**SUD Case Record Review 2024**

**Passing %: 95**

**General Documentation**

1. There is evidence the Ability To Pay determination form has been completed, signed, and dated by the member/ legal guardian

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: MDHHS / PIHP Boilerplate Section 19.1

DWIHN Policy: Ability To Pay (ID#: 13090785)

**Not Met/Partial/Met Include N/A Option**

1. There is documentation that the member received an annual written fee schedule.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference:

MDHHS / PIHP Boilerplate Section 19.1

DWIHN Policy: Ability To Pay (ID#: 13090785)

Administrative Rule R 325.1357 (1c)

**Not Met/Partial/Met Include N/A Option**

1. There is evidence the annual Consent to Treatment form is current, signed, and dated by the member/legal guardian within 72 hours of admission.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: DWIHN Policy: Consent to Treatment and Services (ID#: 12922400)

The Consent to Treatment Form requires the signature of the member, the member’s parent or the legal guardian.

Administrative Rule R 325.1331 (1d)

**Not Met/Met Include N/A Option**

1. Chart documents evidence the member has requested and/or agreed to receiving telemedicine services.

Reference: MDHHS MMP 23-10

**Not Met/Partial/Met Include N/A Option**

5. There is evidence that the member received documentation within 72 hours of admission and on an annual basis the Grievance and an Appeal Process (G&A Brochure) which is inclusive of:

(1.) Acknowledgement of the Grievance and Appeal (Letter);

(2.) Disposition of the Grievance and Appeal (Letter);

(3.) Decision on the Grievance and Appeal (Letter).

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: Includes: G&A Brochure

DWIHN Policy: Member Orientation: Member Rights and Responsibilities (ID#: 10681488)

Administrative Rule R 325.1357 (1g); R 325.1397 (4a)

**Not Met/Partial/Met Include N/A Option**

6. There is evidence that the member received within 72 hours of admission and on an annual basis the following during the Admission/Orientation process:

1.) The Welcoming Letter.

2.) General nature and objectives of the program.

3.) Rules that govern member conduct and infractions that can lead to disciplinary action or discharge from the program.

4.) Hours during which services are available.

5.) Costs to be borne by the member, if any.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: MDHHS-EQR Standard VIII, NCQA UM 3, QI9, RR1, RR4

Administrative Rule 325.1397 (4b, 4c, 4d); R 325.1357 (1i)

DWIHN Policy: Member Orientation: Member Rights and Responsibilities (ID#: 10681488)

**Not Met/Partial/Met Include N/A Option**

7. There is evidence that within 72 hours of admission was provided the following:

1. A written description of the recipient rights policy

2. A written description of any restrictions of the rights based on program policy

3. An oral explanation of the rights in language that is understood by the member

4. A form that indicates that the member understands the rights and consents to specific restrictions of rights based on program policy that was signed by member. A copy was given to the member.

5. A copy of the "Know Your Rights" brochure was given to the member

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: Evidenced by member signature for each item

Administrative Rule R 325.1357 (1d, 1h); R 325.1397 (4a-f)

DWIHN Policy: Substance Use Disorder- Recipient Rights (ID#: 12313054)

DWIHN Policy: Member Orientation: Member Rights and Responsibilities (ID#: 10681488)

**Not Met/Partial/Met Include N/A Option**

8. There is evidence the Notice of Confidentiality was signed by the member, parent of a minor child, or guardian/legal representative.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: Rule R 325.1371 Recipient and administrative records; confidentiality.

DWIHN Policy: Member Orientation: Member Rights and Responsibilities (ID#: 10681488)

\*\*Must be completed when services are initiated and annually\*\*

**Not Met/Partial/Met Include N/A Option**

9. There is evidence that the Member Handbook was received by the member/legal guardian and was signed.

Reference: Evidenced by member signature

MDHHS- EQR Standard VII, NCQA RR2

DWIHN Policy: Substance Use Disorder- Recipient Rights (ID#: 12313054)

DWIHN Policy: Member Orientation: Member Rights and Responsibilities (ID#: 10681488)

**Yes/No no points given Include N/A Option**

10. There is evidence member received face to face services within 14 calendar days of non-emergency request for treatment services

Sub Title: Persons requesting a service should receive service within 14 days of request

Reference: Michigan Mission Based Performance Indicators (MMBPI)

**Yes/No no points given Include N/A Option**

11. If a member received withdrawal management services, there is evidence client was seen for follow up care within 7 days of discharge.

Reference: Michigan Mission Based Performance Indicator (MMBPI)

**Not Met/Partial/Met Include N/A Option**

12. There is evidence in the case record, the member was provided a current list of support services available onsite or by referral.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: Administrative Rule 325.1359 (2)

**Not Met/Partial/Met Include N/A Option**

13. There is evidence that the member's name, MHWIN number/provider ID number, and date are documented on every form in the chart.

Reference: ASAM Criteria

Not Met/Partial/Met Include N/A Option

14. All treatment entries include the responsible clinician’s name, credentials, and date.

Reference: ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

15. Treatment record contains all original signatures, dates, and does not contain any erasures, white out and copied information.

Reference: ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

16. If notes are handwritten the handwriting is legible in the case record.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

17. There is evidence the member's emergency contact is documented in the chart

Reference: PIHP Contract

MDHHS Requirements

LARA Regulations

**Yes/No no points given Include N/A Option**

18. There is evidence urine drug screens were completed randomly and were uploaded into MHWIN

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

19. If referral for treatment was from probation or parole, there is evidence the probation or parole officer was provided monthly status updates.

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

20. There is evidence recovery planning activities are taking place during the treatment episode

Reference: Technical Advisory 06

Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

**Confidentiality**

1. There is evidence the Consent Form (5515) used was the latest version approved by MDHHS and has been signed by the member. There is evidence the client was provided a copy of the form as well

***\*\*****Must be completed when services are initiated and annually****\*\****

Subtitle: *Score “N/A” if the record reflects the individual / legal representative declined to complete the form.*

Score *“Met” if the form is completed with the dated signature of the member / legal representative and the “Form Copy” section is completed on the bottom of page 4 of the form. Or, if the individual / legal representative rescinds consent and the “Form Copy” section is completed on the bottom of page 4.*

Score *“Partial” if the form is completed with the dated signature or the member / legal representative and the “Form Copy” section is NOT completed on the bottom of page 4 of the form. Or, if the individual / legal representative rescinds consent and the “Form Copy” section is NOT completed on the bottom of page 4.*

Score “*Not Met” if the record lacks an MDHHS 5515 form and there is no evidence the individual / legal representative declined to complete the consent form. Or, if the form lacks a dated signature.*

**\*\*Effective March 01, 2023\*\***

Reference: Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1752; MCL 330.1707; MCL 330.1716; MCL 330.1717; MCL 330.1718; MCL 330.1724

Michigan Administrative Code, R330.7003

DWIHN Policy: Member Orientation (ID#: 10681488)

45 CFR § 164.508(c)(4) states, Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.

**Not Met/Partial/Met Include N/A Option**

2. If there is a Release of Information documented in the chart, the Release documents the following:

1. *Name of Individual/Institution receiving information;*

*2. Relationship to the member;*

*3. Identifies what exactly will be released to person or Institution (i.e. attendance, progress notes, UDS, etc.);*

*4. Date the release expires*

Reference: Rule R 325.1371 Recipient and administrative records; confidentiality

***\*\*****Must be completed when services are initiated and annually****\*\****

**Not Met/Partial/Met Include N/A Option**

3. If referral for treatment was from probation or parole, there is evidence of a signed and dated Release of Information with the member's probation or parole officer documented in the chart.

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

**Assessment/ASAM Continuum**

1. There is evidence the Initial Assessment was completed, dated and signed with staff credentials within 14 calendar days of a non-emergent request for services

Reference: DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

Michigan Mission Based Performance Indicator (MMBPI)

**Not Met/Partial/Met Include N/A Option**

2. There is evidence the initial assessment and/or timely reassessment contains the following required elements:

*1.* *ASAM Level of Care Determination is justified and meets the needs of consumer;*

*2. Provisional DSM Diagnosis;*

*3. Clinical Summary;*

*4. Recommendation for Care.*

Reference: DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

BSAAS Policy #09 Outpatient Treatment Continuum of Services

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

3. There is evidence the level of care is appropriate and consistent with the agency's designated approved ASAM criteria.

Reference: BSAAS Policy #09

Outpatient Treatment Continuum of Services

Access System Standards

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

4. There is evidence the member's ASAM Continuum Assessment is documented and visible in MHWIN (DWIHN’s electronic record).

Reference: DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

5. There is evidence that the Assessment addressed the dynamics of the presenting problem, current substance use, social conditions affecting the member’s medical and/or psychiatric status are documented in the treatment record.

Reference: Administrative Rule 325.1361 (1)

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

6. The member’s diagnosis (DSM V) is consistent with the presenting problems, history, mental status examination, and/or other assessment dates are documented in the treatment record.

Reference: Administrative Rule 325.1361 (1)

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

7. There is evidence the following areas were assessed:

*1. Recipient history of substance use, including all of the following:*

*a. Past substance use, including prescribed drugs.*

*b. Substance use within the last 48 hours.*

*c. Preferred substances.*

*d. Frequency of use.*

*e. History of overdose, withdrawal, or adverse drug or alcohol reactions.*

*f. History of substance use disorder services received, including location and dates services were received.*

g. Year of first use of each substance.

Reference: Administrative Rule 325.1361 (1b i-vii)

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

8. There is evidence of the assessment of relevant historical and intra-personal factors – concrete needs or aspects of an individual’s life. Some of these areas include:

*1. Health insurance coverage.*

*2. Guardianship or power of attorney status.*

*3. Advanced Directives (For children/youth, information should be gathered related to the following:*

*a. Adoption subsidy, if applicable.*

*b. Academic information – i.e., grade level, special education needs, Early On information, etc.*

*c. Michigan Department of Health and Human Services (MDHHS) involvement.*

*d. Involvement of the Juvenile Justice System (if applicable);*

*e. Primary spoken language or communication preference.*

*f. Legal involvement to include domestic violence occurrence/history and/or involvement of Adult Protective Services and/or Child Protective Services.*

*4. Accessibility to appropriate housing.*

*5. Physical limitations and whether current housing is barrier free to allow for safe mobility for an individual requiring assistance device.*

Reference: Administrative Rule R325.1361

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

9. There is evidence that assessment addressed the following:

*1. History and treatment of co-occurring (medical and/or mental) disorders.*

*2. Current stage of all existing disorders.*

*3. Support network.*

*4. Risk factors.*

*5. Housing.*

*6. Employment.*

*7. Effects of disorders on life functioning.*

*8. Spiritual beliefs.*

Reference: Administrative Rule 325.1361

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Met Include N/A Option**

10. There is evidence the Patient Health Questionnaire (PHQ-9) was conducted at intake and annually.

Reference: DWIHN Policy: PHQ-9 and PHQ-A Guidelines (ID # 14170341) Standard 1.c. “All adults 18 years and older with serious mental illness (SMI) and/or substance use disorder (SUD) should be screened for depression at intake using the Patient Health Questionnaire (PHQ-9).

DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

**Not Met/Partial/Met Include N/A Option**

11. There is evidence Adults with a positive PHQ-9 screen, defined as a score of 10 or greater, have a follow up screen within three (3) months.

Reference*: 5. a. The PHQ-9 should be administered at least quarterly after an initial positive screen (defined as a score of 10 or greater).*

Measurement of the PHQ-9 Tool In Major Depression

DWIHN Policy: PHQ-9 and PHQ-A Guidelines (ID # 14170341)

Management of Adults with Depression

**Not Met/Partial/Met Include N/A Option**

12. There is evidence that the Assessment included screening for risk of TB, Hepatitis, STI and HIV.

Reference: DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

Prevention Policy #02

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

13. There is evidence the assessment addressed the member’s: Strengths, Needs, Abilities, and Preferences (SNAP)

Reference: DWIHN Policy: Integrated Biopsychosocial Assessment Procedure (ID#: 13906194)

BSAAS Treatment Policy #06

**Not Met/Partial/Met Include N/A Option**

**Service Plan**

1. There is documentation that the initial Service Plan was completed, dated and signed with staff credentials before members start therapeutic services.

*1. 24 hours for methadone, residential and residential withdrawal;*

*2. Outpatient: conclusion of the next session attended by member*

Sub Title: *Document date initial Service Plan was completed or explanation as to why initial service plan was not completed in the comment section.*

Reference: Administrative Rule R 325.1363 (1a - 1b); 2

DWIHN Policy: Individual Plan of Service (ID#: 12509566)

**Not Met/Met Include N/A Option**

2. Service Plan was developed by a licensed or certified professional

Sub Title: *Administrative Rule R 325.1301 Definitions 1f (Certified counselor); 1n (Licensed counselor); 1o (LMFT); 1p (LMSW); 1q (TLLP, LLP, LP)*

Reference: Administrative Rule R 325.1363 (1)

**Not Met/Partial/Met Include N/A Option**

3. There is evidence the member's goals are in the member’s words and unique to the member and based upon the assessment of member's needs and if applicable, the medical evaluation. -no standard or routine goals that are used by all members.

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363 (3a)

**Not Met/Partial/Met Include N/A Option**

4. There is evidence through the PCP process, a member has selected individuals to support him or her. There is evidence the Service Plan demonstrates the following:

*1. Focus on the person’s life goals, interests, desires, choices, strengths and abilities as the foundation for the PCP process.*

*2. Identify outcomes based on the person’s life goals, interests, strengths, abilities, desires and choices.*

*3. Make plans for the person to achieve identified outcomes.*

*4. The members’ choices are implemented unless there is a documented health and safety reason that they cannot be implemented.*

Reference: Administrative Rule R 325.1363

DWIHN Policy: Individual Plan of Service (ID#: 12509566)

**Not Met/Partial/Met Include N/A Option**

5. There is evidence the Service Plan included goals and objectives that are:

*1. Specific - Individualized, Concise, Clear*

*2. Measurable.*

*3. Attainable.*

*4. Realistic/Relevant.*

*5. Timely*

Reference: Administrative Rule 325.1363 (1) (a)

DWIHN Policy: Individual Plan of Service (ID#: 12509566)

BSAAS Policy #06, p. 4 of 5

**Not Met/Partial/Met Include N/A Option**

6. If appropriate, there is evidence goals and objectives were developed to address the co-occurring issues identified.

Reference: BSAAS Policy #6 p.2 #1

**Not Met/Partial/Met Include N/A Option**

7. If appropriate, there is evidence the service plan includes approaches to assist member with medication adherence.

Reference: BSAAS Policy #6 p.2 #1

**Not Met/Partial/Met Include N/A Option**

8. If applicable, the service plan documents the phase the member is currently in for Medicated Assisted Treatment:

*1. Short-term withdrawal management*

*2. Long-term withdrawal management*

*3. Maintenance*

Reference: Administrative Rule R 325.1383 (13)

**Not Met/Met Include N/A Option**

9. If applicable, services that are being provided through telehealth is documented in the service plan

Reference: MDHHS MMP 23-10

**Not Met/Partial/Met Include N/A Option**

10. There is evidence the Service Plan documents target dates for completion of the goals and objectives are unique to the member and not just routine dates put in for completion of the plan

Reference: BSAAS Policy #06, p. 4 of 5

Administrative Rule R 325.1363 (3d)

**Not Met/Partial/Met Include N/A Option**

11. There is evidence that the service plan documents referrals that will be given to member to address needs identified during the assessment.

Reference: Administrative Rule 325.1363 (1) (c)

Administrative Rule 325.1359 (1)

**Not Met/Partial/Met Include N/A Option**

12. There is evidence the Service Plan interventions were consistent with client’s cultural, ethnic and/or racial beliefs or values.

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363

**Not Met/Partial/Met Include N/A Option**

13. There is evidence the services/supports/interventions identified (i.e. individual or group therapy, didactic groups, recovery support, etc.) in the service plan match the member's goals

Reference: ASAM Criteria

DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363 (1) (d)

**Not Met/Partial/Met Include N/A Option**

14. There is evidence the Service Plan documents the sequence, frequency, and duration of the services and therapeutic activities to be provided to the member.

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363 (1) (b)

BSAAS Policy #6 p. 4

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

15. There is evidence the member and clinician signed and dated the Service Plan.

***\*\*****Must be completed when services are initiated, when plan is updated and annually****\*\****

Subtitle: *The member, member's guardian, designated patient advocate or other qualified legal representative has the authority to sign the Service Plan.*

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

DWIHN Policy: Case Records Maintenance and Review (ID#: 8462147)

**Not Met/Partial/Met Include N/A Option**

16. There is evidence in the case record the client received a copy of the service plan or there is evidence the member declined a copy of the service plan within 15 days of service plan completion.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

**Not Met/Partial/Met Include N/A Option**

17. There is evidence the service plan has been updated as additional needs arises or reviewed for an update every 90 days. If the member was not responding or non-compliant, there is evidence of a secondary interventions/behavioral service plan was developed.

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

18. There is evidence the Service Plan has been reviewed as required by a licensed or certified professional:

*1. Residential - 7 days*

*2. Outpatient - based on the time frame in treatment (60, 90, 120 days) or at least once every 120 days*

Reference: DWIHN Policy: Individual Plan of Service (ID#: 12509566)

Administrative Rule 325.1363 (4)

BSAAS Policy 06 p. 3

DCH-MH/SA Part 7 OP

**Not Met/Partial/Met Include N/A Option**

19. There is evidence the Service Plan Review contains the following:

*1. Input from all clinicians, treatment and recovery staff involved in the care of the member*

*2. Reflects on the progress the member has made toward achieving each goal and/or objective;*

*3. Identify the need to continue or discontinue each goal and/or objective*

*4. Identify any needs to add any additional goals and/or objectives due to member's need*

Reference: BSAAS Treatment Policy #06

Administrative Rule R 325.1363 (4)

**Not Met/Partial/Met Include N/A Option**

20. There is evidence the member, licensed or certified professional, and other relevant individuals have signed and dated the Service Plan Review. If an individual was unable to sign the review, the chart documents an explanation as to why the signature was unable to be obtained.

Reference: BSAAS Treatment Policy #06

Administrative Rule R 325.1363

**Not Met/Partial/Met Include N/A Option**

**Care Coordination**

1. The date of the member's last physical prior to admission is documented in the chart

Reference: MDHHS Requirements

PIHP Contract

Access System Standards

LARA Regulations

**Not Met/Partial/Met Include N/A Option**

2. There is evidence that at the time of admission, the member was assessed for any physical disabilities, limitations, or ailments. There is documentation of the determination of the necessity or advisability of a medical examination for the member. If the member does not have a Primary Care Physician, there is evidence of attempts to provide member with a referral to a Primary Care Physician.

Reference: DWIHN Policy: Referral, Coordination and Integration of Care Procedure (ID#: 12313056)

MDHHS contract attachment P.9.3.1 and P.13.O/B

Michigan Mental Health Code, section 330.1209a

Individual MI Health Link contracts with the Integrated Care Organizations (ICOs)

**Not Met/Partial/Met Include N/A Option**

3. There is evidence of coordination with primary health care, oral health care and/or mental health care provider(s) or evidence member declined attempt to coordinate care with primary care physician and/or mental health care provider.

Reference: DWIHN Policy: Referral, Coordination and Integration of Care Procedure (ID#: 12313056)

**Not Met/Partial/Met Include N/A Option**

4. If member has agreed to care coordination with their Primary Care Physician, the chart documents the PCP name, address and telephone number

Reference: MDHHS Requirements

LARA Regulations

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

5. There is evidence of coordination and collaboration with other local human service agencies, i.e. Department of Human Services, Housing, Michigan Rehabilitative Services, Work First, etc.

Reference: MDHHS contract attachment P.9.3.1 and P.13.O/B

Michigan Mental Health Code, section 330.1209a

Individual MI Health Link contracts with the Integrated Care Organizations (ICOs)

DWIHN Policy: Referral, Coordination and Integration of Care Procedure (ID#: 12313056)

**Not Met/Partial/Met Include N/A Option**

6. If member is deemed ready by the program staff to participate in education, job training programs or to obtain gainful employment, there is documentation that the member received a referral to an agency to provide vocational training, education and/or employment as identified in the Master Treatment Plan.

Reference: Administrative Rule R 325.1359 (1b, 1c)

Michigan Mental Health Code, section 330.1209a

Individual MI Health Link contracts with the Integrated Care Organizations (ICOs)

DWIHN Policy: Referral, Coordination and Integration of Care Procedure (ID#: 12313056)

**Not Met/Partial/Met Include N/A Option**

7. There is evidence in member's record of coordinating community resources such as housing, food banks, clothing closets or any additional services that are not available in the current program and documents follow up and outcomes

Reference: Administrative Rule 325.1359

DWIHN Policy: Referral, Coordination and Integration of Care Procedure (ID#: 12313056)

**Not Met/Partial/Met Include N/A Option**

8. If a member is receiving services at an outside resource, the progress notes documented that the program attempted to secure a written case summary, case evaluation, and other client records from that resource.

Reference: MDHHS contract attachment P.9.3.1 and P.13.O/B

Michigan Mental Health Code, section 330.1209a

Individual MI Health Link contracts with the Integrated Care Organizations (ICOs)

**Not Met/Partial/Met Include N/A Option**

9. Chart documents evidence of follow-ups on referrals given to members

Reference: BSAAS Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

**Progress Notes**

1. There is evidence progress notes tie back to treatment plan by identifying what goal/objective(s) were addressed during the session

Reference: ASAM Criteria

BSAAS Treatment Policy #06

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

2. There is evidence progress notes document progress or lack of progress toward meeting goals

Reference: R 325.1907 Progress Notes

BSAAS Treatment Policy #06, 4/2/12, p. 3 of 5

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

3. There is evidence progress notes are individualized to the member, including participation, therapeutic interventions, current mental status and stage of change in each session

Reference: BSAAS Treatment Policy #06

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

4. There is evidence progress notes documents additional/changing needs, goals or objectives to justify adjustments to treatment plans

Reference: BSAAS Policy #6 p.3

**Not Met/Partial/Met Include N/A Option**

5. If appropriate, there is evidence the treatment plan and progress notes reflect integration of service.

Reference: Medicaid Manual

PIHP Contract

**Yes/No Include N/A Option**

6. There is evidence the progress notes documented in the chart, supports services billed

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

7. There is evidence progress notes are signed with credentials and are dated

Reference: BSAAS Policy #6 p.2

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

8. There is evidence progress notes have been completed within 72 hours of session and placed in the chart.

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

**Withdrawal Management**

1. There is evidence in the case record that the physician, physician's assistant, or advanced practice registered nurse has reviewed and assessed the recipient every 72 hours after admission.

Reference: Administrative Rule R 325.1387 (5)

**Not Met/Partial/Met Include N/A Option**

2. There is evidence in the case record of an initial test for opioids, benzodiazepine, methadone and metabolites, buprenorphine and buprenorphine metabolites, barbiturates, amphetamines, cocaine and other drugs upon admission.

Reference: R 325.1387 (7)

**Not Met/Partial/Met Include N/A Option**

3. There is evidence that the initial drug test results were documented in the case record within 48 hours of collection.

Reference: Administrative Rule 325.1387 (7)

**Not Met/Partial/Met Include N/A Option**

4. There is evidence in the case record that at the time of admission and prior to any medications being prescribed or services offered, the medical director, physician, physician's assistant or advanced practice registered nurse has completed and documented the medical and drug history as well as a physical examination of recipient.

Reference: Administrative Rule 325.1387 (8)

**Yes/No Include N/A Option**

5. There is evidence documented in the case record a copy of TB testing & results

Reference: BSAAS Prevention Policy #02, 10/1/2006, p. 4

**Not Met/Partial/Met Include N/A Option**

6. There is evidence a screening and referral protocol was used by a physician, physician's assistant, or advanced registered practice nurse to identify and transfer to medically monitored program or other appropriate setting an individual who meets any of the following criteria:

*1. Member is medically unstable*

*2. Member has a history of seizures*

*3. Member has a history of alcohol, benzodiazepine, or other sedative withdrawal related complications*

*4. Member has a blood pressure measurement above or below the program's accepted range for the individual*

*5. Member has current suicidal ideations or attempted suicide in the past month*

*6. Member is pregnant*

Reference: Administrative Rule R 325.1388 (5a)

**Not Met/Partial/Met Include N/A Option**

**Residential Treatment Program**

1. There is evidence documented in the chart, provider provided and ensured member participated in no less than 15 hours per week of support services that met the needs of the member.

Reference: Administrative Rule R 325.1385 (8)

**Not Met/Partial/Met Include N/A Option**

2. There is documentation in the chart that no less than 10 of the 15 hours was a form of treatment and rehabilitation evidence-based practice or services.

Reference: R 325.1385 (8)

**Yes/No no points given Include N/A Option**

3. There is evidence member entering residential treatment was tested for TB upon admission and TB results are documented in client's chart or documentation of testing upon admission to provider's residential withdrawal management program previously

Reference: BSAAS Prevention Policy #02, 10/1/2006, p. 4

**Not Met/Partial/Met Include N/A Option**

**Outpatient Treatment Program**

1. There is documentation that member has access to one or more hours of formalized individual, group, or family counseling per week. The hours of counseling may vary according to the member’s needs and hours are based on the ASAM waiver.

Reference: ASAM Criteria

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

2. There is evidence of counseling and clinical monitoring to promote successful initial involvement in regular, productive daily activity, such a work or school and, as indicated, successful reintegration into family living, behavioral issues and address major lifestyle changes.

Reference: ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

3. There is evidence services were delivered as documented in the service plan

Reference: BSAAS Policy #6

Medicaid Manual

Not Met/Partial/Met Include N/A Option

4. If member is participating in group sessions, there is evidence group sessions last a minimum of 15 minutes and no more than 2 hours

Reference: PIHP Contract

Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

5. If member is participating in didactic, there is evidence didactics include a minimum of 3 members and includes the following content:

*1. the nature of chemical dependency including alcohol, opiate and cocaine addition; the phenomena of exchange of addictions and cross addictions; and the role of addiction as a substitute for effective coping mechanisms;*

*2. a systematic review of relapse avoidance strategies;*

*3. the nature and dynamics of self-help group recovery support;*

*4. vocational readiness and job market information;*

*5. parenting and family life education;*

*6. health topics including AIDS prevention; the role of nutrition and exercise in recovery and strategies for coping with sleep disorders brought on by drug use or lifestyle problems*

***\*\*\*****Didactic materials or lectures dealing with spirituality must avoid endorsing a specific religion****\*\*\****

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

**Intensive Outpatient Services**

1. There is evidence that the initial service plan was developed within fourteen days or before services start.

Reference: Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Treatment Policy #09

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

2. Based off of the level of Intensive Outpatient treatment, there is evidence documented in the chart of compliance with scheduled treatment:

*(1.) Level 1 = 3 hours per day, 3 days a week;*

*(2.) Level 2 = 4 hours per day, 4 days a week;*

*(3.) Level 3 = 4 to 5 hours per day, 5 days a week.*

Reference: Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program - Treatment Policy #09

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

**Medicated Assisted Treatment**

1. There is evidence the medical director, physician, physician's assistant or advanced practice registered nurse completed and documented in the chart the medical and drug history of the member that includes the following:

*(1) Head injuries.*

*(2) Nervous diseases.*

*(3) Convulsive diseases.*

*(4) Major and minor operations.*

*(5) Major accidents.*

*(6) Fractures.*

*(7) Venereal infections.*

*(8) Cardiovascular diseases.*

*(9) Respiratory diseases.*

*(10) Endocrine diseases.*

*(11) Rheumatic diseases.*

*(12) Gastrointestinal diseases.*

*(13) Allergic diseases.*

*(14) Gynecological-obstetrical history.*

*(15) The licensed program physician shall document his or her review of medical history.*

Reference: Administrative Rule R 325.1383 (10)

**Not Met/Partial/Met Include N/A Option**

2. There is evidence the medical director, physician, physician's assistant or advanced practice registered nurse has completed and documented in the chart physical examination of the member that includes the following:

*(1) A physical examination stressing infectious disease; pulmonary, liver, and cardiac abnormalities; dermatologic sequelae of addiction; and possible concurrent surgical problems.*

*(2) A complete blood count and differential.*

*(3) Serologic tests for syphilis.*

*(4) Routine and microscopic urinalysis.*

*(5) Urine screening for drugs (toxicology);*

*(6) Sequela multiple analyzer 12/60 or equivalent.*

*(7) Australian antigen test.*

*(8) Tuberculin skin test or chest x-ray.*

*(9) Sickle cell test, as appropriate.*

*(10) A test for pregnancy, as appropriate.*

*(12) The licensed program physician shall document the number of years that the individual has been dependent on, or addicted to, opiates or opiate-like drugs.*

Reference: Administrative Rule R 325.1383 (10)

**Not Met/Partial/Met Include N/A Option**

3. There is evidence that the medical director, physician, physician’s assistant, or advanced practice registered nurse has documented that the recipient has been diagnosed with a substance use disorder. For methadone treatment, the recipient shall be diagnosed with a substance use disorder and have documented opioid use disorder for ONE year or more.

Reference: Administrative Rule R 325.1383 Medication assisted treatment (MAT) services; requirements. (9)

**Not Met/Partial/Met Include N/A Option**

4. There is a completed, signed and dated FD-2635 "Consent to Methadone Treatment" form in the member’s record. The Consent form should include benefits and hazards of methadone treatment.

***\*\*****Must be completed when services are initiated and annually****\*\****

Reference: BSAAS Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

5. Prior to treatment, there is evidence the MAT program provided the recipient all available medical treatment options and FDA approved medications related to the recipient’s assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option.

*The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient.*

Reference: BSAAS Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

6. Methadone Only: Chart documents evidence member-signed consent to contact other OTP within 200 miles to monitor for enrollments in other methadone programs

Reference: BSAAS Treatment Policy #05, 10/1/12, p. 4 of 11

**Not Met/Partial/Met Include N/A Option**

7. There is documentation in the member's record that the initial laboratory tests ordered by the program physician were performed and reviewed prior to the initial dose of methadone.

Reference: Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

8. There is evidence that member participated in random urine screens:

***\*\*\**** *Positive urine screen for drugs other than methadone or legally prescribed drugs requires resumption of a weekly schedule of urinalysis****. \*\*\****

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**

9. There are drug screening reports documenting that client was tested for methadone, methadone metabolites, opioids, buprenorphine, buprenorphine metabolites, tetrahydrocannabinol, barbiturates, amphetamines, cocaine, and alcohol if using to the degree that would make methadone dosing unsafe.

Reference: Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

10. Orders by physician, physician's assistant, or advanced practice registered nurse for any modification to medications or course of treatment was documented in the chart

Reference: Administrative Rule R 325.1361 (3b), (3c), (3d); Administrative Rule R 325.1383 (10)

**Not Met/Partial/Met Include N/A Option**

11. There is evidence documented in the member's chart by days 30, 60, and 90 of treatment, and at least every 90 days thereafter that the medical director, a physician, physician’s assistant, or advanced practice registered nurse have met with the recipient to review recipient’s treatment plan, including a review of the counseling services progress notes, drug tests, and document the medical necessity for continued treatment in the program and any recommended adjustments to the treatment plan.

Reference: Administrative Rule R 325.1383 (11)

**Not Met/Partial/Met Include N/A Option**

12. If member was struggling to meet objectives in his/her treatment and recovery plans and/or has positive urine screens for illicit drug use, there is evidence documented in the chart that the medical and clinical staff has met with member to identify the course of treatment and recovery as well as adjusted services being provided

Reference: BSAAS Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

13. If member is on take-home methadone, there is documented justification by the program physician which utilized the following information:

*(1) Background and history of the member.*

*(2) General and special characteristics of the member and the community in which the member resides.*

*(3) Absence of recent or current abuse of non-narcotic drugs and alcohol and narcotic drugs, including methadone.*

*(4) Regularity of clinic attendance.*

*(5) Absence of serious behavioral problems in the clinic.*

*(6) Stability of the member’s home environment and social relationships.*

*(7) Absence of recent criminal activity.*

*(8) Length of time in methadone maintenance treatment.*

*(9) Assurance that take-home medication can be safely stored at home.*

*(10) Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.*

Reference: Treatment Policy #04: Off-Site Dosing Requirements for Medication Assisted Treatment

**Not Met/Partial/Met Include N/A Option**

14. If applicable, there is evidence the number of allowed take-home doses for methadone is based according to all of the following:

*1. One take-home dose a week for days 1 to 90 of treatment.*

*2. Up to 2 take-home doses in a week for days 91 to 180 of treatment.*

*3. Up to 3 take-home doses in a week for days 181 to 365 of treatment.*

*4. Up to 4 take-home doses in a week for days 366 to 730 of treatment.*

*5. Up to 5 take-homes doses in a week for days 731 to 1,095 of treatment.*

*6. Up to 6 take-home doses in a week for days 1,096 to 1,825 of treatment.*

*7. Up to 2, 13 take-home doses in a month after day 1,826 of treatment.*

Reference: Treatment Policy #04: Off-Site Dosing Requirements for Medication Assisted Treatment

**Not Met/Partial/Met Include N/A Option**

15. Chart documents annually, medical necessity justification by the program physician for member's continued participation in MAT services if member has been receiving MAT services longer than two years.

Reference: BSAAS Treatment Policy #05

**Not Met/Partial/Met Include N/A Option**

16. There is evidence the member’s record contains the methadone dispensing record signed by the nurse.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

17. There is evidence documented in the member's record reasons for voluntary or involuntary withdrawal from the MAT program.

*There is evidence documented in the record of referral options to continue treatment at another program.*

Reference: Administrative Rule 325.1383 (17) (i)

**Not Met/Partial/Met Include N/A Option**

18. For members in Medical Maintenance Phase of Treatment, chart should document evidence member has met the following criteria:

*1. Two years of continuous treatment;*

*2. Abstinence from illicit drugs and from abuse of prescription drugs.*

*3. No alcohol use problem*

*4. Stable living conditions in an environment free of substance use*

*5. Stable and legal source of income*

*6. Involvement in productive activities (i.e., employment, school, volunteer work, etc.)*

*7. No criminal or legal involvement for at least 3 years and no current parole or probation status*

*8. Adequate social support system and absence of significant un-stabilized co-occurring disorders*

Reference: Treatment Policy #05

Treatment Technical Advisory #06

**Not Met/Partial/Met Include N/A Option**

19. Administrative Discontinuation of services due to member exhibited the following actions:

*1. Repeated or continued use of illicit opioids and non-opioid drugs (including alcohol)*

*2. Toxicology results that do not indicate the presence of methadone metabolites*

*3. Repeated failure to submit to toxicology sampling as requested*

*4. Repeated failure to attend scheduled individual and/or group counseling sessions or other clinical activities such as psychiatric or psychological appointments*

*5. Failure to manage medical concerns/conditions, including adherence to physician treatment and recovery services and use of prescription medications that may interfere with the effectiveness of methadone and may present a physical risk to the member*

*6. Repeated failure to follow through on other treatment and recovery plan related referrals*

*7. Possession of a weapon on property*

*8. Assaultive/ Threats behavior towards staff or members*

*9. Diversion of controlled substances or adulteration of toxicology samples*

Reference: MDHHS Medical Provider Manual

**Not Met/Partial/Met Include N/A Option**

**Medication**

1. When medication is prescribed, there is evidence of consistency among the signs and symptoms, diagnosis, and medication prescribed.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

2. There is evidence that the type, dosage, and rationale for all medications are documented in the case record.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

3. All medications (such as OTC and those prescribed by external physicians), are documented and updated as necessary. Documentation of the efforts to obtain the information is acceptable.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

4. There is evidence the Medication Consent forms for all program-prescribed medications are current, include dosage (if outside therapeutic range), documentation of the right to withdraw consent verbally, are signed by member/guardian and prescribing physician annually.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

5. There is evidence of drug-specific patient education was provided to individuals or legal representative prior to administering each new drug.

Reference: MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

ASAM Criteria

**Not Met/Partial/Met Include N/A Option**

6. There is evidence the laboratory results (ordered by Program physician) are reviewed, signed off by physician and available in the chart.

Reference: DWIHN Policy #4419996

MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

7. There is evidence Quarterly Tardive Dyskinesia testing dates and results are documented by program physician when psychotropic (antipsychotic) medications are prescribed.

Reference: DWIHN Policy #4419996

MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

8. There is evidence copies of prescriptions or medical orders are in the member’s file (if prescribed by program physician).

Reference: DWIHN Policy #4419996

MDHHS-DWIHN Contracts for Medicaid, General Fund and Substance Use Disorders Services

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.A. 368 of 1978, as amended

Michigan Administrative Code, R330.7158

Michigan Medicaid Manual

**Not Met/Partial/Met Include N/A Option**

**Discharge Planning**

1. There is evidence that within 2 weeks of the discharge date, there is a discharge summary documented in the chart

Reference: Administrative Rule R325.1361 (1)(k)

**Not Met/Partial/Met Include N/A Option**

2. There is evidence the discharge summary documents the rational for the discharge (i.e. completion, termination, transfer or self-termination)

Reference: Technical Advisory #12

Administrative Rule R 325.1361 (1k)

**Not Met/Partial/Met Include N/A Option**

3. There is evidence the Discharge Summary documents member's status at discharge:

*1. Prognosis.*

*2. Stage of change.*

*3. Met & Unmet needs/goals/objectives*

Reference: Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

4. There is evidence the Discharge Summary documents the level of motivation from admission to discharge and indicates if there were any improvements in member's status from admission to discharge.

Reference: PIHP contract

**Not Met/Partial/Met Include N/A Option**

5. There is evidence the Discharge Summary documents a summary of services received, member's level of participation, recommendations and referrals given to client

Reference: Technical Advisory #12

PIHP Contract

**Not Met/Partial/Met Include N/A Option**

6. There is evidence the Discharge Summary documents Next Provider, Next Provider Contact Information and Date/Time of Appointment

Reference: Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

7. For MDOC referred members, there is evidence of the following:

*1. Provider ensured member's supervising agent was informed prior to any discharge due to violation of program rules/regulations except in extreme circumstances.*

*2. Provider collaborated with supervising agent for any non-emergency discharge of the referred member and allowed MDOC time to develop a transportation plan and/or a supervision plan prior to removal*

Reference: PIHP Contract

**Yes/No no points given Include N/A Option**

8. There is evidence of Discharge/Recovery planning documented in the case record and based on the Master Treatment Plan.

Reference: Administrative Rule 325.1361 Recipient records

**Not Met/Partial/Met Include N/A Option**

9. If a program provides aftercare/follow-up services, there is evidence a written aftercare plan was developed in partnership with the member before the completion of treatment.

Reference: Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

10. There is evidence the Discharge/Recovery plan included referral(s) to Community Self-Help/Recovery groups to increase recovery outcomes.

Reference: Administrative Rule 325.1361 Recipient records

Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

11. There is evidence the Discharge/Recovery plan identified aftercare/follow-up services and Relapse Prevention Planning.

Reference: Administrative Rule 325.1361

Technical Advisory #12

**Not Met/Partial/Met Include N/A Option**

12. There is evidence of discharge data was entered into MHWIN within 2 weeks of member's discharge

Reference: PIHP Contract

**Not Met/Partial/Met Include N/A Option**