

2023 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 #02	Policy/procedure	Verify the policy/procedure addresses both TB testing and the plan to avoid potential spread of disease If one but not both elements are present, the standard is partially compliant. If there is not a policy/procedure or none of the elements are present, the standard is not complaint.	
1.2	There are policies and procedures in place to ensure medical exams occur, as required.	Treatment Policy #10 LARA SUD Administrative Rules R 325.1361 (2)(a)(b) R 325.1361 (3)(a)(b)(c) R 325.1387 (8)	Policy/procedure	Ensure policies/procedures identify medical exams occur in accordance with LARA. Current language identified below: Residential and Withdrawal Management- Medical history and physical exam are included in the record. Withdrawal Management: At the 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	

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				drug history, as well as a physical examination, of the recipient.	
Peer Recovery Support Services					
2.1	Provider can demonstrate policy/procedures are in place regarding self-efficacy, community connection, quality of life, and sustained recovery.	Treatment Technical Advisory #07	Policy/procedures		
Women's Specialty Services					
3.1	Designated Provider has established eligibility requirements that include: <ul style="list-style-type: none"> • Parenting/Expecting Women • Men identified as primary caregiver 	Treatment Policy #12	Policy/procedures		
3.2	Provider ensures that gender specific program materials show evidence that provider offers the following: <ol style="list-style-type: none"> 1. Accessibility 2. Assessment 3. Psychological Development 4. Abuse/Violence/Trauma 5. Family Orientation 6. Mental Health Issues 7. Physical Health Issues 8. Legal Issues 9. Sexuality/Intimacy/Exploitation 10. Survival Skills 11. Continuing Care/Recovery Support 	Treatment Policy #12	List of Didactic Topics Gender-Specific Evidence-Based Practices & Programming Policy and procedures		
3.3	There is mechanism in place to demonstrate assessment of needs completed on each WSS consumer and		Assessment Tool Children's Needs Assessment Forms		

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	each dependent child		WSS Consumer Needs Assessment Forms		
Medication-Assisted Programs					
4.1	(METHADONE) There are policies & procedures in place to effectively address the following: <ul style="list-style-type: none"> off-site dosing Sunday & Holiday requirements for both persons eligible and those deemed ineligible 	Treatment Policy #04	Policy/procedure		
4.2	(METHADONE) There are written plans 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	Policy/procedure		
4.3	Evidence the OTP can offer case management services, treatment for co-occurring disorders, peer recovery services, recovery support services internally or through referral(s).	Treatment Policy #05	Referral Agreements Program Service Descriptions		
4.4	Evidence the OTP appropriately addresses administrative discharges.	Treatment Policy #05	Policy/Procedure		
4.5	Program has medical and MAPS protocols for new & existing clients.	Admin. Rule R325.14404/2(b) Treatment Policy #05	Policy/Procedure		
4.6	Program has protocols for pregnant consumers.	Treatment Policy #05	Policy/Procedure		

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4.7	Program has protocols for routine, random toxicology screens that includes program responses to screening outcomes in accordance with State & Federal policy.	R325.14406 Treatment Policy #05 42CFR8.12	Policy/Procedures		
4.8	There are policies & procedures in place to effectively address the following: <ul style="list-style-type: none"> Physician coordination of care requirements: Prescriptions for Controlled Substances Medical Marijuana 	Treatment Policy #04, MSHN SUD Provider Manual	Policy/Procedures		
4.9	There is a policy in place to determine the necessity or advisability of a medical examination for each client as applicable	Treatment Policy #5	Policy/Procedures		
4.10	OTP has a policy/procedure in place to articulate how administrative discharges are supported.	Medicaid Provider Manual/MSHN SUD Provider Manual	Policy/procedures		
Recovery Residence					
5.1	Explicit written admission criteria include: <ul style="list-style-type: none"> Abstinence criteria prior to admission. Procedures for tenant inclusion in the decision-making processes involving new resident Screening requirements Application requirements 	MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines	Provider policy & practice guidelines	<ul style="list-style-type: none"> Screenings- what form is used to screen potential residents for housing program. Should include current mental health screening (self-harm/harm-to-others, applicable criminal history, etc.) Application – what the potential tenant completes for 	

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				<p>acceptance into provider's housing program.</p> <ul style="list-style-type: none"> Procedures – how the current tenants participate in applicant reviews to determine if applicant decisions. <p>The above bullets should be easily found in provider manual (for employees).</p>	
5.2	Explicit and posted house operational rules	MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines	Policy/Procedure (ensure this is posted for all sites) On-site evidence of posted rules	<p>Rules should be included in written guidelines along w/ posting info. Reviewer to verify during onsite reviews OR provider to upload picture as evidence, etc. Include requirement – all tenants receive and initial (for consumer chart) receipt and acknowledgement of rules.</p>	
5.3	House operations manual on site and available to residents upon request	MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines	Written manual on-site	<p>Policy on manual upkeep/maintenance Notes/policy/procedure on how manual is available to consumers</p>	
5.4	NARR membership is current and documented and each residence is certified at a level III or higher.	MSHN SUD Recovery Housing Technical Requirement	Documentation of membership	Upload Proof of Membership	

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		2016, Treatment TA #11, NARR guidelines			
5.5	Evidence of weekly house meetings	MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines	Program Policy/Procedure Meeting logs w/ attendance Meeting topics	Meeting minutes should be kept (electronically) Include facilitator, date/time, sign-in sheet	
5.6	Evidence of recovery activities & community-engagement efforts	MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines	Program Materials List of Community Engagement Efforts (event, how disseminated to consumers, etc.) Referrals Coordination of Care Evidence	Provider should keep list of offered community engagement efforts & additional details (# of participants from housing program, etc.) List/location of volunteer opportunities, etc. Referrals/Coordination of Care/etc.	
5.7	Protocols for coordination of care with SUD Treatment Providers	MSHN SUD Recovery Housing Technical Requirement Treatment TA #11, NARR guidelines	Policy/procedure Meeting Minutes (include discussion topics, attendance, etc.) Progress Notes TECC Form	Specific to SUD Treatment providers (should include regardless of housing program being internal or external)	
5.8	Evidence of staff availability 24/7/365 in case a need arises or emergent situation.	NARR MSHN SUD Provider Manual	Agency on-call schedule or list of	Staffing schedule Coverage procedure/policy – who is on call, how do clients know who	

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			available staff to contact. Policies/procedures relevant to staffing coverage.	to contact for emergency if no staff onsite This should include written policy//procedure(s)	
5.9	Evidence of provider notification with person seeking services of requirement to be engaged with an outpatient provider. Person needs to be engaged with outpatient provider for at least one service in a 30-day period.	MSHN SUD Recovery Housing Contract,	Policies/procedure	Coordination of care efforts must be documented in the person's chart.	