

Louisiana - Provider Quality Monitoring Substance Use Disorder ASAM Level 2-WM Record Tool

Effective Date: August 5, 2024

These audit tools can be used for various types of audits that a provider may require. They ensure you are meeting state regulatory requirements.

Substance Use Disorder (SUD) Core requirements: Initial evaluation

Question

1. Triage screening is conducted to determine eligibility and appropriateness (proper member placement) for admission and referral.
2. ASAM 6-Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.
3. ASAM 6-Dimensional risk evaluation substantiates member placement at the appropriate ASAM level of care.
4. The ASAM 6-Dimensional risk evaluation must be reviewed and signed by a Licensed Mental Health Professional (LMHP).
5. Urine drug screens are required upon admission.
6. Evidence of physicians' orders for medical management.
7. Evidence of physicians' orders for psychiatric management.
8. A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.
9. The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable.
10. The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment.
11. The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable.
12. The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment.
13. The comprehensive bio-psychosocial evaluation must contain current health status.
14. The comprehensive bio-psychosocial evaluation must contain social history.
15. The comprehensive bio-psychosocial evaluation must contain current living situation.
16. The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear.
17. The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others.
18. The comprehensive bio-psychosocial evaluation must contain education.
19. The comprehensive bio-psychosocial evaluation must contain vocational training.
20. The comprehensive bio-psychosocial evaluation must contain employment history.
21. The comprehensive bio-psychosocial evaluation must contain employment current status.
22. The comprehensive bio-psychosocial evaluation must contain military service history, if applicable.
23. The comprehensive bio-psychosocial evaluation must contain military service current status.
24. The comprehensive bio-psychosocial evaluation must contain past emotional state.
25. The comprehensive bio-psychosocial evaluation must contain present emotional state.
26. The comprehensive bio-psychosocial evaluation must contain past behavioral functioning.
27. The comprehensive bio-psychosocial evaluation must contain present behavioral functioning.
28. The comprehensive bio-psychosocial evaluation must contain weaknesses.
29. A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.

- 30. A drug screening is conducted when the member's history is inconclusive or unreliable.
- 31. An appropriate assignment to level of care with referral to other appropriate services as indicated must be made.
- 32. Evaluations must include the consideration of appropriate psychopharmacotherapy.

SUD Core requirements: Treatment plan

Question

- 33. The treatment plan must identify the medical or remedial services intended to reduce the identified condition, as well as the anticipated outcomes of the individual.
- 34. The treatment plan must include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
- 35. The treatment plan specifies the amount.
- 36. The treatment plan must be signed by the LMHP or physician responsible for developing the plan.
- 37. Treatment plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.
- 38. The re-evaluation of the treatment plan must involve the individual, family and/or legal representative, and providers.
- 39. Re-evaluations of the treatment plan must determine if services have contributed to meeting the stated goals.
- 40. If there is no measurable reduction of disability or restoration of functional level, a new treatment plan must be developed and identify a different rehabilitation strategy with revised goals and services.
- 41. If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must either be on the Child and Family Team (CFT) or working closely with the CFT.
- 42. The treatment plan is reviewed/updated in collaboration with the member, as needed, or at minimum of every 30 days or more frequently if indicated by the member's needs and documented accordingly.
- 43. The treatment plan must be reviewed and signed by the physician and must be filed in the individual's record within 24 hours of admission with updates, as needed.
- 44. The treatment plan must be reviewed and signed by the individual and must be filed in the individual's record within 24 hours of admission with updates, as needed.
- 45. Urine drug screens are required as directed by the treatment plan.

SUD Core requirements: Progress notes

Question

- 46. Treatment services at all levels of care of care shall offer a family component.
- 47. Adolescent substance use programs shall include family involvement as evidenced by parent education.
- 48. Adolescent substance use programs shall include family involvement as evidenced by family therapy.
- 49. Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.
- 50. The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, provide supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.
- 51. Progress notes document the implementation of the stabilization/treatment plan.
- 52. Progress notes document the individual's response to and/or participation in scheduled activities.
- 53. Progress notes must document the individual's physical condition.
- 54. Progress notes must document the individual's vital signs.
- 55. Progress notes must document the individual's mood.
- 56. Progress notes must document the individual's behavior.

SUD Core requirements: Medication management

Question

- 57. There must be evidence that the member was assessed to determine if Medication Assisted Treatment (MAT) was a viable option of care, based on the Substance Use Disorder (SUD) diagnosis. (Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD) are appropriate for MAT).
- 58. SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.
- 59. SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.
- 60. SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.
- 61. SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite.

SUD Core requirements: Discharge

Question

- 62. Documentation of discharge/transfer planning beginning at admission.
- 63. Documentation of referrals made as needed.
- 64. The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in discharge planning as evidenced by their signature on relevant documentation.