

2025 SUDSP Clinical Chart Review Tool

#	Standard/Elements	Source/Basis	Evidence May Include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
Screen/Admission/Assessment					
1.1	Screen includes accurate information for the following: <ul style="list-style-type: none"> Demographics 	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.		
1.2	Screen includes accurate information for the following: <ul style="list-style-type: none"> Date of Initial Contact 	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.		
1.3	Screen includes accurate information for the following: <ul style="list-style-type: none"> Presenting Issue 	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.		
1.4	Screen includes accurate information for the following: <ul style="list-style-type: none"> Priority Population Status 	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.		
1.5	Screen includes accurate information for the following: <ul style="list-style-type: none"> Eligibility Determination 	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.		
1.6	Priority population timelines were followed, if criteria for a priority population was identified at screening.	Special Provisions Medicaid Manual	REMI Intake / Initial Contact Docs		

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1.7	Priority Population – Parent at Risk of Losing Children were screened & referred within 24 hours; offered admission within 14 days OR interim services begin w/in 48 business hours such as Early Intervention Clinical Services.	Access System Standard Guidelines	Initial Contact Documents; REMI		
1.8	Priority Population – MDOC consumers were screened and referred within 24 hours, admitted within 14 days OR interim services begin within 48 hours such as Early Intervention Clinical Services.	Access System Standard Guidelines	Initial Contact Documents; REMI		
1.9	Evidence of screening and referral if high risk behaviors identified for HIV/AIDS, STD/Is, TB, Hepatitis	MSHN Contract, Prevention Policy # 02	Communicable disease screening tool	Tool must be completed accurately and follow-up action must be clearly documented, when applicable, by team member. Screening tool must include the screening questions outlined in MDHHS Prevention Policy #2	
1.10	If pregnant, referred to STD/I and HIV testing	MDHHS Prevention Policy #2	Referral documentation	Anywhere in consumer record but must be documented and provider must be able to provide location of evidence (meaning if in a progress note, provider must include as submitted proof OR provide exact location)	
1.11	Evidence of screening for trauma	MDHHS Trauma Policy	Consumer record – evidence based trauma screening completed	Must be done at intake/beginning of treatment episode	

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1.12	Evidence consumer received information regarding: <ul style="list-style-type: none"> • General nature and objectives of the program 	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract			
1.13	Evidence consumer received information regarding: <ul style="list-style-type: none"> • Grievance & Appeals 	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract			
1.14	Evidence consumer received information regarding: <ul style="list-style-type: none"> • Notice of Privacy 	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract			
1.15	Evidence consumer received information regarding: <ul style="list-style-type: none"> • Consent to Treatment 	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract			
1.16	Evidence consumer received information regarding: <ul style="list-style-type: none"> • Advanced Directives 	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract			

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1.17	Evidence consumer received information regarding: <ul style="list-style-type: none"> PIHP Member Handbook 	MDHHS/PIHP Contract			
1.18	Client given choice of providers	MDHHS/PIHP Contract			
1.19	Consumer strengths are documented in the client chart.	Treatment Policy #6	Consumer Chart, Intake Paperwork, Assessment(s), SNAPs, Treatment Plans	Examples of strengths – healthy support network, stable employment, stable housing, willingness to participate in treatment, etc.	
1.20	FASD prevention and/or education efforts are documented in chart (Men & Women with children and/or potential parents).	MDHHS Treatment Policy Special Provisions	Consumer Record, Intake Paperwork	Acknowledgement of receipt from consumer, example of what is provided such as brochure(s), etc.	
1.21	If treatment provider has contact with children born to women who have used alcohol, a FASD prescreen is completed and a referral, if applicable, is documented.	MDHHS Treatment Policy Special Provisions	Consumer Record, Intake Paperwork, Referral Documentation		
1.22	Staff completing the assessment were working within their scope of practice (had a MCBAP Credential and an appropriate state licensure OR MCBAP Credential and had the assessment reviewed with a diagnosis made by staff with a MCBAP Credential and an appropriate state licensure.	Treatment Policy – SUD Credentialing and Staff Qualifications	ASAM Continuum, any other documentation supporting compliance	For OHH – RN, CPRC, or CPRM	
1.23	For Community Block Grant Services – no hypodermic needles or syringes so that the client may use illegal drugs was provided.	Special Provisions		Reviewer to look for evidence of non-compliance throughout record.	
1.24	Charitable Choice – religious (or faith-based) organizations <ul style="list-style-type: none"> ensured clients received notice of the religious character of the program. 				

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1.25	Charitable Choice – religious (or faith-based) organizations <ul style="list-style-type: none"> If a client objects to the religious character of the program, a referral and alternate services which meet standards of timeliness, capacity, accessibility and equivalency is provided. 				
1.26	Charitable Choice – religious (or faith-based) organizations <ul style="list-style-type: none"> If a referral is provided to alternative services, the client was offered assistance making contact with the alternate provider. 	Special Provisions	Consumer Chart – intake paperwork, warm handoff documentation, etc.		
Individual Treatment/Recovery Planning and Documentation					
2.1	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues are not being addressed. This includes, but is not limited to: <ul style="list-style-type: none"> Substance Use Disorder(s) 	Treatment Policy #6	Treatment Plan(s)		
2.2	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues are not being addressed. This includes, but is not limited to: <ul style="list-style-type: none"> Medical/Physical Wellness 	Treatment Policy #6	Treatment Plan(s)		

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2.3	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues are not being addressed. This includes, but is not limited to: • Co-occurring Disorder(s)	Treatment Policy #6	Treatment Plan(s)		
2.4	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues are not being addressed. This includes, but is not limited to: • Women’s Specialty Needs (WSS Designated Providers Only)	Treatment Policy #6	Treatment Plan(s)		
2.5	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues are not being addressed. This includes, but is not limited to: • History/Risk/Present Trauma	Treatment Policy #6	Treatment Plan(s)		
2.6	Goals are in consumer’s own words & individualized.	Treatment Policy #6	Treatment Plan(s)		
2.7	Objectives are measurable.	Treatment Policy #6			
2.8	Objectives have a targeted completion date that is realistic to the client.	Treatment Policy #6			
2.9	Objectives are specific actions the client will take to achieve the goal.				
2.10	Interventions are specific types of strategies used in treatment (e.g. group therapy, individual therapy, CBT, didactic groups, etc.)	Treatment Policy #6			

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2.11	Interventions are specific actions the counselor will take to assist the client to achieve the goal.				
2.12	The amount, scope, and duration are identified in the treatment/recovery plan(s).	Medicaid Manual	Treatment Plan(s)	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.	
2.13	Authorized services are medically necessary.	Medicaid Manual	Treatment Plans, REMI		
2.14	Authorized services are reflected in the plan.	Medicaid Manual	Treatment Plan(s) compared to REMI authorization(s)		
2.15	Authorized / planned services are appropriate for the consumer's identified goals and objectives.	Medicaid Manual	Treatment Plan(s)		
2.16	Frequency of periodic reviews of the plan are based on the time frame in treatment and any adjustments to the plan.	Treatment Policy #6	Treatment Plan Review dates.	Outpatient – 30, 60, 120 days OHH – 1 year	
2.17	Treatment plan reviews are signed by the client, clinician and other relevant individuals.	Treatment Policy #6	Treatment Plan Reviews		
2.18	There is evidence of ongoing consumer involvement regarding services: <ul style="list-style-type: none"> Plan(s) signed by consumer 	Treatment Plan #6	Treatment Plan(s), Treatment Plan Review(s)		
2.19	There is evidence of ongoing consumer involvement regarding services: <ul style="list-style-type: none"> Review(s) include consumer feedback and participation. 	Treatment Policy #6 Treatment Advisory #5	Treatment Plan Review(s)		

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2.20	There is evidence consumer was informed of, or did include any chosen natural/community/professional supports in the treatment / recovery process.	Treatment Policy #6	Must be documented in record. This can occur on plan(s) & in review(s), during intake, etc.		
Record Documentation & Progress Notes					
3.1	Progress notes reflect information in treatment plan(s): <ul style="list-style-type: none"> Progress notes tie back to plan(s). Notes identify what goal and/or objective were addressed during a treatment session. 	Treatment Policy #6	Documented progress notes reflect relationship to goals and objectives in the treatment plan.	For occasions in which goals were not addressed (i.e., crisis), document reason.	
3.2	Progress notes document progress OR lack of progress toward meeting goals and any changes needed to the treatment and/or recovery plan(s)	Treatment Policy #6	Progress notes demonstrate the services are provided, as indicated on the consumer's Individual plan of service.	Notes are reflective of authorized services and match plan. No shows and cancellations are documented. Amount, scope, and duration of services provided is commensurate with plan or there is documentation if services are provided differently than specified in plan.	
Coordination of Care					

4.1	<p>There is evidence of primary care physician coordination efforts. If there is a Primary Health Care Provider – chart includes name and address.</p>	<p>MDHHS/PIHP Contract 42 CFR Part 2</p>	<p>Consumer file, documented communication/coordination</p>	<p>Evidence must include a signed release of information for the primary care provider, including name and contact information, or documentation of the client’s refusal to provide consent. Must use required release form ONLY– must have contact info. Off-dosing, including Sundays and holidays, is not allowed without coordination of care (or documented efforts). This includes controlled medication prescribers for people enrolled in MAT and the approval of use of medical marijuana by physician (if applicable) and documented in nurse’s notes or doctor’s notes. . To demonstrate primary care coordination, the provider should minimally send a communication to the physician notifying them of the person receiving SUD services and have documented attempts to coordinate physical/medical care needs with the physician, as appropriate in the persons agency record. Evidence must include a signed release of information for the primary care provider, including name and contact information, or documentation of the client’s refusal to provide consent. Must use required release form. Must have evidence of coordination/attempted coordination. A signed consent alone is not sufficient if there is no evidence of SUD provider efforts to exchange information.</p>	<p>CR PCP verification</p>
4.2	<p>If there is a Primary Health Care Provider, there is evidence the client has been</p>	<p>MDHHS/PIHP Contract</p>	<p>Completed 5515 Letter to Physician</p>		<p>CR DHHS ROI</p>

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	requested to sign a MDHHS-5515. If not signed, there is documentation of consumer refusal. If signed, there is evidence of communication with the Primary Health Care Provider.				
4.3	Methadone Only: if respiratory depressants were prescribed, documentation of discussions, or trying to engage in discussions, with prescribing practitioner to prescribe a medication which is the least likely to cause danger to the individual.	Treatment Policy #5			
4.4	Peer Recovery Coach Services ONLY: For peer recovery coach services provided by a separate agency from the treatment agency, there is coordination of care with the treatment provider.				
Discharge/Continuity in Care					
5.1	Discharge Summary includes: <ul style="list-style-type: none"> Next Provider, if applicable 	R 325.1361(1)(k)	Discharge Summary		
5.2	Discharge Summary includes: <ul style="list-style-type: none"> Next Provider, if applicable, Contact Information 	R 325.1361(1)(k)	Discharge Summary		
5.3	Discharge Summary includes: <ul style="list-style-type: none"> Next Provider, if applicable, date & time of appointment. 	R 325.1361(1)(k)	Discharge Summary		
5.4	Discharge Summary includes: <ul style="list-style-type: none"> Status at time of discharge 	R 325.1361(1)(k)	Discharge Summary	Status may include prognosis, state of change, met & unmet needs/goals/objectives, referrals and/or follow-up information.	

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5.5	Discharge Summary includes: <ul style="list-style-type: none"> Summary of received services/participation. 	R 325.1361(1)(k)	Discharge Summary		
5.6	Discharge Summary includes: <ul style="list-style-type: none"> Discharge rationale is clearly and accurately documented. 	R 325.1361(1)(k)	Discharge Summary		
Appeals and Grievances					
6.1	In an appeal involves the termination, suspension, or reduction of previously authorized services, the services MUST continue if all of the following occur: <ol style="list-style-type: none"> The enrollee files the request for appeal timely (within 60 calendar days from the date on the Adverse Benefit Determination Notice); The enrollee files the request for continuation of benefits timely (on or before the latter of (i.) 10 calendar days form the date of the notice of ABD or (ii.) the intended effective date of the proposed ABD and The period covered by the original authorization has not expired. 	438.403(c)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract	Advance Benefit Determination(s) Chart documentation		

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6.2	Duration of continued or reinstated benefits – if the benefits are continued or reinstated at the client’s request, while the Appeal or State Fair Hearing is pending, the provider must continue the services until one of the following occurs: <ol style="list-style-type: none"> 1. The client withdraws the appeal or request for State Fair Hearing. 2. The client fails to request a State Fair Hearing and continuation of benefits within 10 calendar days after the notice of an adverse resolution to the client’s appeal. 3. A State Fair Hearing office issues a decision adverse to the client. 	438.403(c)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract			
6.3	If a client’s services were reduced, terminated, or suspended without an advance notice, services were reinstated to the level before the action.	438.403(c)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract			
6.4	If a State Fair Hearing Administrative Law Judge reverses a decision to deny, limit, or delay services that were not furnished while the Appeal was pending, services were authorized within 72 hours from the date notice reversing the determination was received.	438.403(c)(2)(ii) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract			

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Case Management					
7.1	Case management eligibility includes one of the following: <ul style="list-style-type: none"> • Documented need in at least one domain involving community living skills, health care, housing, employment, financial, education, or another functional area. • Demonstrated history of recovery failure with or without recovery support services • SUD involving a primary drug of choice that will require longer-term involvement in treatment services to support recovery • Chronicity and severity of the client’s disorder is such that ongoing support is needed to increase the probability of recovery 	Treatment Policy #8	Needs Assessment Assessment(s) Progress Notes	Provider must be able to provide exact location of evidence.	
Level of Care Requirements					
8.1	For Outpatient – ASAM Level 1.0 – less than nine service hours of clinical services are provided to the client every week.	Medicaid Manual Treatment Policy #9	Progress Notes	Must demonstrate services offered and document any no shows/cancellations, etc.	
8.2	For Intensive Outpatient (ASAM Level 2.1) – Client received weekly services for at least 3 days and nine hours	Special Provisions Treatment Policy #9	Progress Notes	Must demonstrate services offered and document any no shows/cancellations, etc.	

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8.3	For Intensive Outpatient (ASAM Level 2.1) – minimum of nine service hours a week and a maximum of 19 hours per week were offered.	Treatment Policy #9 Medicaid Manual	Progress Notes	Must show proof of hours along with no-shows, cancellations, etc.	
8.4	For Partial Hospitalization (ASAM Level 2.5) – client received 20 or more hours of services per week.	Treatment Policy #9 Medicaid Manual	Progress Notes	Must show proof of hours along with no-shows, cancellations, etc.	
8.5	Withdrawal Management – services are limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services as a part of a planned sequence of treatment.	Special Provisions Medicaid Manual	Discharge Summary	Evidence of next level of care planning must be documented. Provider must be able to show location of evidence.	
8.6	Withdrawal Management – the client entering residential treatment must be tested for TB upon admission and TB results are reflected in client file. Any outside agency testing must be conducted with 24 hours of admission.	MDHHS Prevention Policy #2	Copy of TB testing and results		
8.7	Residential withdrawal management – at time of admission and prior to any medications being prescribed or services offered, the medical director, a physician, physician’s assistant, or advanced practice registered nurse shall complete and document the medical and drug history as well as a physical examination.	R 325.1387(8) R 325.1361(2)(a)	Copy of medical exam.		

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8.8	ASAM Level 1 Withdrawal Management Services <ul style="list-style-type: none"> Services have been provided based on a medical protocol and consumer has attended treatment sessions as able. 	Treatment Policy #13	Progress Notes showing services offered and documentation as to why consumer unable to attend, if applicable.		
8.9	ASAM Level 1 Withdrawal Management Services <ul style="list-style-type: none"> 24 hours emergency medical consultation services were provided if needed. 	Treatment Policy #13	Documentation in record		
8.10	ASAM Level 1 Withdrawal Management Services <ul style="list-style-type: none"> Coordination of transportation services occurred, if needed. 	Treatment Policy #13	Documentation in record		
8.11	ASAM Level 3.2 Withdrawal Management Services: <ul style="list-style-type: none"> Services have been provided through 24 hour supervision, observation, and support through peer and social support, rather than medical and nursing care services. Services are provided via clinical protocols. 	Treatment Policy #13			
8.12	ASAM Level 3.2 Withdrawal Management Services <ul style="list-style-type: none"> Medications provided were self-administered (staff may supervise medications for the management of withdrawal) 	Treatment Policy #13	Documented in record		

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8.13	ASASM Level 3.7 Withdrawal Management Services <ul style="list-style-type: none"> A nurse monitored progress on an hourly basis 	Treatment Policy #13	Nursing Notes – show hourly monitoring COWS, CIWA		
8.14	ASASM Level 3.7 Withdrawal Management Services <ul style="list-style-type: none"> A nurse has monitored medication administration on an hourly basis 	Treatment Policy #13	Nursing Notes Medication Logs		
8.15	ASASM Level 3.7 Withdrawal Management Services <ul style="list-style-type: none"> Appropriately licensed and credentialed staff administered medications in accordance with physician orders 	Treatment Policy #E13	Physician Orders Nursing Notes with credentials		
Residential					
9.1	Residential – the client entering residential treatment must be tested for TB upon admission and results are documented in record OR documentation of testing upon admission to a provider’s residential withdrawal management program previously. Any outside testing must be conducted within 24 hours.	Prevention Policy #2	Copy of TB testing and results.		

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9.2	Residential – chart reflects services provided in accordance with Treatment Policy for the ASAM LOC Determination: <ul style="list-style-type: none"> • 3.1 = 5 hours of Core Services & 5 hours of Life Skill Services 		Progress Notes	Any no-shows/cancellations must be provided. Documentation must clearly indicate if service is Core OR Life Skills.	
9.3	Residential – chart reflects services provided in accordance with Treatment Policy for the ASAM LOC Determination: <ul style="list-style-type: none"> • 3.3 = 13 hours of Core Services & 13 hours of Life Skill Services 		Progress Notes	Any no-shows/cancellations must be provided. Documentation must clearly indicate if service is Core OR Life Skills.	
9.4	Residential – chart reflects services provided in accordance with Treatment Policy for the ASAM LOC Determination: <ul style="list-style-type: none"> • 3.5, 3.7 = 20 hours of Core Services and 20 hours of Life Skill Services 		Progress Notes	Any no-shows/cancellations must be provided. Documentation must clearly indicate if service is Core OR Life Skills.	
Medication Assisted Treatment					
10.1	Documentation that a medical evaluation, including a medical history, drug use history, and physical examination has been performed.	Treatment Policy #5	Medical examination		
10.2	METHADONE ONLY: Documentation that the physical examination includes medical assessment to confirm the current DSM Diagnosis of Opioid dependency of at least one year. Unless pregnant	MDHHS/PIHP Contract Treatment Policy #5 R 325.1383(8)			

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10.3	METHADONE ONLY: Copies of the prescription label, pharmacy receipt, pharmacy print out, or Medical Marijuana Card must be included in the individual's chart or kept in a "prescribed medication log" that must be easily accessible for review.	Treatment Policy #5			
10.4	Documentation that Michigan Automated Prescription System (MAPS) was run and reviewed at the time of admission, prior to any offsite dosing, and prior to any reauthorization requests (MAPS document should not be in client chart, only documentation that it was ran).	Treatment Policy #5			
10.5	If a positive drug screen, documentation that it was addressed in treatment (progress note) or a change in the treatment plan.	Treatment Policy #5			
10.6	Coordination of care with all prescribing practitioners over the past year (physicians, dentists, and any prescriber)	Treatment Policy #5			
10.7	Documentation that the provider, as part of the informed consent process, has ensured that individuals are aware of the benefits and hazards of the medication used in treatment and have been presented with all options for treatment.	Treatment Policy #5 Special Provisions			
10.8	METHADONE ONLY: Documentation of a client-signed consent to contact other OTPs within 200 miles to monitor for enrollments in other methadone programs.	Treatment Policy #5			

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10.9	METHADONE ONLY: Evidence that daily attendance at the clinic is occurring for methadone dosing unless take-home requirements have been met (daily attendance is taking place)	Treatment Policy #5			
10.10	METHADONE ONLY: If take-homes are provided, documentation that meets take-home criteria, this includes Sunday and holiday doses	Treatment Policy #5			
10.11	METHADONE ONLY: If pregnant, pregnancy is certified by the OTP physician.	Treatment Policy #5			
10.12	METHADONE ONLY: If pregnant, informed consent indicating they will not knowingly put themselves and their fetus in jeopardy by leaving the OTP against medical advice.	Treatment Policy #5			
10.13	METHADONE ONLY: Individuals under 18 years of age must have at least two documented unsuccessful attempts at short-term detoxification and/or drug-free treatment within a 12-month period. This does not apply to individuals who are pregnant.	Treatment Policy #5 Medicaid Manual			
10.14	METHADONE ONLY: Individuals under 18 years of age must have a parent, legal guardian, or responsible adult designated by the relevant state authority/CPS consent in writing to methadone treatment services. Individuals under 15 years of age must also have permission for admission by the SOTA and DEA	Treatment Policy #5 Medicaid Manual			

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10.1 5	METHADONE ONLY: Reviews to determine continued eligibility for methadone dosing and counseling services have occurred at least every four months by the OTP physician during the first two years of service.	Treatment Policy #5			
10.1 6	METHADONE ONLY: Discharged due to noncompliance (Administrative discontinuation): repeated or continued use of illicit opioids and non-opioid drugs, including alcohol; individuals whose toxicology results do not indicate the presence of methadone metabolites must be considered noncompliant with the same actions taken as if illicit drugs were detected; alcohol use to a degree that would make dosing unsafe; alcohol use was prohibited under their individualized treatment and recovery plan; repeated failure to submit to toxicology sampling as requested; repeated failure to attend treatment services; failure to manage medical concerns/conditions; repeated failure to follow through on other treatment and recovery plan related referrals	Treatment Policy #5 Medicaid Manual			

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10.1 7	METHADONE ONLY: If immediately discharged due to jeopardizing the safety and well-being of staff and/or other individuals or negatively impact the therapeutic environment. This includes, but is not limited to, possession of a weapon on OTP property, assaultive behavior against staff and/or other individuals, threats against staff or other individuals, diversion of controlled substances including methadone, diversion and/or adulteration of toxicology samples, possession of a controlled substance with intent to use and/or sell on agency property or within a one block radius of the clinic, sexual harassment of staff and/or other individuals, or loitering on the clinic property or within a one-block radius of the clinic.	Treatment Policy #5 Medicaid Manual			
10.1 8	METHADONE ONLY: If administrative discontinuation, an accelerated decrease of the methadone dose takes place (usually by 10 mg or 10% a day). The manner in which methadone is discontinued is at the discretion of the OTP physician to ensure the safety and well-being of the individual.	Treatment Policy #5 Medicaid Manual			

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10.1 9	METHADONE ONLY: If administrative discontinuation, an accelerated decrease of the methadone dose takes place (usually by 10 mg or 10% a day). The manner in which methadone is discontinued is at the discretion of the OTP physician to ensure the safety and well-being of the individual.	Treatment Policy #5 Medicaid Manual			
10.2 0	METHADONE ONLY: If new to the clinic, daily dosing must occur for at least 90 days (even returning to the clinic when in maintenance or when transferred from another clinic)	Treatment Policy #4			
10.2 1	METHADONE ONLY: After 90 days of treatment, on-site dosing may occur three times weekly. Rationale must be documented in client chart.	Treatment Policy #4			
10.2 2	METHADONE ONLY: After two years in treatment, on-site dosing may occur two times weekly while receiving no more than three doses at one time for off-site dosing. Rationale must be documented in client chart.	Treatment Policy #4			
Women's Designated					
11.1	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Primary/prenatal care and childcare while receiving these services. 	Treatment Policy #12	Women and Children Needs Assessment	Each child must have an individual needs assessment (this can be on 1 or more forms but must be obvious each child assessed).	

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11.2	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Pediatric care for each dependent child including immunizations 	Treatment Policy #12	Women and Children Needs Assessment		
11.3	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Gender responsive treatment and childcare while receiving these services 	Treatment Policy #12	Women and Children Needs Assessment		
11.4	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Therapeutic care needs for each dependent child 	Treatment Policy #12	Women and Children Needs Assessment		
11.5	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Case management for access to the services above 	Treatment Policy #12	Women and Children Needs Assessment		
11.6	There is evidence of a screening and/or assessment for: <ul style="list-style-type: none"> Transportation for access to the services above 	Treatment Policy #12	Women and Children Needs Assessment		
11.7	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Primary / prenatal care 	Treatment Policy #12	Women and Children Needs Assessment		
11.8	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Pediatric care for each dependent child 	Treatment Policy #12	Women and Children Needs Assessment		

#	Standard/Elements	Source/Basis	Evidence May Include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
11.9	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Gender responsive treatment 	Treatment Policy #12	Women and Children Needs Assessment		
11.10	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Therapeutic care for each dependent child 	Treatment Policy #12	Women and Children Needs Assessment		
11.11	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Case Management 	Treatment Policy #12	Women and Children Needs Assessment		
11.12	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Transportation 	Treatment Policy #12	Women and Children Needs Assessment		
11.13	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: <ul style="list-style-type: none"> Child Care (licensed daycare) 	Treatment Policy #12	Women and Children Needs Assessment		
11.14	For enhanced WSS Consumers: there is evidence consumer received supports for birth control/family planning, pregnancy, postpartum and/or parenting issues.	Enhanced WSS Programming Policy	Women Needs Assessment(s) Progress Notes	Provider must document exact location of evidence.	
Peer Recovery Coach Services					
12.1	There is a PR service plan (it can be part of the treatment plan or separate).	Medicaid Manual	Plan		

#	Standard/Elements	Source/Basis	Evidence May Include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
12.2	Peer plan includes service amount, scope, duration.	Medicaid Manual	Plan		
12.3	Peer plan demonstrates consumer involvement in that it is individualized, written in 1 st person language.	Medicaid Manual	Plan		
12.4	Peer plan is signed and dated by consumer and peer.	Medicaid Manual	Plan		
Recovery Housing					
13.1	Documentation of eligibility is evidenced by: <ul style="list-style-type: none"> • Documentation client is active in treatment services. 	Technical Advisory #11	Chart		
13.2	Documentation of eligibility is evidenced by: <ul style="list-style-type: none"> • Housing need identified and documented in clinical records as necessary for best recovery outcomes. 	Technical Advisory #11	Chart		
13.3	Resident chart includes the following information: <ul style="list-style-type: none"> • Standard demographic information 	Technical Advisory #11	Chart		
13.4	Resident chart includes the following information: <ul style="list-style-type: none"> • Releases of Information to PIHP, Medical, Treatment Provider, Emergency Contact 	Technical Advisory #11	Chart		
13.5	Resident chart includes the following information: <ul style="list-style-type: none"> • Signed acknowledgment of Rules 	Technical Advisory #11	Chart		

#	Standard/Elements	Source/Basis	Evidence May Include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
13.6	Resident chart includes the following information: <ul style="list-style-type: none"> Client completed an applicant screening process 	Technical Advisory #11	Chart		
SUD Health Homes					
14.1	Care Plan includes, at a minimum, the following: <ul style="list-style-type: none"> The tasks to be completed by each HH team member. The tasks to be completed by the beneficiary. SMART goals and objectives developed by and agreed upon by the beneficiary, and HH care team to achieve improved health outcomes. Align with the six required health home services. Integrate the beneficiary's physical health, behavioral health, and social support needs. Plan to monitor the health home care plan progress and update goals. 	Opioid Health Home Handbook			
14.2	Services provided met criteria for a Health Home service	Opioid Health Home Handbook (page 5-6)			
14.3	If needs are identified on the care plan, there is documentation of either a referral or services provided that address the identified need.	Opioid Health Home Handbook			

#	Standard/Elements	Source/Basis	Evidence May Include	Review Guidelines	Provider to complete: List evidence provided and where to locate such as page number or highlighted text in document
14.4	Each beneficiary has been designated a care coordinator.	Opioid Health Home Handbook			
14.5	An assessment, screening, etc. to identify needs has been completed.	Opioid Health Home Handbook	Social Determinants of health screen Vermont Screening Tool		