

FY27 SUD Program Specific Review Tool

#	Standard	Source	Evidence of Compliance May Include	REVIEWER GUIDELINES	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
Residential					
1.1	There are policies or procedures in place to ensure TB testing is completed upon admission. With respect to clients who exhibit symptoms of active TB, policies and procedures are in place to avoid a potential spread of the disease.	Prevention Policy #2	Policy/procedures		
1.2	There are policies and procedures in place to ensure medical exams occur, as required.	Treatment Policy #10	Policy/procedure		
1.3	Co-occurring Enhanced Programs Only: The provider has evidence that required co-occurring programming elements are in place. Professionals providing the services should have sufficient cross-training in addiction and mental health to understand the signs and symptoms of mental disorders.	Treatment Policy #10	Staff List with titles/credentials/job descriptions Training Records Elements such as progress notes, treatment plans developed by co-occurring services are occurring & signed by qualified staff.		
Medication-Assisted Programs					
2.1	Provider is certified by SAMHSA as an OTP (methadone only)	1115 Waiver CFR Part 8	Certification		

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2.2	Verify that the OTP is registered in the SAMHSA Extranet system and utilizing it as necessary.	1115 Waiver 42 CFR Part 8	Screenshot, etc.		
2.3	OTP is certified by the Division of Pharmacologic Therapies/Cetner for Substance Abuse Treatment (DPT/CSAT)	Medicaid Manual	Certification		
2.4	Evidence the OTP can provide case management services, treatment for co-occurring disorders, peer recovery services, recovery support services internally OR through referral(s).	Treatment Policy #5	MOUs Progress Notes List of staff members capable of providing co-occurring services and their credentials. Progress notes demonstrating co-occurring services, case management, peer recovery services, recovery support services OR referrals made for any of these services via chart record examples.		
2.6	If the provider is not able to work with a person receiving MAT, a warm handoff/transfer to another provider is completed.	Special Provisions	Policy / Procedure Chart Documentation	Providers should submit chart documentation that details warm handoffs from non-MAT provider to MAT provider. Policies/procedures should detail steps for completing a warm handoff.	

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2.7	There are policies & procedures in place to effectively address the following: - Off-site dosing - Sunday & Holiday requirements for both persons eligible and those deemed ineligible	Treatment Policy #04 42 CFR Part 8	Policy / Procedure		
2.8	There are written policies and procedures, which include how dosing clients on-site, as well as dispensing doses for off-site use, will be accomplished in emergency situations.	Treatment Policy #04 42 CFR Part 8	Policy / Procedure		
2.9	Evidence the OTP appropriately addresses administrative discharges.	Treatment Policy #05	Policy / Procedure		
2.10	Program has protocols for pregnant consumers, Including not discharging pregnant women without making documented attempts to facilitate a referral for continued treatment with another provider.	Treatment Policy #05	Policy / Procedure		
Adolescent Services					
3.1	Provider ensures client's medical needs are considered and accommodated appropriately.	Treatment Policy #14	Programming documentation		
3.2	Adolescents are connected to services appropriate for any of their legal issues	Treatment Policy #14	Programming documentation		
3.3	Addresses sexuality, intimacy, and exploitation (human trafficking warning signs, human trafficking access to help, homelessness, communicable diseases, survival sex, abuse, and/or LGBT specific issues)	Treatment Policy #14	Programming documentation		

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3.4	Goals, treatment objectives and training will be given to adolescents to assist them in leading a healthy, productive life following discharge from program. This includes teaching and practicing life skills and “soft” skills such as financial health (budgeting, identifying theft and online safety), home upkeep (laundry, cooking, cleaning), personal hygiene, social skills, workforce skills and cyber security.	Treatment Policy #14	Policy/procedure Program Brochure/Description that details the information outlined in standard. Program Schedule with list of groups/activities. Consumer Record Notes/Treatment Plans Any materials that demonstrate compliance including but not limited to any workbooks used in treatment, etc.		
3.5	Connection to recovery support services is addressed.	Treatment Policy #14	Policy/procedure Program Brochure/description that details the information outlined in standard.		

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			Chart Documents MOUs with recovery support service providers. Referrals Any materials that demonstrate compliance including but not limited to a list of referral sources and the services provided. Discharge summaries that include connections to recovery support services.		
Recovery Residence					
4.1	Explicit written admission criteria	Treatment Technical Advisory #11		Provider policy & practice guidelines	
4.2	House operations manual on site and available to residents upon request	Treatment Technical Advisory #11		Written manual on-site	

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4.3	There is documentation of recovery activities & community – engagement efforts.	Treatment Technical Advisory #11	Program Materials List of Community Engagement Efforts (events, how information disseminated to consumers, etc.) Brochures Referrals Coordination of Care Evidence	There are many methods of demonstrating compliance. Providers should maintain records of recovery activities & community engagement efforts to submit for annual review(s).	
4.4	There is proof of MARR certification or application. Results of the most recent MARR site review are provided to PIHP. The recovery residence has obtained a minimum level per PIHP requirements.	Special Provisions	MARR Certification Most Recent MARR review including any corrective action / follow-up, etc.	If provider was making enhancements or corrections due to MARR reviews, provider must submit corresponding documents (that list actions/status of actions, etc.).	
4.5	Recipient Rights information is clearly posted.		Screen shots Document with written rights signed by consumers.		
4.6	Identification of the person(s) in charge of the recovery residence.	Technical Advisory #11	List of Staff & their Job Titles, Job Descriptions Emergency Contact Lists Manual that details the 'in charge' person		

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			protocols including 24/hour access, etc.		
4.7	Maintain an accounting system that fully documents all resident's financial transactions such as fees, payments and deposits.	Technical Advisory #11	Policy/procedure outlining accounting protocols pertaining to consumer's responsibilities. Other written documents demonstrate how the accounting system is maintained.		
4.8	Foster mutually supportive and recovery-oriented relationships between residents and staff through peer-based interactions, house meetings, community gatherings, recreational events, and other social activities. Encourage residents to attend mutually supportive, self-help groups and/or outside professional services.	Technical Advisory #11	Program Description/Brochures Signed Paperwork given to consumers. Lists of activities that detail who is invited, when, what, where, etc.		
Levels of Care Requirements					
5.1	IOP – Client received weekly services for at least 3 days and 9 hours per week.	Special Provisions Treatment Policy #9	Schedule Policy/Procedure	This standard is reviewed in charts and in policy/procedure OR other written materials that guide team members.	

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5.2	Partial Hospitalization – Client received weekly services of at least twenty hours per week.	Special Provisions Treatment Policy #9	Schedule Policy/Procedure	This standard is reviewed in charts and in policy/procedure OR other written materials that guide team members.	
5.3	Withdrawal Management – there are defined policies and procedures or medical protocols for the specific ASAM LEVEL	Treatment Policy #13	Policy/procedure		
5.4	Withdrawal Management – Provider has the ability to conduct or arrange laboratory and toxicology tests as required.	Treatment Policy #13	Proof of toxicology abilities or arrangements		
5.5	Level 3.2WM: Protocols are developed and supported by a physician knowledgeable in addiction medicine	Treatment Policy #13	Signature/sign off on protocols		
5.6	Level 3.7WM: Staffed by physicians that are available 24 hours a day by telephone	Treatment Policy #13	Policies/procedures		
SUD Health Homes (SUDHH)					
6.1	Staffing ratios per SUDHH Handbook are met	SUDHH Handbook	List of all Staff List of each consumer assigned to each specific staff.	Must review # of months	
6.2	Appropriate staffing in place: HHPs (per 100 beneficiaries) include: - Behavioral Health Specialist (0.25 FTE) - Nurse Care Manager (1.00 FTE) - Peer Recovery Coach, Community Health Worker (3.00-4.00 FTE) - Medical Consultant (0.10 FTE)	SUDHH Handbook	Organizational Chart List of Staff Member with their title, employment status (full time, MOU, contractual, etc.)	Each setting will have its own unique set of requirements commensurate with the scope of their operations to reflect beneficiary needs. The staffing structure is based on 100 beneficiaries enrolled into the health home. Although it is	

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	- Addictionologist Medical Physician Consultant (0.10 FTE) - Psychiatric Consultant (0.05 FTE)			expected that the staffing structure is in place for 100 beneficiaries, it does not mean the structure needs to be in place prior to enrolling 100 beneficiaries. This also means that each staff person's FTE does not need to be solely dedicated to SUDHH. Depending on the SUDHH partner additional staff members with additional roles maybe needed.	
6.3	Provide 24-hour, seven days a week availability of information, screening for services and emergency consultation services to beneficiaries.	SUDHH Handbook	Policy/Procedure, Workflow, MOU or Contractual agreement for 24/7 consultation		
6.4	Ensure access to timely services for enrollees, including seeing enrollees within seven days and 30 days of discharge from an acute care or psychiatric inpatient stay.	SUDHH Handbook	Policy/Procedure		
MDOC – Coordination of Care					
7.1	The provider completes a monthly progress report on each individual using the MDOC template. This progress report is sent, using encrypted email, to the Supervising Agent by the 5 th day of the following month.	MDOC/PIHP Contract Language	List of all MDOC Consumers Progress report(s) for each of the consumers. Policy/Procedure	The provider should include all MDOC consumers for the 12 months prior to audit and the last 3 reports sent for each consumer. Example – if audit is on 10.1.2024, then list all MDOC clients treated between 10.1.2023 – 9.30.2024 & the dates of their service episode and the 3 most recent reports.	

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				Example – if consumer in services during a 10.1.2024 audit, the reports would be from July, August and September. Provider must also supply proof of emailed communications that show date and report. Provider should also submit the written policy/procedure associated with this requirement.	
7.2	The provider may not terminate any referred individual from treatment for violating the program rules and regulations without prior notification to the individual's supervising agent, except in extreme circumstances. Provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.	MDOC/PIHP Contract Language	Policy / Procedure Chart Documentation	Providers should submit policy/procedure associated with this requirement. The provider should submit chart documentation that details reason for discharge, collaboration with supervising agent, etc. If consumer discharged due to extreme circumstances, provider must submit chart documents that clearly detail what occurred and what actions were taken, etc.	
Medication Assisted Treatment Inclusivity					
8.1	Provider has MAT – inclusive treatment philosophy that recognizes multiple pathways to recovery including policies that prohibit disparaging, delegitimizing, and/or	Special Provisions	Welcoming Policy Policy/procedures with non-disparaging language OR language	Welcoming policies should highlight various pathways to recovery.	

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	stigmatizing of MAT either with individual clients or in the public domain.		that restricts disparaging actions by team members, etc. Team member training(s) related to MAT services, etc.		