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FY27 SUDSP Clinical Chart Review Tool

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
Screening					
1.1	Screen includes accurate information for the following: • Demographics	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Chart documentation		
1.2	Screen includes accurate information for the following: • Date of Initial Contact	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Chart documentation	The initial date of contact MUST be accurate throughout chart. The date should be same in REMI as in consumer record intake paper. If dates do not align, this would be non-compliant.	
1.3	Screen includes accurate information for the following: • Presenting Issue	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Chart documentation	Please specify the presenting issue. The information should clearly indicate why consumers are seeking services 'now'. In addition, the info should align across all documents. If the reason changed or is clarified, just document.	
1.4	Screen includes accurate information for the following: • Priority Population Status	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Chart documentation		

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1.5	Screen includes accurate information for the following: • Eligibility Determination	MDHHS/PIHP Contract Access System Standards	Intake Paperwork REMI Financial Docs – Proof of Medicaid, etc.	Reviewing to ensure (1) Medicaid was checked OR BG, etc. (2) Consumer's screening indicates SUD services are appropriate.	
1.6	Priority population timelines were followed, if criteria for a priority population were identified at screening.	Special Provisions Medicaid Manual Access System Standards	REMI Intake / Initial Contact Docs		
1.7	Priority Populations – Interim services were provided.	Special Provisions Medicaid Manual Access System Standards	Chart Documentation		
1.8	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	Screening 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 Score "Met" if screen was accurately completed and "Not Met" if not accurately completed.	

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1.9	If pregnant, consumers are provided access 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)	
1.10	Evidence of screening for trauma	MDHHS Trauma Policy	Consumer record – evidence-based trauma screening completed	Must be done at intake/beginning of treatment episode. Providers must utilize an evidence-based screening tool.	
1.11	Evidence consumer received information regarding: • 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	Intake paperwork Signed acknowledgement of receipt	Note exact location of information. Note where consumer acknowledged receipt of the information.	
1.12	Evidence consumer received information regarding: • Grievance & Appeals	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438.402 MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement of receipt		
1.13	Evidence consumer received information regarding: • Notice of Privacy	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement of receipt		

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1.14	Evidence consumer received information regarding: • Consent to Treatment	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438 MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement of receipt		
1.15	Evidence consumer received information regarding: • Advanced Directives	42 CFR 438(g)(1) 42 CFR 438.6 R325.1397(4)(a-f) 42 CFR 438.3(j) MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement of receipt		
1.16	Evidence consumer received information regarding: • PIHP Member Handbook	42 CFR 438.10 MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement of receipt		
1.17	Client given choice of providers	42 CFR 438.3(l) MDHHS/PIHP Contract	Chart documentation; Intake Packet; Signed acknowledgement given choice of provider		
1.18	FASD - 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		

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1.19	For Community Block Grant Services – Funds were not used to purchase, prescribe, or provide marijuana or treatment using marijuana.	Special Provisions 45 CFR 75.300(a) 21 U.S.C. 812c(10)	Chart documentation; claims list	Met if there are no claims submitted to purchase, prescribe or provide marijuana. Not met- if chart evidence or claims indicates funds were used to purchase, prescribe, or provide marijuana.	
1.20	For Community Block Grant Services – no hypodermic needles or syringes so that the client may use illegal drugs was provided.	Special Provisions 45 CFR 75.300(a) 21 U.S.C. 812c(10)	Chart documentation; claims list	Met if there are no claims submitted to purchase or provide hypodermic needles or syringes to use illegal drugs. Not met- if chart evidence or claims indicates funds were used to purchase or provide hypodermic needles or syringes to use illegal drugs .	
Assessment					
2.1	Consumer strengths are documented in the client chart. Examples of strengths: healthy support network, stable employment, stable housing, willingness to participate in treatment, etc.	Treatment Policy #6	SNAP Intake Docs Assessment Treatment Plans		
2.2	Initial and/or timely reassessment contains all required elements: ASAM LOC Determination is justified and meets the needs of consumer.	BH Teds Special Provisions	Assessment		
2.3	Initial assessment/reassessment includes: DSM Diagnosis meeting requirements for SUD Services.	BH Teds Special Provisions	Assessment	If assessor is not fully qualified/credentialed, a diagnosis must be verified by credentialed staff/supervisor.	
2.4	Initial assessment/reassessment includes: Clinical Summary	BH Teds Special Provisions	Assessment		

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2.5	Initial assessment/reassessment includes: Recommendations for care	BH Teds Special Provisions	Assessment		
2.6	Staff completing the assessment were working within their scope of practice; has MCBAP Credential and an appropriate state licensure OR has MCBAP Credential and had the assessment reviewed with a diagnosis made by staff with a MCBAP Credential and an appropriate state licensure.		Assessment Staff credentials		.
Individual Treatment/Recovery Planning and Documentation					
3.1	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues not being addressed. This includes, but is not limited to: • Substance Use Disorder(s)	Treatment Policy #6	Treatment Plan(s) Assessment(s)		
3.2	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues not being addressed. This includes, but is not limited to: • Medical/Physical Wellness	Treatment Policy #6	Treatment Plan(s) Assessment(s)		
3.3	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues not being addressed. This includes, but is not limited to: • Co-occurring Disorder(s)	Treatment Policy #6	Treatment Plan(s) Assessment(s)		
3.4	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues not being addressed. This includes, but is not limited to: • Women's Specialty Needs (WSS Designated Providers Only)	Treatment Policy #6	Treatment Plan(s) Assessment(s)		

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3.5	Plans address needs/issues identified in assessment(s) or there is clear documentation of why issues not being addressed. This includes, but is not limited to: • History/Risk/Present Trauma	Treatment Policy #6	Treatment Plan(s) Assessment(s) Trauma Assessment		
3.6	Goals are in consumer's own words & individualized.	Treatment Policy #6	Treatment Plan(s)		
3.7	Objectives are measurable.	Treatment Policy #6	Treatment Plan(s)		
3.8	Objectives have a targeted completion date that is realistic to the client.	Treatment Policy #6	Treatment Plan(s)		
3.9	Objectives are specific actions the client will take to achieve the goal.	Treatment Policy #6	Treatment Plan(s)		
3.10	Interventions are specific types of strategies used in treatment (e.g. group therapy, individual therapy, CBT, didactic groups, etc.)	Treatment Policy #6	Treatment Plan(s)		
3.11	Interventions are specific actions the counselor will take to assist the client to achieve the goal.	Treatment Policy #6	Treatment Plan(s)		

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3.12	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.	
3.13	Authorized services are medically necessary.	Medicaid Manual	Treatment Plans, REMI ASAM-C		
3.14	Authorized services are reflected in the plan.	Medicaid Manual	Treatment Plan(s) compared to REMI authorization(s)		
3.15	Authorized / planned services are appropriate for the consumer's identified goals and objectives.	Medicaid Manual	Treatment Plan(s)		
3.16	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 ASAM Recommends Residential – 7 days	
3.17	Treatment plan reviews are signed by the client, clinician and other relevant individuals or documentation as to why no signature.	Treatment Policy #6	Treatment Plan Reviews		
3.18	There is evidence of ongoing consumer involvement regarding services: • Plan(s) signed by consumer	Treatment Plan #6	Treatment Plan(s), Treatment Plan Review(s)		

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3.19	There is evidence of ongoing consumer involvement regarding services: • Review(s) include consumer feedback and participation.	Treatment Policy #6	Treatment Plan Review(s)		
3.20	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.		
3.21	Adjustments are made to the treatment/service plan(s) based on additional / changing needs, goals, or objectives identified throughout the episode of care.	Treatment Policy #6	Progress notes; treatment plan updates; treatment plan reviews		
Charitable Choice					
4.1	Charitable Choice – religious or faith-based organizations only: Clients were given notice of the religious character of the program.	Special Provisions	Consumer chart; intake paperwork; Signed agreement		
4.2	Charitable Choice – if a client objects to the religious character of the program, a referral and alternative services which meet standards of timeliness, capacity accessibility and equivalency is provided.	Special Provisions	Consumer chart; intake paperwork; Signed agreement		
4.3	Charitable Choice- If a referral is provided to alternate services, the client was offered assistance making contact with the alternate provider.	Special Provisions	Consumer chart; intake paperwork; Signed agreement		

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Record Documentation & Progress Notes					
5.1	Progress notes reflect information in treatment plan(s): • 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.	
5.2	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					
6.1	If there is a Primary Health Care Provider – chart includes name and address.	MDHHS/PIHP Contract 42 CFR Part 2	Chart documentation	Must include both PCP name and address for the standard to be met.	

6.2	There is evidence of primary care physician coordination efforts.	MDHHS/PIHP Contract 42 CFR Part 2	Consumer file, documented communication/coordination	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. 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.	CR PCP verification
6.3	If there is a Primary Health Care Provider, there is evidence the client has been 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.	MDHHS/PIHP Contract	Completed 5515 Letter to Physician		CR DHHS ROI

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6.4	If there is not a Primary Health Care Provider – there is evidence that the client has received a referral.	FY26 SUD Provider Manual- pg 50-Intergrated Coordination of Care	Client Chart		
6.5	There is evidence of CMH coordination of care efforts when applicable: If there is a CMH Provider – evidence that the client has been requested to sign a MDHHS-5515. If not signed, a statement that the client refused. If signed, evidence of communication with the CMH.		Chart documentation		
Priority Population					
7.1	Priority Population timelines were followed, if criteria for a priority population was identified at screening.	Special Provisions Medicaid Manual CFR 96.121; CFR 96.131; Tx Policy #04	Consumer Chart; Provider Screen Form; Reviewer Guidance: Appointment Information & Follow-Up Information, i.e. Cancellations, Re-Scheduling, No-Shows should be documented.	If the person was seen within required timeframe, score met. If the person was not seen within required timeframe, score not met. If the person could not be seen within required timeframe and was offered required interim services as outlined in policy, score met. If an appointment was offered in the required timeframe and the person declined, score the standard met. Document why the standard was met or not met in the reviewer notes section.	

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7.2	Michigan Dept of Corrections (MDOC) Referrals, Screening and Assessment In the case of MDOC supervised individuals, assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of the SUD treatment history during and prior to incarceration.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.3	MDOC: If there is a valid and signed release of information, notice of an admission decision was sent to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.4	Services are based on need, not Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.5	If there is a valid and signed release of information, Supervising Agent was notified when Medication Assisted Treatment (MAT) is being used, including medication type.	MDHHS/PIHP Contract Special Provisions	Chart documentation		

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7.6	If there is a valid and signed release of information, Supervising Agent was notified if/when Medication Assisted Treatment (MAT) medication type changes	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.7	If there is a valid and signed release of information, If an individual referred for residential treatment does not meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.8	If there is a valid and signed release of information, if an individual is participating in residential treatment, the individual was not given unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.9	If there is a valid and signed release of information, if an individual is participating in residential treatment, Leaves for any non-emergent medical procedure have been reviewed/coordinated with the Supervising Agent.	MDHHS/PIHP Contract Special Provisions	Chart documentation		

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7.10	If there is a valid and signed release of information, if an individual is absent from an off-site supervised therapeutic activity without proper authorization, Supervising Agent was notified by the end of the day on which the absence occurred.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.11	If there is a valid and signed release of information, individuals participating in residential treatment who submit to a drug test when returning from off property activities and/or any other time there is suspicion of use - any positive test or refuse to test have been reported to the Supervising Agent.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.12	For residential services, documentation of communication with Supervising Agent if: 1) Death of an individual under supervision. 2) Relocation of an individual's placement for more than 24 hours. 3) any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves. 4) any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.	MDHHS/PIHP Contract Special Provisions	Chart documentation		
7.13	If there is a valid and signed release of information, recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery plan must include an offender's acknowledgment of the plan and referral of the offender to the prescribed aftercare services.	MDHHS/PIHP Contract Special Provisions	Chart documentation		

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Discharge/Continuity in Care					
8.1	Discharge Summary includes: • Next Provider, if applicable	R 325.1361(1)(k)	Discharge Summary		
8.2	Discharge Summary includes: • Next Provider, if applicable, Contact Information	R 325.1361(1)(k)	Discharge Summary		
8.3	Discharge Summary includes: • Next Provider, if applicable, date & time of appointment.	R 325.1361(1)(k)	Discharge Summary		
8.4	Discharge Summary includes: • 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.	
8.5	Discharge Summary includes: • Summary of received services/participation.	R 325.1361(1)(k)	Discharge Summary		
8.6	Discharge Summary includes: • Discharge rationale is clearly and accurately documented.	R 325.1361(1)(k)	Discharge Summary		
Appeals and Grievances					

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9.1	Advance Notice of Adverse Benefit Determination: If client has any reductions, suspensions, or terminations of previously authorized/currently provided services, an Advance Notice of Adverse Benefit Determination letter was provided to client that contains all requirements per 42 CFR 438.404(a)	42 CFR 438.404(a) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract	Chart documentation		

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9.2	Advance Notice of Adverse Benefit Determination: Provided to the client at least 10 calendar days prior to the proposed effective date. Unless there is confirmed death of the client; a clear written statement signed by the client stating they no longer wish to receive services or that gives information that requires termination or a reduction in services and that the client understands this is the result of supplying the information; client has been admitted to an institution where they are ineligible under the plan for further services; the client's where abouts are unknown and the mail is undeliverable with no forwarding address; the client has been accepted for Medicaid services by another local jurisdiction, state, territory, or commonwealth; a change in the level of medical care is prescribed by the client's physician; the notice involves an adverse determination made with regard to the preadmission screening requirements of section 1919(e)(7) of the SSA; the date of action will occur in less than 10 calendar days; or there are facts indicating that the action should be taken because of probable fraud by the client in which case the advance notice is 5 calendar days before the date of action.	42 CFR 438.404(a) Appeal and Grievance Resolution Processes Technical Requirement MDHHS/PIHP Contract	Chart documentation		

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9.3	Medicaid Services Continuation or Reinstatement: If an appeal involves the termination, suspension, or reduction of previously authorized services, the services MUST continue if all of the following occur: 1. The enrollee files the request for appeal timely (within 60 calendar days from the date on the Adverse Benefit Determination Notice); 2. 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 3. 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		
9.4	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: 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			

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9.5	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			
9.6	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			
Case Management					

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10.1	Case management eligibility includes one of the following: • 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.	
Outpatient (ASAM Level 1.0)					
11.1	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.	
Intensive Outpatient (ASAM 2.1)					
12.1	For Intensive Outpatient (ASAM Level 2.1) – client received weekly services for at least 3 separate days per week at a 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.	
Partial Hospitalization (ASAM 2.5)					

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13.1	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.	
Withdrawal Management					
14.1	Withdrawal Management – services are limited to the stabilization of the medical effects of the withdrawal.	Special Provisions Medicaid Manual	Chart documentation		
14.2	Services are part of a planned sequence of treatment	Special Provisions Medicaid Manual	Chart documentation	Evidence should include next provider information, intake/initial planning for next level of care services	
14.3	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	Date of TB test verified against date of admission. If someone had a TB test within the last 6 months, it must be documented in the record.	
14.4	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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14.5	ASAM Level 1.7 Withdrawal Management Services • 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.		
14.6	ASAM Level 1.7 Withdrawal Management Services • 24 hours emergency medical consultation services were provided if needed.	Treatment Policy #13	Documentation in record		
14.7	ASAM Level 1.7 Withdrawal Management Services • Coordination of transportation services occurred, if needed.	Treatment Policy #13	Documentation in record		
14.8	ASAM Level 2 Withdrawal Management Services: • Services have been provided based on medical protocol and has attended treatment sessions as able.	Treatment Policy #13	Documentation in record		
14.9	ASAM Level 2 Withdrawal Management Services: • 24 hour emergency medical consultation services were provided, if needed.	Treatment Policy #13	Documentation in record		
14.10	ASAM Level 2 Withdrawal Management Services: • Coordination of transportation services occurred, if needed.	Treatment Policy #13	Documentation in record		

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14.11	ASAM Level 3.2 Withdrawal Management Services • Services have been provided through 24-hour supervision, observation, and support through peer and social supports, rather than medical and nursing care services. Services are provided via clinical protocols.	Treatment Policy #13	Documented in record		
14.12	ASAM Level 3.2 Withdrawal Management Services: • Medications provided were self-administered (staff may supervise medications for the management of withdrawal).	Treatment Policy #13	Documented in record		
14.13	ASASM Level 3.7 Withdrawal Management Services • A nurse monitored progress on an hourly basis	Treatment Policy #13	Nursing Notes – show hourly monitoring COWS, CIWA		
14.14	ASASM Level 3.7 Withdrawal Management Services • A nurse has monitored medication	Treatment Policy #13	Nursing Notes Medication Logs		
14.15	ASASM Level 3.7 Withdrawal Management Services • Appropriately licensed and credentialed staff administered medications in accordance with physician orders.	Treatment Policy #13	Physician Orders Nursing Notes with credentials		

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Residential					
15.1	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.	Date of TB test verified against date of admission. If someone had a TB test within the last 6 months, it must be documented in the record.	
15.2	Residential – chart reflects services provided in accordance with Treatment Policy for the ASAM LOC Determination: • 3.1 = 10-19 hours of Clinical Services & 5 hours of Support Services	Treatment Policy #10	Progress Notes	Any no-shows/cancellations must be provided. Documentation must clearly indicate if service is Clinical OR Support. Clinical Services must occur 7 days per week.	
15.3	Residential – chart reflects services provided in accordance with Treatment Policy for the ASAM LOC Determination: • 3.5, 3.7 = 20 hours of Clinical Services and 20 hours of Support Services	Treatment Policy #10	Progress Notes	Any no-shows/cancellations must be provided. Documentation must clearly indicate if service is Clinical OR Support Skills. Clinical Services must occur 7 days per week.	
Medication Assisted Treatment					

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
16.1	Documentation that a medical evaluation, including a medical history, drug use history, and physical examination has been performed.	Treatment Policy #5	Medical examination		
16.2	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)	Medical examination		
16.3	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	Chart documents		
16.4	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	Chart note		
16.5	If a positive drug screen, documentation that it was addressed in treatment (progress note) or a change in the treatment plan.	Treatment Policy #5	Progress notes Treatment plan review/update		

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
16.6	Coordination of care with all prescribing practitioners over the past year (physicians, dentists, and any prescriber)	Treatment Policy #5	Coordination of care letter; Contact notes; Chart documentation		
16.7	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	Signed consent		
16.8	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	Signed consent		
16.9	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	Dosing history		
16.10	METHADONE ONLY: If take-homes are provided, documentation that meets take-home criteria, this includes Sunday and holiday doses	Treatment Policy #5	Chart documentation		
16.11	METHADONE ONLY: If pregnant, pregnancy is certified by the OTP physician.	Treatment Policy #5	Chart documentation		
16.12	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	Signed consent		

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
16.13	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	Chart documents		
16.14	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	Chart documentation		
16.15	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	Chart documentation		

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
16.16	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	Chart documentation		
16.17	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	Chart documentation		

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
16.21	If respiratory depressants were prescribed, documentation of discussions, or trying to engage in discussions, with prescribing practitioner to prescribe a medication which is least likely to cause danger to the individual.	Treatment Policy #5	Chart Documentation		
Women's Designated					
17.1	There is evidence of a screening and/or assessment for: • 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).	
17.2	There is evidence of a screening and/or assessment for: • Pediatric care for each dependent child including immunizations	Treatment Policy #12	Women and Children Needs Assessment		
17.3	There is evidence of a screening and/or assessment for: • Gender responsive treatment and child care while receiving these services	Treatment Policy #12	Women and Children Needs Assessment		
17.4	There is evidence of a screening and/or assessment for: • Therapeutic care needs for each dependent child	Treatment Policy #12	Women and Children Needs Assessment		

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
17.5	There is evidence of a screening and/or assessment for: • Case management for access to the services above	Treatment Policy #12	Women and Children Needs Assessment		
17.6	There is evidence of a screening and/or assessment for: • Transportation for access to the services above	Treatment Policy #12	Women and Children Needs Assessment		
17.7	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Primary / prenatal care	Treatment Policy #12	Women and Children Needs Assessment		
17.8	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Pediatric care for each dependent child	Treatment Policy #12	Women and Children Needs Assessment		
17.9	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Gender responsive treatment	Treatment Policy #12	Women and Children Needs Assessment		

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
17.10	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Therapeutic care for each dependent child	Treatment Policy #12	Women and Children Needs Assessment		
17.11	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Case Management	Treatment Policy #12	Women and Children Needs Assessment		
17.12	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Transportation	Treatment Policy #12	Women and Children Needs Assessment		
17.13	There is evidence that any identified need was treated via referral (outside entity) or in-house for the following: • Child Care (licensed daycare)	Treatment Policy #12	Women and Children Needs Assessment		
17.14	For enhanced WSS Consumers: there is evidence consumer received screening and applicable 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, Peer Recovery Specialist, Community Health Worker					

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
18.1	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 treatment provider		Clinical documentation in client's chart		
18.2	Individualized needs are assessed.	Medicaid Manual	Recovery plan; Needs assessment; Chart documentation		
18.3	Peer plan includes service amount, scope, duration.	Medicaid Manual	Recovery Plan		
18.4	Plan is based on the individual's assessed needs.	Medicaid Manual	Recovery Plan		
18.5	Consumer signed the plan.	Medicaid Manual	Recovery Plan		
18.6	The plan is signed and dated by the PRC.	Medicaid Manual	Recovery Plan		
Recovery Housing					
19.1	Documentation of eligibility is evidenced by: • Documentation client is active in treatment services.	Technical Advisory #11	Chart		

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
19.2	Documentation of eligibility is evidenced by: • Housing need identified and documented in clinical records as necessary for best recovery outcomes.	Technical Advisory #11	Chart: Coordination of care documenting need		
19.3	Resident chart includes the following information: • Standard demographic information	Technical Advisory #11	Chart		
19.4	Resident chart includes the following information: • Releases of Information to PIHP, Medical, Treatment Provider, Emergency Contact	Technical Advisory #11	Chart		
19.5	Resident chart includes the following information: • Signed acknowledgment of Rules	Technical Advisory #11	Chart		
19.6	Resident chart includes the following information: • Client completed an applicant screening process	Technical Advisory #11	Chart		
SUD Health Homes (SUDHH)					

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
20.1	An assessment, screening, etc. to identify needs has been completed.	Substance Use Disorder Health Home (SUDHH) Handbook	Completed SUDHH Needs Assessment / Health Home Partner (HHP) screening tool and/or use of a validated Social Determinates of Health (SDOH) screening tool	Upon enrollment, beneficiaries must be screened for SDOH. • Screening must be repeated at least annually and more frequently as indicated by beneficiary needs or changes in circumstances. • HHP staff who administer SDOH screenings must complete motivational interviewing training at least every two years. Assessment/SDOH screening tool, at minimum, must include the following domains: Housing stability, Food security, Transportation access, Utility needs, Interpersonal safety. Qualifying ICD-10 codes for alcohol, stimulant, and/or opioid substance use disorders. Qualifying SUD beneficiaries must also be at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25, and/or COPD.	

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#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
20.2	Care Plan includes, at a minimum, the following: • Tasks to be completed by each SUDHH team member. • Tasks to be completed by the beneficiary. • SMART goals and objectives developed by and agreed upon by the beneficiary and SUDHH 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.	Substance Use Disorder Health Home (SUDHH) Handbook			
20.3	Each beneficiary has been designated a care coordinator.	Substance Use Disorder Health Home (SUDHH) Handbook		Designate for each beneficiary a care coordinator who is responsible for assisting the beneficiary with follow-up, test results, referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support and/or lifestyle modification, and behavior changes and communication with external specialists.	

#	Standard/Elements	Source	Evidence May Include	Reviewer Guidelines	**Provider to Complete:** List evidence provided and where to locate such as page number or highlight text in document
20.4	Services provided met criteria for a Health Home service	Substance Use Disorder Health Home (SUDHH) Handbook	HHP documentation must include the health home service provided and by what member(s) of the care team.	SUDHH services will provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions. The SUDHH must provide the following six core health home services as appropriate for each beneficiary: Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support, and Referral to Community and Social Support Services.	
20.5	If needs are identified on the care plan, there is documentation of either a referral or services provided that address the identified need.	Substance Use Disorder Health Home (SUDHH) Handbook			