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| **SUD Consumer Clinical Chart Review** |
| **Provider:**  | **Date of Review:**  |
| **Reviewer:**  | **Consumer ID:**  |
| **Services Provided:** | **Consumer Name:** |
| **Modifier(s):** | **LOC Determination(s):** |

| **#** | **Standard/Elements** | **Source/Basis** | **Evidence May Include** | **Compliance Score****0=No****1=Partial****2=Fully Met** | **Evidence Found, Notes, Comments** |
| --- | --- | --- | --- | --- | --- |
| **Screen/ Admissions/Assessment** |
| 1.1 | Screen includes accurate, information of the following:* Demographics
* Date of initial contact, Signature of Staff Person Collecting Information, Follow-up Communication(s)
* Presenting Issue
* Priority Population Status
* Eligibility Determination
* ASAM Level of Care Determination
 | PIHP Contract; Access System Standards R 325.14701 5(h)(I) | Consumer ChartProvider Screen Form REMI Brief Screening and Level of Care DeterminationReviewer Guidance: Appointment Information & Follow-Up Information, i.e. Cancellations, Re-Scheduling, No-Shows should be documented. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.2 | Provider obtains the following information:* Medical Information including
	+ Primary Care Provider Name, Address, Telephone
	+ Date of Last Physical
	+ Relevant Medical Information
* Mental Health background & present issues
* SUD History – Use & Treatment
* Legal background and present issues
* Emergency Contact
* Financial Information (Block Grant Only)
 | PIHP Contract; Access System Standards MDHHS RequirementsLARA Regulations | Consumer Chart. Provider Screen. PCP Release of InformationREMIAssessment\*Name, Address Telephone – Provider documentation of specifics may not be implemented until after review. May be found via fax/releases.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.3 | Evidence of screening for:* Co-occurring disorder(s)
* HIV/AIDS, STD/Is, TB, Hepatitis
* Trauma
 | MSHN Contract | Provider Screening Forms | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.4 | Evidence consumer has received information regarding:* General nature and objectives of the program
* Grievance & Appeal (Medicaid Only)
* Notice of Privacy
* Consent to Treatment
* Advanced Directives
* 24/7/365 Access Information
 | R 325.14701; 701 (6) (a)(c) (dR 325.14305(3)42 CFR § 438(g)(1); SRE Provider Contract, p. 14, F.Privacy: MSHN Contract IX.B.5.42 CFR 438.6MSHN contract, p.39, section 4.8 “Choice,” in accordance with 42 CFR 438.6 (m) | Consumer chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.5 | Consumer strengths are clearly documented. Examples of strengths: healthy support network, stable employment, stable housing, willingness to participate in treatment, etc. | BSAAS Treatment Policy #06  | Consumer Chart Intake Paperwork Assessment (REMI or Provider Report) | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.6 |

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| FASD* FASD prevention and/or education efforts are documented in chart

(Men & Women with children and/or potential parents)* FASD prescreen is complete
* Referral, if applicable
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 | MDHHS Treatment Policy 11MSHN Contract | Consumer ChartIntake Packet/FormsIndividual/Group Progress NoteAssessment | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.7 | Initial assessment and/or timely reassessment contains required elements:* ASAM Level of CareDetermination is justified and meets the needs of consumer.
* Provisional DSM Diagnosis
* Clinical Summary
* Recommendations for Care
 | BSAAS Policy #09, Outpatient Treatment Continuum of ServicesAccess System Standards  | Consumer Chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 1.8 | Screening completed for Gambling Disorder in REMI. If screen was positive, the 10-question assessment was completed.  | SUD Provider ManualSUD Treatment Contract | REMI ScreeningGambling Disorder Screening Requirement effective 10.1.18 | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Individual Treatment/Recovery Planning & Documentation**  |
| 2.1 | The amount, scope, and duration are identified in the authorization and:* Authorized services are medically necessary;
* reflected in the plan;
* appropriate for consumer’s identified goals & objectives;
 | BSAAS Policy #6 p.4Medicaid Manual | Treatment plan & REMI Authorization(s)Reviewer Tip: *Plans define the services to be provided to the client, the therapeutic activities in which the client is expected to participate (scope), and the sequence in which services will be provided.*  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.2 | Initial treatment plan is developed before consumer is engaged in extensive therapeutic activities:* Outpatient – during/before 3rd session
* Residential – within 72-hours of admission
* Detoxification – within 72-hours of admission
 | BSAAS Policy #6 p.2; MSHN Policy | Initial Treatment Plan with Date & Signatures \_ Corresponding Progress Note(s) | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.3 | Consumer strengths are identified and utilized in treatment planning processExamples of strengths might be a healthy support network, stable employment, stable housing, a willingness to participate in counseling etc. | BSAAS Policy #6; MSHN SUD Manual | Treatment Plan\*It is best to identify strengths that reflect ASAM Dimensions. Strengths should be identified in plan, however, if it is clear that strengths were identified elsewhere & incorporated into planning process, provider is still compliant. If strengths are not clearly outlined in plan, how are they being used? If they are identified on template, are they relevant to plan?Example ~ if consumer has a strong sober support system, does she/he also have a goal that says build a sober support system? | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.4 | Plan(s) address needs/issues identified in assessment(s) (or clear documentation of why issue is not being addressed) including but not limited to: * Substance Use Disorder(s)
* Medical/Physical Wellness
* Co-Occurring D/O
* History/Risk/Present Trauma
 | BSAAS Policy #6 p.2, #1; MSHN SUD Provider Manual | Treatment plan AssessmentNeeds AssessmentScreen(s) – Trauma, Co-Occurring (did results indicate a need for action on a treatment plan) | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.5 | Treatment & service plan(s) reflect individual’s chosen outcomes & preferences* Goals written in 1st person or
	+ Clearly based on consumer’s reported concerns
	+ Limit Use of Clinical Jargon
 | BSAAS Policy #6  | Treatment planSNAP or similar tool utilized in planning process Provider Consumer Engagement Tool(s)/Technique(s) utilized in PCP process | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.6 | Goals & Objectives are:* Specific – Individualized, Concise, Clear
* Measurable
* Attainable
* Realistic/Relevant
* Timely
 | BSAAS 06 |  Treatment Plan | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.7 | Services/supports/interventions identified in the individualized treatment plan assist the individual in pursuing outcomes consistent with their preferences and goals and; Provider utilizes evidence-based practices & programming to fidelity.  |  BSAAS Policy #6 |  Treatment plan(s) reflect required elements. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.8 | Frequency of periodic reviews of the plan are based on the time frame in treatment and any adjustments to the plan.* Outpatient – minimal 90-day
* Residential – 7-day
 | BSAAS Policy #6 p.3; DCH-MH/SA Part 7. OP R 325.14705(3) | Treatment plan reflects timely review. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.9 | There is evidence of ongoing consumer involvement regarding services:* Plan(s) signed by consumer
* Review(s) include consumer feedback and participation.
* There is evidence consumer was informed of, or did include, any chosen natural/community/professional identified supports in the treatment/recovery process
 | BSAAS Policy 06 | Treatment plan(s) & reviews include consumer signature with date, consumer feedback (specifically the reviews), etc.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 2.10 | If Gambling disorder is identified, then Goal for Gambling Disorder is included on the treatment plan. ORThere is documentation that consumer refused a gambling disorder goal and if so, the record includes evidence that provider made a referral to the Gambling Helpline.(Only applicable if the person screened/assessed positively for GD). | SUD Provider ManualSUD Treatment Contract | Treatment plan includes GD goal with objectives. Discharge summary from REMI indicates a goal was included in treatment plan.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Record Documentation & Progress Notes** |
| 3.1 | Progress notes reflect information in treatment plan(s):* Progress notes tie back to plan(s) ~ Identify what goal/objective(s) were addressed during a treatment session
* Services are provided as specified in the plan(s)
* Document progress/lack of progress toward meeting goals.
 | BSAAS Treatment Policy #06, 4/2/12, p. 3 of 5.Medicaid Manual | Documented progress notes reflect relationship to goals and objectives in the treatment plan.Example: 1.1.2019Individual 9:00 –9:57 a.m.Goal 3/Obj 1:…Today in session  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.2 | Adjustments are made to the treatment/service plan(s) based on additional/changing needs, goals, or objectives identified throughout the episode of care.  | BSAAS Policy #6 p.3 | Treatment Amendment(s)/Review(s)Progress Notes | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.3 | Documents include all required signature(s), qualifications and dates.  | BSAAS Policy #6 p.2, R325.14705; R 325.14707Medicaid Manual |  Consumer ChartProgress Note(s) | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 3.4 | Documentation supports the billed service:* progress note completed for all billed services (non-Medicaid funded).
* Documentation justifies payment(s)
* Documentation includes both provider and consumer participation
 | PIHP Contract | Progress Notes | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Coordination of Care** |
| 4.1 | There is evidence of primary care physician coordination of care efforts. * Letter to PCP
* Documented referral if no PCP exists
	+ Follow-up and outcome information is documented.
 | PIHP Contract; R 325.14704 | Consumer file \*Ongoing coordination of care is strongly encouraged assuming consumer consents. If consumer denies coordination of care; is this addressed using appropriate therapeutic practices?  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.2 | There is evidence of coordination of care with external entities including, but not limited to, legal system, child welfare system, behavioral healthcare system. | PIHP Contract; R 325.14704 | Consumer file  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.3 | There is evidence of effective coordination of care for any consumer currently or previously enrolled with external SUD provider and coordinating care efforts align with best practice guidelines.  | SAPT MAT Consensus StatementMSHN SUD Provider Manual | Consumer file Reviewer Guidance: \*Consumer chose own recovery path which includes MAT, when applicable and this path is respected.\*Consumer records are shared between SUD programs & providers.\*External records were requested/obtained, if applicable.\*External records were reviewed and considered, e.g. does the new treatment plan identify goals that were previously completed? Does the documentation indicate provider & consumer discussed past treatment episodes?  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 4.4 | There is evidence that provider makes appropriate referrals and documents follow-up and outcomes, as is applicable to meet the consumer/family needs.  |  | Consumer ChartReferrals should be made for:Immediate needs such as food/clothing/housing, education, behavioral health care, parent education, etc.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Discharge/Continuity in Care** |
| 5.1 | Discharge Summary includes all Continuum of Care Detail(s) including next provider contact information, date/time of intake appointment, relevant information etc. | MDHHS-MH/SA R325.14708 (1) | Discharge Summary | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 5.2 | Consumer's treatment episode is summarized including:* status at time of d/c (Status **may include** prognosis, stage of change, met & unmet needs/goals/objectives, referrals &/or follow-up information)
* Summary of received services/ participation
* Discharge rationale is clearly & accurately documented
 | MDHHS-MH/SA R325.14909(1) & R325.14928(4) | Consumer file includes discharge summary with required status and condition described.Discharge summary clearly indicates rationale. | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 5.3 | *\*Ensure gambling disorder information is included as is applicable.**If Gambling Disorder identified, discharge includes documentation that* 1. *GD goal was in TX plan*
2. *Referral was made to helpline*
 | ContractSUD Provider Manual  |  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Residential** |
| 6.1 | Client received a medical exam within 6 months prior to admission but not later than 14 days after admission. | R 325.14904(1)R 325.14904(2) | Copy of medical exam is included in the client chart. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.2 | The client entering residential treatment and residential detoxification must be tested for TB upon admission and TB results are reflected in client file. | SRE Provider Contract p. 27 #6, R 325.14910(1)(a)BSAAS Prevention Policy #02, 10/1/2006, p. 4 | Copy of TB testing & results is included in the client chart. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 6.3 | Chart reflects services provided in accordance with the ASAM LOC Determination. * 3.1 = 5 & 5
* 3.3= 13 & 13
* 3.5 & 3.7 = 20 & 20
 | BSAAS Policy #10, p. 8-9 | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Medication Assisted Treatment** |
| 7.1 | Documentation that a medical evaluation, including a medical history and physical examination, has been performed before the patient receives the initial methadone or Suboxone dose. (However, in an emergency situation the initial dose of methadone may be given before the physical examination). | Admin. Rule R325.14404/2(b), MSHN SUDSP Manual | Copy of medical exam is included in the client's chart. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.2 | Informed consent for pregnant women and all women admitted to methadone or Suboxone assisted treatment that may have become pregnant, stating they would not knowingly put themselves and their fetus in jeopardy by leaving treatment against medical advice.  | MDHHS Policy #05, page 6 of 11, 10/1/12, MSHN SUDSP Manual | Signed Consent Form | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.3 | Documented random toxicology testing. **SUBOXONE ONLY:**  toxicology screens must be done at intake and then randomly, at least weekly, until 3 consecutive screens are negative. **Methadone ONLY:**  consumer screened weekly. Monthly only occurs after 6-months of consecutive negative screens. Any positive screen results in new 6-month cycle of weekly screens.  | R325.14406, MSHN SUDSP Manual | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.4 | Copies of the prescription label, pharmacy receipt, pharmacy print out, or a Michigan Automated Prescription System (MAPS) report must be included in the individual's chart or kept in a "prescribed medication log" that must be easily accessible for review. |  BSAAS Treatment Policy #05, 10/1/12, p. 5 of 11, MSHN SUDSP Manual | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.5 | Documentation of Michigan Automated Prescription System (MAPS) is included in the client file at admission, a prior to any off site dosing, and prior to any reauthorization requests.  |  MDHHS Policy #05, page 5 of 11, 10/1/12, MSHN SUDSP Manual | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.6 | If applicable, for enrolled individuals there must be a copy of the MDHHS registration card for Medical Marijuana issued in the individual's name in the chart. Provider Note: Behavioral Health symptoms, related to the issuance of a medical marijuana card are identified in assessment/progress note, and addressed within the treatment plan.  |  MDHHS Policy #05, page 5 of 11, 10/1/12, MSHN SUDSP Manual | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.7 | Documentation that there is coordination of care with prescribing physician when there are prescriptions for controlled substances. |  MSHN SUDSP Manual | Signed release of information, clinical and medical documentation in client's chart. | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.8 | All alcohol use and illicit drug use during treatment is addressed in treatment and documented in Progress Notes. |  BSAAS Treatment Policy #05, p. 7, MSHN SUDSP Manual | Clinical documentation in client's chart. Drug screen outcomes, indicating illicit use, are addressed immediately and communication is documented. | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.9 | **METHADONE ONLY:** Documentation that the client has been continuously physiologically **addicted to a narcotic for at least 1 year** before admission to a program. |  R325.14409(1). | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.10 | **METHADONE ONLY:** Documentation that the physical examination includes medical assessment to confirm the current DSM Diagnosis of Opioid **dependency of at least one year** as was identified during screening process  | MDHHS/CA Contract Treatment Policy #05 | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.11 | **METHADONE ONLY:** Documentation that the OTP, as part of the informed consent process, has ensured that individuals are aware of the benefits and hazards of methadone treatment. | BSAAS Treatment Policy #05, 10/1/12, p. 4 of 11. | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  Click or tap here to enter text. |
| 7.12 | **METHADONE ONLY:** Documentation that the client is informed of emergency procedures to be followed when there is an adverse reaction, overdose, or withdrawal. (Client is given emergency numbers to contact in case of emergency with medications that occur outside regular business hours).  | R 325.14422(7)(h) | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.13 | **METHADONE ONLY:**  Documentation of a client-signed consent to contact other OTPs within 200 miles to monitor for enrollments in other methadone programs. | BSAAS Treatment Policy #05, 10/1/12, p. 4 of 11). | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 7.14 | **METHADONE ONLY:**  Evidence that daily attendance at the clinic is occurring for methadone dosing, including Sundays and holidays if criteria for take home medication are not met. | BSAAS Treatment Policy #05, 10/1/12, p. 4 of 11 | Clinical documentation in client's chart | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Women’s Designated/Women’s Enhanced Programs** |
| 8.1 | DesignatedThere is an assessment of needs completed on consumer & each dependent child.  | BSAAS Treatment Policy #12 | AssessmentNeeds Assessment(s) for all Children in Care | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.2 | Evidence consumer received supports for birth control/family planning, pregnancy, postpartum and/or parenting issues. | BSAAS Treatment Policy #12, 10/01/10, p. 10 & 11 of 12.       MSHN SUD Manual | Client file demonstrates assessment of needs and follow-up. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.3 | There is evidence consumer received or was offered: * Primary / prenatal care
* Pediatric care
* Case Management
* Transportation
* Child Care
 | 45 CFR Part 96 Substance Abuse Prevention and Treatment Block Grants | Client file documents client's pregnancy status, utilization of or referral to prenatal care, primary medical care status and/or referral, childcare needs for such services to occur, and outcomes of any referrals are ongoing throughout treatment.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.4 | There is evidence of gender-specific service provision(s) | BSAAS TX Policy #12 | Progress Notes Individualized treatment plans in client files. Gender-Specific Service Provisions may include:\*Relational ConsiderationsEmpowerment utilization in treatment & recovery planning\*Employment Skill-building & other Survival Skills | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.5 | **Enhanced** There is documentation of consistent attempts to engage client in services for a period of not less than 18 months. | BSAAS TA #08, 01/31/12, p. 5 of 7 | Client progress notes.  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.6 | There is documentation that services focus on eliminating or reducing the use of alcohol or drugs by both the client and her children. | BSAAS Treatment Technical Advisory #08, 01/31/12, p. 4 of 7 | Client file.   | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.7 | There is documentation that effective use of contraceptive methods is promoted and addressed within treatment. | BSAAS Treatment Technical Advisory #08, 08/31/12, p. 4 of 7 | Client file documents attempts to provide services that reduce/eliminate the use of alcohol and/or drugs within the family. | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 8.8 | There is documentation of action steps taken to teach client how to effectively use community-based service providers. | BSAAS Treatment Technical Advisory #08, 08/31/12, p. 4 of 7 | Client chart, progress notes | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| **Recovery Housing** |
| 9.1 | **Documentation of eligibility is evidenced by:*** + - File includes verification of REMI admission from the Outpatient Provider.
		- Housing Need identified & documented in clinical records as necessary for best recovery outcomes
 | MSHN Technical Advisory on Housing, Treatment TA #11, NARR guidelines |  Consumer charts | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 9.2 | Resident chart includes the following information:* Standard demographic information
* Releases of Information (MSHN, Medical, Treatment Provider, Emergency Contact)
* Signed Acknowledgement of Rules
 | Treatment TA #11, NARR guidelinesMSHN SUD Provider Manual | Consumer charts | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 9.3 | Chart includes completed screen and application. | MSHN SUD Provider ManualTreatment TA #11 |  | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 9.4 | Service Plan includes the following:* Service amount, scope, duration
* Efforts to achieve independent living arrangements.
* Evidence of Consumer involvement (individualized plan, 1st person language)
* Signature/Date by Professional & Resident
 | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Consumer charts | [ ]  0[ ]  1[ ]  2[ ]  NA |   |
| 9.5 | File includes evidence of regular care coordination with SUD providers.  | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Consumer charts | [ ]  0[ ]  1[ ]  2[ ]  NA |  |
| 9.6 | Documentation of recovery supports provided:* 12 Step groups
* Recovery coaches
* Case management
* Employment
* Volunteer opportunities
 | MSHN Technical Advisory on Housing |  Consumer charts | [ ]  0[ ]  1[ ]  2[ ]  NA |  |

**Record Review Notes**:

Strengths: Click or tap here to enter text.

Findings: Click or tap here to enter text.

Recommendations: Click or tap here to enter text.