relationships in the individual's social environment, including home, work and/or school in accordance with the treatment plan. |
| Progress notes for PSR services document restoration, rehabilitation and/or support to establish support networks in the individual's social environment, including home, work and/or school in accordance with the treatment plan. |
| Progress notes for PSR services document restoration, rehabilitation and/or support to increase community awareness in the individual's social environment, including home, work and/or school in accordance with the treatment plan. |
| Progress notes for PSR services document restoration, rehabilitation and/or support to develop coping strategies and/or effective functioning in the individual's social environment, including home, work and/or school in accordance with the treatment plan. |
| Progress notes for PSR services document restoration, rehabilitation and/or support to develop daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living in accordance with the treatment plan. |
| Progress notes for PSR services document implementing learned skills to assist the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairment in accordance with the treatment plan. |
| Progress notes for CPST services document problem behavior analysis to restore stability, support functional gains and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document emotional and behavioral management to restore stability, support functional gains, and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document developing and improving daily functional living skills to restore stability, support functional gains and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document implementing social, interpersonal, self-care, and independent living skill goals to restore stability, support functional gains and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document implementing interpersonal goals to restore stability, support functional gains, and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document implementing self-care goals to restore stability, support functional gains and adapt to community living in accordance with the treatment plan. |
| Progress notes for CPST services document implementing independent living skill goals in order to restore stability, support functional gains, and adapt to community living in accordance with the treatment plan. |
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| **TGH: INITIAL EVALUATION** |
| The assessment protocol must differentiate across life domains. |
| The assessment protocol must differentiate between risk factors. |
| The assessment protocol must differentiate between protective factors. |

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| The assessment protocol must track progress over time. |
| Requirements for pretreatment assessment are met prior to treatment commencing. |
| Screening is required upon admission. |
| Assessment is required upon admission. |
| The assessment protocol documents that lower intensity levels of treatment have been determined to be unsafe, unsuccessful or unavailable. |
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| **TGH: TREATMENT PLAN** |
| There is evidence of a standardized assessment and treatment planning tool such as the CALOCUS/CANS being utilized for treatment planning. |
| Member's plan of care was developed no later than 72 hours after admission unless clinical documentation notes member's refusal or unavailability. |
| The treatment plan must include behaviorally measurable discharge goals. |
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| **TGH: MEDICATION MANAGEMENT** |
| Psychotropic medications should be used with specific target symptoms identification. |
| Psychotropic medications should be used with medical monitoring. |
| Psychotropic medications should be used with 24-hour medical availability when appropriate and relevant. |
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| **TGH: DISCHARGE PLANNING** |
| Discharge planning must occur within the first week of admission with clear action steps. |
| Discharge planning with target dates must be outlined in the treatment plan. |
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| **ADDITIONAL TGH** |
| Recreational activities are provided for all enrolled members. |
| Members attend school, work and/or training. |
| To enhance community integration, resident youth must attend community schools integrated in the community (as opposed to being educated at a school located on the campus of an institution). |
| The psychologist or psychiatrist must see the member at least once. |
| The psychologist or psychiatrist must prescribe the type of care provided. |
| If the services are not time-limited by the prescription, review the need for continued care every 28 days. |
| The individualized, strengths-based services and supports are identified in partnership with the child or adolescent and/or the family and support system, to the extent possible, and if developmentally appropriate. |
| The individualized, strengths-based services and supports are based on clinical assessments. |
| The individualized, strengths-based services and supports are based on functional assessments. |
| The individualized, strengths-based services and supports support success in community settings, including home and school. |
| The TGH is required to coordinate with the child's or adolescent's community resources, including schools with the goal of transitioning the youth out of the program to a less restrictive care setting for continued, sometimes intensive, services as soon as possible and appropriate. |
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| PRTF: INITIAL EVALUATION |
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| A diagnostic evaluation must be conducted within the first 24 hours of admission in consultation with the youth. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission in consultation with the parents/legal guardian. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that includes examination of the medical aspects of the recipient's situation. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that includes examination of the psychological aspects of the recipient's situation. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that includes examination of the social aspects of the recipient's situation. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that includes examination of the behavioral aspects of the recipient's situation. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that includes examination of the developmental aspects of the recipient's situation. |
| A diagnostic evaluation must be conducted within the first 24 hours of admission that reflects the need for inpatient psychiatric care. |

| PRTF: TREATMENT PLAN |
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| The plan must be developed no later than 72 hours after admission. |
| The plan must be implemented no later than 72 hours after admission. |
| The plan must be designed to achieve the recipient's discharge from inpatient status at the earliest possible time. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to determine that services being provided are or were required on an inpatient basis. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to recommend changes in the plan, as indicated by the member's overall adjustment as an inpatient. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to prescribe an integrated program of therapies designed to meet the objectives. |

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| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to prescribe an integrated program of activities designed to meet the objectives. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to prescribe an integrated program of experiences designed to meet the objectives. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to Include, at an appropriate time, post-discharge plans. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to Include, at an appropriate time, coordination of inpatient services, with partial discharge plans. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to include, at an appropriate time, related community services to ensure continuity of care with the member's family upon discharge. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to include, at an appropriate time, related community services to ensure continuity of care with the member's school upon discharge. |
| The plan must be reviewed as needed or at a minimum of every 30 days by the facility treatment team to include, at an appropriate time, related community services to ensure continuity of care with the member's community upon discharge. |
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| **ADDITIONAL PRTF** |
| Members have access to education services. |
| Member’s health is maintained (e.g., dental hygiene for a child expected to reside in the facility for 12 months). |
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| **SUD ASAM LEVEL 1 REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |

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| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status, Remove: if applicable. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| Must complete a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |

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| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| ASAM LEVEL 1 REQUIREMENTS: The treatment plan is reviewed/updated in collaboration with the member, as needed, at a minimum of every 90 days or more frequently if indicated by the member's needs. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |

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| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| ASAM LEVEL 1 REQUIREMENTS: Evidence of early intervention for those who have been identified as individuals suffering from addictive disorders. |
| ASAM LEVEL 1 REQUIREMENTS: Evidence of referrals for education, activities or support services designed to prevent progression of disease if indicated. |

| **SUD ASAM LEVEL 2.1 REQUIREMENTS** |
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| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain current employment status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current military service status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |

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| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plan re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| ASAM LEVEL 2.1 REQUIREMENTS: The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days or more frequently if indicated by the member's needs. |
| **SUD CORE REQUIREMENTS: PROGRESS NOTES** |
| ASAM LEVEL 2.1 REQUIREMENTS: Progress notes include documentation of evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and/or multidimensional family therapy. |

| SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE |
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| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must Provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |

| SUD ASAM LEVEL 2-WM REQUIREMENTS |
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| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Complete triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |

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| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. * (Except 4-WM - comprehensive bio-psychosocial assessments are not required for this level of care.) * |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| Complete a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |

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| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| ASAM LEVEL 2-WM: The treatment plan is reviewed and signed by the physician within 24 hours of admission. |
| ASAM LEVEL 2-WM: The treatment plan is reviewed and signed by the individual within 24 hours of admission or documentation of why not. |
| ASAM LEVEL 2-WM: Treatment plan is updated at least every 30 days. |
| **SUD CORE REQUIREMENTS: PROGRESS NOTES** |
| Progress notes document the implementation of the stabilization/treatment plan. |
| Progress notes document the individual's response to and/or participation in scheduled activities. |
| Progress notes document the individual's physical condition. |
| Progress notes document the individual's vital signs. |
| Progress notes document the individual's mood. |
| Progress notes document the individual's behavior. |
| Progress notes document statements about the individual's condition. |
| Progress notes document statements about the individual's needs. |
| Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |

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| Evidence that ambulatory withdrawal management (ASAM L2-WM) is provided in conjunction with ASAM L2.1 IOP services. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| ASAM LEVEL 2-WM: Evidence of admission drug screen. |
| ASAM LEVEL 2-WM: Evidence of additional urine drug screens as indicated by the treatment plan. |
| ASAM LEVEL 2-WM: Evidence of physicians' orders for medical management. |
| ASAM LEVEL 2-WM: Evidence of physicians' orders for psychiatric management. |
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| **SUD ASAM LEVEL 3.1 REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |

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| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| Complete a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |

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| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| LEVEL 3.1 ADULT/ADOLESCENT: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not. |
| LEVEL 3.1 ADULT/ADOLESCENT: Treatment plan updates every 90 days or as indicated by member needs. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must Provide on-site MAT or refer to MAT offsite. |

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| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |

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| **SUD ASAM LEVEL 3.2-WM REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |

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| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process, except for 3.7-WM and 4-WM. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: Medical clearance and screening - Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: Individuals who require medication management must be transferred to medically monitored or a medical withdrawal management program until stabilized. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |

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| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plan re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is developed in collaboration with the member within 24 hours or include documentation of why not. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is reviewed and signed by the qualified professional within 24 hours of admission. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is reviewed and signed by the individual within 24 hours of admission. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The signed treatment plan must be filed in the individual's record within 24 hours of admission. |
| **SUD CORE REQUIREMENTS: PROGRESS NOTES** |
| Progress notes document the implementation of the stabilization/treatment plan. |
| Progress notes document the individual's response to and/or participation in scheduled activities. |
| Progress notes document the individual's physical condition. |
| Progress notes document the individual's vital signs. |
| Progress notes document the individual's mood. |
| Progress notes document the individual's behavior. |
| Progress notes document statements about the individual's condition. |
| Progress notes document statements about the individual's needs. |
| Progress notes document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals. |
| Daily assessment of progress through withdrawal management must be documented in a manner that is person-centered. |
| Daily assessment of progress through withdrawal management must be documented in a manner that is individualized. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |

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| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of physicians' orders for medical management. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of physicians' orders for psychiatric management. |
| ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of toxicology and drug screening– Toxicology and drug screenings are medically monitored. A physician may waive drug screening when individual signs the list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during the withdrawal management process. |
| ASAM Level 3.2-WM Adolescent TGH ASAM Requirement (In addition to the staffing required by TGHs): There is a physician on duty as needed for management/review/approval of psychiatric and/or medical |

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| needs of the client through course of stay as evidenced by signature and/or relevant documentation. |
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| **SUD ASAM LEVEL 3.3 REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Complete triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |

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| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| ASAM LEVEL 3.3 REQUIREMENTS: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not. |
| ASAM LEVEL 3.3 REQUIREMENTS: Treatment plan updates every 90 days or as indicated by member needs. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |

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| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering weekly parenting classes in which attendance is required. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of addressing the specialized needs of the parent. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further address parenting skills. |

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| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering counseling for its parent members that further address parenting skills. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further address parenting skills. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further address health and/or nutrition. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering counseling for its parent members that further address health and/or nutrition. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further address health and/or nutrition. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of regularly assessing parent-child interactions. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of addressing any identified needs in treatment. |
| ASAM LEVEL 3.3 REQUIREMENTS: Evidence of providing access to family planning services. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must address the specialized needs and/or care for the dependent children. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must address the therapeutic needs and/or care for the dependent children. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must develop an individualized plan of care to address those needs to include target dates. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must provide age-appropriate education for children. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must provide age-appropriate counseling for children. |
| ASAM LEVEL 3.3 REQUIREMENTS: The provider must provide age-appropriate rehabilitation services for children. |
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| **SUD ASAM LEVEL 3.5 REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |

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| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| Complete a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |

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| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not. |
| LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: Treatment plan updates every 30 days or as indicated by member needs. |
| LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: There is evidence in the record of an in-house education/vocational component if serving adolescents. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Complete documentation of discharge/transfer planning at admission. |
| Documentation of referrals should be made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |

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| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
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| **SUD ASAM LEVEL 3.7 ADOLESCENT REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |

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| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The assessment must be reviewed as evidenced by being signed by a LMHP. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The medical section of the bio-psychosocial assessment was completed prior to seven days of admission. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The psychological section of the bio-psychosocial assessment was completed prior to seven days of admission. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The alcohol section of the bio-psychosocial assessment was completed prior to seven days of admission. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The drug/substance abuse section of the bio-psychosocial assessment was completed prior to seven days of admission. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |

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| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Complete documentation of discharge/transfer planning at admission. |
| Documentation of referrals should be made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |

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| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
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| **SUD ASAM LEVEL 3.7 ADULT REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addicitive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addicitive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |

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| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| LEVEL 3.7 ADULT REQUIREMENTS: Initial treatment plan must be completed with collaboration of the member within 72 hours of admission or include documentation of why not. |
| LEVEL 3.7 ADULT REQUIREMENTS: Treatment plan updates every 30 days or as indicated by member needs. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT |

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| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Complete documentation of discharge/transfer planning at admission. |
| Documentation of referrals should be made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |

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| **SUD ASAM LEVEL 3.7-WM REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |
| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. |
| The comprehensive bio-psychosocial evaluation must contain circumstances leading to admission. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral health concerns, if applicable. |

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| The comprehensive bio-psychosocial evaluation must contain present behavioral health concerns. |
| The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment. |
| The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment. |
| The comprehensive bio-psychosocial evaluation must contain significant medical history. |
| The comprehensive bio-psychosocial evaluation must contain current health status. |
| The comprehensive bio-psychosocial evaluation must contain family history. |
| The comprehensive bio-psychosocial evaluation must contain social history. |
| The comprehensive bio-psychosocial evaluation must contain current living situation. |
| The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear. |
| The comprehensive bio-psychosocial evaluation must contain family and/or significant others. |
| The comprehensive bio-psychosocial evaluation must contain education. |
| The comprehensive bio-psychosocial evaluation must contain vocational training. |
| The comprehensive bio-psychosocial evaluation must contain employment history. |
| The comprehensive bio-psychosocial evaluation must contain employment current status. |
| The comprehensive bio-psychosocial evaluation must contain military service history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain military service current status. |
| The comprehensive bio-psychosocial evaluation must contain legal history, if applicable. |
| The comprehensive bio-psychosocial evaluation must contain current legal status. |
| The comprehensive bio-psychosocial evaluation must contain past emotional state. |
| The comprehensive bio-psychosocial evaluation must contain present emotional state. |
| The comprehensive bio-psychosocial evaluation must contain past behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain present behavioral functioning. |
| The comprehensive bio-psychosocial evaluation must contain strengths. |
| The comprehensive bio-psychosocial evaluation must contain weaknesses. |
| The comprehensive bio-psychosocial evaluation must contain needs. |
| The evaluation must be reviewed and signed by an LMHP. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| LEVEL 3.7-WM REQUIREMENTS: A physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted. (A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.) |
| LEVEL 3.7-WM REQUIREMENTS: Appropriate toxicology tests were ordered. |
| LEVEL 3.7-WM REQUIREMENTS: Appropriate laboratory tests were ordered. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |

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| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| LEVEL 3.7-WM REQUIREMENTS: A *qualified professional creates a plan of action until the individual is physically stable. *A qualified professional is defined as an LMHP. |
| LEVEL 3.7-WM REQUIREMENTS: The treatment plan is reviewed by the physician within 24 hours of admission as evidenced by date and signature. |
| LEVEL 3.7-WM REQUIREMENTS: The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not. |
| LEVEL 3.7-WM REQUIREMENTS: The signed treatment plan is filed in the individual's record within 24 hours of admission. |
| **SUD CORE REQUIREMENTS: PROGRESS NOTES** |
| Progress notes document the implementation of the stabilization/treatment plan. |
| Progress notes document the individual's response to and/or participation in scheduled activities. |
| Progress notes document the individual's physical condition. |
| Progress notes document the individual's vital signs. |
| Progress notes document The individual's mood. |
| Progress notes document the individual's behavior. |
| Progress notes document statements about the individual's condition. |
| Progress notes document statements about the individual's needs. |
| Progress notes document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |

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| There is evidence the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must Provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| LEVEL 3.7-WM REQUIREMENTS: Evidence of physician approval for admission. |
| LEVEL 3.7-WM REQUIREMENTS: Evidence that toxicology and drug screenings are medically monitored. A physician may waive drug screening when individual signs list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during withdrawal management process. |
| LEVEL 3.7-WM REQUIREMENTS: Evidence of physicians' orders for psychiatric management. |
| LEVEL 3.7-WM REQUIREMENTS: Evidence of physicians' orders for medical management. |
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| **SUD ASAM LEVEL 4-WM REQUIREMENTS** |
| **SUD CORE REQUIREMENTS: INITIAL EVALUATION** |

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| Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral. |
| ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care. |
| The evaluation must be reviewed and signed by an LMHP. |
| A drug screening is conducted when the member's history is inconclusive or unreliable. |
| An appropriate assignment to level of care with referral to other appropriate services as indicated must be made. |
| For residential facilities, diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment. |
| Evaluations must include the consideration of appropriate psychopharmacotherapy. |
| LEVEL 4-WM REQUIREMENTS: A physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted. (A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.) |
| LEVEL 4-WM REQUIREMENTS: appropriate toxicology tests were ordered. |
| LEVEL 4-WM REQUIREMENTS: appropriate laboratory tests were ordered. |
| **SUD CORE REQUIREMENTS: TREATMENT PLAN** |
| Treatment plans are based on evaluations. |
| Treatment plans include person-centered goals. |
| Treatment plans include person-centered objectives. |
| Treatment plan must include other medical/remedial services intended to reduce the identified condition. |
| The treatment plan should include anticipated outcomes of the individual. |
| Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon). |
| The treatment plan specifies the frequency. |
| The treatment plan specifies the amount. |
| The treatment plan specifies the duration. |
| The treatment plan is signed by the LMHP or physician responsible. |
| Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year). |
| Treatment plans re-evaluations involve the individual. |
| Treatment plan re-evaluations involve the family, if available. |
| Treatment plan re-evaluations involve the provider. |
| Re-evaluations determine if services have contributed to meeting the stated goals. |
| If no measurable reduction has occurred, a new treatment plan will be developed. |
| If a new treatment plan is developed, it includes a different rehabilitation strategy. |
| If a new treatment plan is developed, it includes revised goals. |
| If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT. |
| LEVEL 4-WM REQUIREMENTS: The treatment plan is reviewed by physician within 24 hours of admission as evidenced by date and signature. |
| LEVEL 4-WM REQUIREMENTS: The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not. |

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| LEVEL 4-WM REQUIREMENTS: The signed treatment plan is filed in the individual's record within 24 hours of admission. |
| **SUD CORE REQUIREMENTS: PROGRESS NOTES** |
| Progress notes document the implementation of the stabilization/treatment plan. |
| Progress notes document the individual's response to and/or participation in scheduled activities. |
| Progress notes document the individual's physical condition. |
| Progress notes document the individual's vital signs. |
| Progress notes document the individual's mood. |
| Progress notes document the individual's behavior. |
| Progress notes document statements about the individual's condition. |
| Progress notes document statements about the individual's needs. |
| Progress notes document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals. |
| **SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE** |
| Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. |
| **SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT** |
| There is evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. *OUD or AUD are appropriate for MAT. |
| SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD. |
| SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite. |
| SUD providers, when clinically appropriate, must document member education in the progress notes. |
| SUD providers, when clinically appropriate, must document access to MAT in the progress notes. |
| SUD providers, when clinically appropriate, must document member response in the progress notes. |
| **SUD CORE REQUIREMENTS: DISCHARGE PLANNING** |
| Complete documentation of discharge/transfer planning at admission. |
| Documentation of referrals made as needed. |
| **SUD ADDITIONAL CORE REQUIREMENTS** |
| Treatment services at all levels of care must offer a family component. |
| Adolescent substance use programs must include family involvement as evidenced by parent education. |
| Adolescent substance use programs must include family involvement as evidenced by family therapy. |
| Documentation of services provided to children and youth must include communication with the family and/or legal guardian. |
| Documentation of services provided to children and youth must include coordination with the family and/or legal guardian. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation. |

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| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation. |
| The provider must ensure that its clinical supervisor who, except for opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation. |
| LEVEL 4-WM REQUIREMENTS: Evidence of physician approval for admission. |
| LEVEL 4-WM REQUIREMENTS: Toxicology and drug screening –Urine drug screens are required upon admission. |
| LEVEL 4-WM REQUIREMENTS: Toxicology and drug screening – Urine drug screens are required as directed by the treatment plan. |
| LEVEL 4-WM REQUIREMENTS: Evidence of physicians' orders for medical management. |
| LEVEL 4-WM REQUIREMENTS: Evidence of physicians' orders for psychiatric management. |

| **Opioid Treatment Program Requirements** |
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| A screening is conducted to determine eligibility for admission. |
| A screening is conducted to determine eligibility for referral. |
| A screening is conducted to determine appropriateness for admission. |
| A screening is conducted to determine appropriateness for referral. |
| A complete physical examination by the OTP's physician must be conducted before admission to the OTP. |
| A drug screening test by the OTP's physician must be conducted before admission to the OTP. |
| A full medical exam must be completed within 14 days of admission. |
| Results of serology and other tests, must be completed within 14 days of admission. |
| The physician must ensure members have a Substance Use or Opioid Use Disorder. |
| An OUD must be present for at least one year before admission for treatment, or meet exception criteria, as set in federal regulations. |
| A comprehensive bio-psychosocial assessment must be completed within the first seven (7) days of admission, which substantiates treatment. |
| For new admissions, the American Society of Addiction Medicine (ASAM) 6 Dimensional risk evaluation must be included in the assessment. |
| There must be evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. |
| There must be evidence that the member was assessed to determine if an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated. |
| The treatment plan must be developed within 7 days of admission by the treatment team. |
| The treatment plan must be updated and revised if there is no measurable reduction of disability or restoration of functional level. |
| The medical necessity for substance use services must be determined by and/or recommended by a physician. |
| Members who meet clinical criteria must be at least 18 years old, unless the member has consent from |

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| a parent or legal guardian, if applicable, and the State Opioid Treatment Authority. |
| Members must also meet patient admission criteria for federal opioid treatment standards in accordance with CFR §8.12, as determined by a physician. |
| Record medication administration in accordance with federal and state requirements. |
| Record medication dispensing in accordance with federal and state requirements. |
| Document results of five most recent drug screen tests with action taken for positive results. |
| Complete documentation of physical status. |
| Complete documentation of use of additional prescription medication. |
| Documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include employment/vocational needs. |
| Complete documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include legal status. |
| Complete documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include social status. |
| Complete documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include overall individual stability; |
| Complete documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate. |
| Complete documentation of approval of any exception to the standard schedule of take-home doses and the physician's justification for such exception. |
| The initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation. |
| The initial treatment phase lasts from three to seven days. During this phase, the provider provides individual counseling. |
| The initial treatment phase lasts from three to seven days. During this phase, the provider develops the initial treatment plan for treatment of critical health or social issues. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider conducts weekly monitoring of the member's response to medication. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider provides at least four individualcounseling sessions. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider revises the treatment plan within 30 days to include input by all disciplines. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider revises the treatment plan within 30 days to include input by the member. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider revises the treatment plan within 30 days to include input by significant others. |
| Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, during which the provider conducts random monthly drug screen tests. |

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| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must perform random monthly drug screen tests until the member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must perform monthly testing to members who are allowed six days of take-home doses, as well as random testing for alcohol when indicated. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must perform continuous evaluation by the nurse of the member's medication use. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must perform continuous evaluation by the nurse of the member's use of the treatment program. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must perform continuous evaluation by the nurse of the member's use of other treatment sources. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must document reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team. |
| Maintenance treatment follows the end of early stabilization and lasts for an indefinite period. The provider must document response to treatment in a progress note at least every 30 days. |
| Perform medically supervised withdrawal from the synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider must decrease the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by the member. |

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| Perform medically supervised withdrawal from the synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider must provide counseling of the type based on medical necessity. |
| Perform medically supervised withdrawal from the synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider must provide counseling of the quantity based on medical Necessity. |
| Perform medically supervised withdrawal from the synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider must conduct discharge planning as appropriate. |
| There is evidence that the member with take-home medication privilege must have a negative drug/alcohol screen for at least 30 days. |
| There is evidence that the member with take-home medication privilege must have regular clinic attendance. |
| There is evidence that the member with take-home medication privilege must have absence of serious behavioral problems during treatment. |
| There is evidence that the member with take-home medication privilege has absence of criminal activity during treatment. |
| There is evidence that the member with take-home medication privilege has stability of home environment. |
| There is evidence that the member with take-home medication privilege has stability of social relationships. |
| There is evidence that the member with take-home medication privilege has assurance that take-home medication can be safely stored (lock boxes which patient provides). |
| There is evidence that after the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic dose per week was given to the member to self-administer at home (days 30-90). |
| There is evidence that in the second 90 days, two therapeutic doses per week was given to the member to self-administer at home (days 91-180). |
| There is evidence that in the third 90 days of treatment, three therapeutic doses per week was given to the member to self-administer at home. |
| There is evidence that in the final 90 days of treatment of the first year, four therapeutic doses per week were given to the member to self-administer at home. |
| There is evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate and that after one year in treatment, a six-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once a week. |
| There is evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after two years in treatment, a 13-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once every two weeks. |
| There is evidence that a take-home dose was dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion when the OTP is closed for a legal holiday or Sunday. |
| In the event of a Governor's Declaration of Emergency, emergency provisions for take-home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA). |

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| There is evidence of a new determination made by the treatment team regarding take-home privileges due to positive drug screens at any time for any drug other than prescribed. |
| There is evidence of take-home privleges being revoked due to the patient having a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication for which the patient does not have a valid prescription. |
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| **Crisis Response Services ASR** |
| **General Crisis Response** |
| There is evidence in the record of a new or unforeseen documented crisis not otherwise addressed in the member's existing crisis plan. |
| There is evidence in the record of a brief crisis plan/strategies were developed for the member to use post current crisis to mitigate the risk of future incidents until the member engages in alternative services, if appropriate. |
| There is evidence in the record that crisis services were not used as step-down services |
| **Pre-Screening and Assessments** |
| There is evidence that the preliminary screening included the reason for presentation for services and/or the nature of the member's crisis. |
| There is evidence that the preliminary screening included the member's chief complaint. |
| There is evidence that the preliminary screening included the grave disability. |
| There is evidence that the preliminary screening included the risks of suicidality. |
| There is evidence that the preliminary screening included the risk of self-harm. |
| There is evidence that the preliminary screening included the risk of danger to others. |
| There is evidence of a brief preliminary person-centered screening of risk. |
| There is evidence that the brief preliminary person-centered screening of risk includes contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level. |
| There is evidence of a brief preliminary mental status. |
| There is evidence that the brief preliminary mental status includes the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level. |
| There is evidence that a brief preliminary medical stability was conducted. |
| There is evidence that the brief preliminary medical stability included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level. |
| There is evidence that further evaluation for other mental health services was conducted. |
| There is evidence that the further evaluation for other mental health services included contact with the member, family members or other collateral sources with pertinent information for the purpose of the screening and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level. |
| If further evaluation is needed, there is evidence that the assessment was conducted by a licensed mental health professional (LMHP) or psychiatrist with experience regarding this specialized mental health service. |

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| If further evaluation is needed, there is evidence that the assessment included contact with the member, family members or other collateral sources with pertinent information for the purpose of the assessment and/or referral to and/or coordination with other alternative behavioral health services at an appropriate level. |
| There is evidence that the member expressly refuses to include family or other collateral sources. |
| There is evidence the assessment included a current behavioral health history. |
| There is evidence the assessment included the current behavioral health provider. |
| **Interventions** |
| There is evidence that interventions are provided under the supervision of an LMHP. |
| There is evidence that intervention strategies are built upon and/or updated by the MCR or BHCC service providers. |
| There is evidence that the interventions are driven by the member. |
| There is evidence that the intervention was developed with input from the family and/or other collateral sources. |
| There is evidence that the interventions include resolution-focused peer support to de-escalate the crisis. |
| There is evidence that the interventions include resolution-focused safety planning to de-escalate the crisis. |
| There is evidence that the interventions include resolution-focused service planning to de-escalate the crisis. |
| There is evidence that the interventions include resolution-focused care coordination to de-escalate the crisis. |
| There is evidence that the strategies are developed for the member to use post current crisis. |
| There is evidence that the strategies are developed to mitigate risk of future incidents until the member engages in alternative services. |
| There is evidence that the short-term goals were set to ensure symptom reduction. |
| There is evidence that the short-term goals were set to ensure restoration to a previous level of Functioning. |
| There is evidence that the interventions include using person-centered approaches, such as resolution of the crisis or problem solving of the crisis. |
| There is evidence, if applicable, that substance use was addressed by providing engagement in care to the member, family, and collateral supports. |
| There is evidence, if applicable, that substance use was addressed by providing support to the member, family and collateral supports. |
| There is evidence, if applicable, that substance use was addressed by providing education to the member, family, and collateral supports. |
| There is evidence, if applicable, that substance use was addressed by providing consultation to the member, family, and collateral supports. |
| There is evidence that services delivered are documented after every encounter with member. |
| **Coordination and Continuity of Care** |
| There is evidence that all levels of crisis providers coordinated the transfer to alternate levels of care within 24 hours when warranted. |
| There is evidence that providers coordinated the transfer to primary medical care when the member requires primary medical care with an existing provider. |

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| There is evidence that providers coordinated the transfer to a community-based behavioral health provider when the member requires ongoing support at a lower level of care with the member's existing behavioral health provider. |
| There is evidence that providers coordinated the transfer to Behavioral Health Crisis Care Center (BHCCC) when the member requires ongoing support and time outside of the home, if applicable. |
| There is evidence that providers coordinated the transfer to Community Brief Crisis Support (CBCS) when the member requires ongoing support at home or in the community, if applicable. |
| There is evidence that providers coordinated the transfer to Crisis Stabilization (CS) when the member may need additional time outside of the home without being at immediate risk for inpatient treatment due to experiencing severe intoxication or withdrawal episodes that cannot be managed safely in this setting, immediate suicide risk, or currently violent, if applicable. |
| There is evidence that providers coordinated the transfer to inpatient treatment when the member is in medical crisis, experiencing severe intoxication or withdrawal episodes, actively suicidal, homicidal, gravely disabled, or currently violent, if applicable. |
| There is evidence that providers coordinated the transfer to residential substance use treatment when the member requires ongoing support and treatment outside of the home for a substance use disorder, if applicable. |
| There is evidence that there was coordinated contact through a warm handoff with the member's existing or new behavioral health provider, if applicable. |
| There is evidence that there was coordinated contact through a warm handoff with the member's MCO to link the member with no current behavioral health provider and/or primary medical care provider to outpatient services as indicated. |
| There is evidence that any member records were provided to the existing or new behavioral health provider or another crisis service to assist with continuing care upon referral. |
| There is evidence that there was member involvement throughout the planning and delivery of services. |
| There is evidence that services were appropriate for the age of the member. |
| There is evidence that services were appropriate to the developmental abilities of the member. |
| There is evidence that services were appropriate to the education level of the member. |
| **Supervision of Non-Licensed Staff** |
| There is evidence that non-licensed staff members are receiving regularly scheduled supervision from a person meeting the qualifications of an LMHP [excluding Licensed Addiction Counselors (LACs)]. |
| There is evidence that staff received a minimum of four (4) hours of clinical supervision per month for full-time staff and a minimum of one (1) hour of clinical supervision per month for part-time staff, which must consist of no fewer than one (1) hour of individual supervision. |
| There is evidence that supervision with the LMHP has intervention notes that were discussed in supervision. |
| There is evidence that supervision notes with the LMHP has the LMHP supervisor's signature. |
| There is evidence that supervision notes have documentation reflecting the content of the training and/or clinical guidance. |
| There is evidence that the documentation included the date of supervision. |
| There is evidence that the documentation included the duration of supervision. |

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| There is evidence that the documentation included the identification of supervision type as individual or group supervision. |
| There is evidence that the documentation included the name of the LMHP supervisor. |
| There is evidence that the documentation included the licensure credentials of the LMHP supervisor. |
| There is evidence that the documentation included the name of the supervisees. |
| There is evidence that the documentation included the credentials (provisionally licensed, master's degree, bachelor's degree, or high school degree) of the supervisees. |
| There is evidence that the documentation included the focus of the session with the supervisee. |
| There is evidence that the documentation included subsequent actions that the supervisee must take, if applicable. |
| There is evidence that the documentation included the signed date of the LMHP supervisor. |
| There is evidence that the documentation included the signature of the LMHP supervisor. |
| There is evidence that the documentation included the signature of the supervisees. |
| There is evidence that the documentation included the signed date of the supervisees. |
| There is evidence that the documentation included the start time of each supervision session. |
| There is evidence that the documentation included the end time of each supervision session. |
| **Record Keeping (Documentation) Requirements** |
| There is evidence that case records include the member's name. |
| There is evidence that the case records include dates of service. |
| There is evidence that the case records include time of service. |
| There is evidence that the case records include preliminary screening. |
| There is evidence that the case records include assessments, if applicable. |
| There is evidence that the case records include notes on the interventions delivered after every encounter. |
| There is evidence that the case records include documentation of successful and/or failed encounters and/or attempts. |
| There is evidence that the case records include a discharge summary. |
| There is evidence that the case records include consent for treatment. |
| There is evidence the member's record reflected relief of the identified crisis and/or referral to an alternate provider. |
| There is evidence the member's record reflected resolution of the identified crisis and/or referral to an alternate provider. |
| There is evidence the member's record reflected problem solving of the identified crisis and/or referral to an alternate provider. |
| There is evidence that attempts to communicate with treating providers and family were documented. |
| There is evidence the discharge summary included communications with treating providers. |
| There is evidence the discharge summary included communications with family. |
| **Mobile Crisis Response (MCR) Specific Requirements** |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service. |

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| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or in-person post crisis to ensure stability for those not accessing higher levels of care or another crisis service. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service when applicable. |
| There is evidence within the record that the member desired no further communication post crisis, if applicable. |
| **Behavioral Health Crisis Care (BHCC) Specific Requirements** |
| There is evidence that a registered nurse or licensed practical nurse practicing within the scope of his or her license performs a medical screen to evaluate for the member's medical stability. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 to 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or in-person post crisis to ensure stability for those not accessing higher levels of care or another crisis service. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 72 hours post crisis to ensure stability for those not accessing higher levels of care or another crisis service, when applicable. |
| There is evidence within the record that the member desired no further communication post crisis, if applicable. |
| **Community Brief Crisis Support (CBCS) Specific Requirements** |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed within 24 hours to 15 days following the initial contact with the CBCS provider once discharged from MCR and/or BHCC provider to ensure continued stability post crisis for those not accessing higher levels of care. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were completed either telephonically or in-person post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service. |
| There is evidence that follow up with the member and/or authorized member's caretaker/family were continued beyond 15 days post discharge from MCR and/or BHCC provider to ensure stability for those not accessing higher levels of care or another crisis service. |
| There is evidence within the record that the member desired no further communication post crisis, if applicable. |

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| **Personal Care Agencies ASR** |
| There is evidence of member involvement throughout planning. |
| There is evidence of member involvement in delivery of services. |
| There is evidence of services provided on an individual level. |
| There is documentation that any changes in the member's behavior that impacts the member's health and/or safety was reported to the appropriate MCO. |
| There is documentation that any changes in the member's behavior that impacts the member's health and/or safety were reported to the community case manager, if applicable. |

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| There is evidence of provider participation in team meetings, as requested by case manager, if applicable. |
| If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the member, a family member and/or the authorized representative, if known, at least 30 calendar days prior to the transfer or the discharge. |
| If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that the provider gave written notice to the case manager, if applicable, at least 30 calendar days prior to the transfer or the discharge |
| If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was made via certified mail, return receipt requested. |
| If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that written notice was in a language and manner that the member understands. |
| If the provider proposes involuntary transfer, discharge of a member, and/or if a provider closes in accordance with licensing standards, there is evidence that a A copy of the written discharge/transfer notice was placed in the member's record. |
| There is evidence that the written discharge/transfer notice includes documentation of the reason for transfer or discharge. |
| There is evidence that the written discharge/transfer notice includes documentation of the effective date of transfer or discharge. |
| There is evidence that the written discharge/transfer notice includes documentation of the explanation of a member's right to personal and/or third parties' representation at all stages of the transfer or discharge. |
| There is evidence that the written discharge/transfer notice includes documentation of the contact information for the advocacy center. |
| There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in decision making. |
| There is evidence that the written discharge/transfer notice includes documentation of the names of provider personnel available to assist the member and family in transfer arrangements. |
| There is a copy of the written discharge/transfer notice is in the member's record that includes time for the discharge planning conference. |
| There is a copy of the written discharge/transfer notice is in the member's record that includes the place for the discharge planning conference. |
| There is a copy of the written discharge/transfer notice in the member's record that includes the date for the discharge planning conference. |
| There is a copy of the written discharge/transfer notice in the member's record that includes a statement regarding the member's appeal rights. |
| There is a copy of the written discharge/transfer notice in the member's record that includes the name of the director of the Division of Administrative Law. |
| There is a copy of the written discharge/transfer notice in the member's record that includes the current address of the Division of Administrative Law. |

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| There is a copy of the written discharge/transfer notice in the member's record that includes the telephone number of the Division of Administrative Law. |
| There is a copy of the written discharge/transfer notice in the member's record that includes a statement regarding the member's right to remain with the provider and not be transferred or discharged if an appeal is timely filed. |
| There is evidence of a transfer or discharge planning conference with the member. |
| There is evidence of a transfer or discharge planning conference with the Family, if applicable. |
| There is evidence of a transfer or discharge planning conference with the case manager, if applicable. |
| There is evidence of a transfer or discharge planning conference with the legal representative, if applicable. |
| There is evidence of a transfer or discharge planning conference with the advocate, if such is known. |
| There is evidence of developing discharge options that will provide reasonable assurance that the member will be transferred or discharged to a setting that can be expected to meet his/her needs |
| There is evidence of preparing an updated service plan, as applicable. |
| There is evidence of preparing an updated written discharge summary that includes the member's health summary. |
| There is evidence of preparing an updated written discharge summary that includes a summary of the member's behavioral issues. |
| There is evidence of preparing an updated written discharge summary that includes a summary of the member's social issues. |
| There is evidence of preparing an updated written discharge summary that includes a summary of the member's nutritional status. |
| There is evidence of providing all services required prior to discharge that is contained in the final update of the service plan, as applicable. |
| There is evidence of providing all services required prior to discharge that is contained in the transfer or discharge plan. |
| There is evidence of a service plan in the record. |
| There is evidence that the service plan was developed prior to delivery of services. |
| There is evidence that the service plan is updated at least every six (6) months, or more frequently, based on changes to the member's needs or preferences. |
| There is evidence that the service plan was developed in collaboration with the member/member's family to include the specific activities to be performed. |
| There is evidence that the service plan was developed in collaboration with the member/member's family to include the frequency of each activity. |
| There is evidence that the service plan was developed in collaboration with the member/member's family to include the duration of each activity. |
| There is evidence that the service plan was developed in collaboration with the member/member's family based on the member's goals. |
| There is evidence that the service plan was developed in collaboration with the member/member's family based on member preferences. |
| There is evidence that the service plan was developed in collaboration with the member/member's family based on assessed needs. |
| There is evidence that the service plan was followed. |
| There is evidence that the PCS provider provided the plan to the member prior to service delivery. |

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| There is evidence that the PCS provider provided the plan to the member when the plan is updated. |
| There is evidence that service logs document the PCS provided and billed. |
| There is evidence that service logs document the member's name. |
| There is evidence that service logs document the name of the direct service worker who provided the service. |
| There is evidence that service logs document assistance provided to the member. |
| There is evidence that service logs document the date of service. |
| There is evidence that service logs document the place of services. |
| There is evidence that service logs are completed daily, as services are provided (may not be completed prior to services). |
| There is evidence that service logs are signed by the direct service worker after the work has been completed at the end of the week. |
| There is evidence that service logs are dated by the direct service worker after the work has been completed at the end of the week. |
| There is evidence that service logs are signed by the member or responsible representative after the work has been completed at the end of the week. |
| There is evidence that service logs are dated by the member or responsible representative after the work has been completed at the end of the week. |
| There is evidence that service logs are specific to only ONE member. |
| There is evidence of a back-up staffing plan in the event the assigned direct service worker is unable to provide support due to unplanned circumstances or emergencies that may arise during the direct service worker's shift. |
| There is evidence that available options for back-up coverage were discussed with the member or his/her authorized representative and complete the required staffing plan. |
| There is evidence that the back-up plan includes the person or persons responsible for back-up coverage (including names, relationships, and contact phone numbers). |
| There is evidence that the back-up plan includes a toll-free telephone number with 24-hour availability that allows the recipient to contact the provider if the worker fails to show up for work. |
| There is evidence that the back-up plan includes the member signature. |
| There is evidence that the back-up plan includes the provider signature. |
| There is evidence that the back-up plan includes the date. |
| There is evidence that the direct care worker contacted the provider when not able to provide services. |
| There is evidence that the direct care worker contacted the family/member immediately, when not able to provide services. |
| There is evidence that the back-up plan is current. |
| There is evidence that the back-up plan is being followed according to the plan. |
| There is evidence of an individualized emergency plan in preparation for emergencies and disasters that may arise. |
| There is evidence of an individualized emergency plan with responses to emergencies and disasters that may arise. |
| There is evidence of an individualized emergency plan that documents specific resources available through the provider, natural resources, and the community. |
| There is evidence that the emergency plan is assessed on an ongoing basis whether the emergency plan is current and being followed according to the plan. |

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| There is evidence that the emergency plan is signed by the member. |
| There is evidence that the emergency plan is signed by the authorized representative. |
| There is evidence that the emergency plan is signed by the provider. |
| There is evidence that the emergency plan is dated by the member. |
| There is evidence that the emergency plan is dated by the authorized representative. |
| There is evidence that the emergency plan is dated by the provider. |
| There is evidence that PCS does not include administration of medication. |
| There is evidence that PCS does not include insertion and sterile irrigation of catheters. |
| There is evidence that PCS does not include irrigation of any body cavities that require sterile procedures. |
| There is evidence that PCS does not include complex wound care. |
| There is evidence that PCS does not include skilled nursing services as defined in the State Nurse Practice Act. |
| There is evidence that services are provided in home and/or community- based settings. |
| There is evidence that services are not provided in a home or property owned, operated or controlled by an owner, operator, agent or employee of a licensed provider of personal care services. |
| There is evidence that services are not provided in the direct service worker's home. |
| There is evidence that services are not provided in a nursing facility, Intermediate Care Facility for the Developmentally Disabled, Institute for Mental Disease, or other licensed congregate setting. |
| There is evidence that PCS are not provided while the member is attending or admitted to a program or setting that provides in-home assistance with ADLs or IADLs or while attending or admitted to a program or setting where such assistance is provided. |
| There is evidence that IADLs are not performed in the member's home when the member is absent from the home. Exceptions may be approved by the Medicaid managed care medical director on a case-by-case, time-limited basis. |
| There is evidence that PCS are not billed during the time the member has been admitted to a hospital, nursing home, or residential facility. Services may be provided and billed on the day the member is admitted to the hospital and following the member's discharge. |
| There is evidence that PCS does not supplant care provided by natural supports. |
| There is evidence that PCS does not include room and board, maintenance, upkeep, and/or improvement of the member's or family's residence. |
| There is evidence that PCS is not provided outside the state of Louisiana unless a temporary exception has been approved by the Medicaid managed care entity. |
| There is evidence that services are not provided by biological, legal or step first-, second-, third- or fourth-degree relatives. |
| There is evidence that services are not provided by first-degree relatives including parents, spouses, siblings and/or children. |
| There is evidence that services are not provided by second-degree relatives including grandparents, grandchildren, aunts, uncles, nephews and/or nieces. |
| There is evidence that services are not provided by third-degree relatives including great-grandparents, great-grandchildren, great-aunts, great-uncles and/or first cousins. |
| There is evidence that services are not provided by fourth-degree relatives including great-great grandparents, great-great grandchildren and/or children of first cousins. |

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| There is evidence that services are not provided by the curator, tutor, legal guardian, authorized representative, and/or any individual who has power of attorney. |
| [redacted] |