

# Louisiana - Provider Quality Monitoring Substance Use Disorder ASAM Level 3.7 Adult Record Tool

Effective Date: August 6, 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 (i.e., 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. A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.
6. The comprehensive bio-psychosocial evaluation must contain past psychiatric treatment, if applicable.
7. The comprehensive bio-psychosocial evaluation must contain present psychiatric treatment.
8. The comprehensive bio-psychosocial evaluation must contain past addictive disorders treatment, if applicable.
9. The comprehensive bio-psychosocial evaluation must contain present addictive disorders treatment.
10. The comprehensive bio-psychosocial evaluation must contain current health status.
11. The comprehensive bio-psychosocial evaluation must contain social history.
12. The comprehensive bio-psychosocial evaluation must contain current living situation.
13. The comprehensive bio-psychosocial evaluation must contain relationships with family of origin, nuclear.
14. The comprehensive bio-psychosocial evaluation must contain relationships with family and/or significant others.
15. The comprehensive bio-psychosocial evaluation must contain education.
16. The comprehensive bio-psychosocial evaluation must contain vocational training.
17. The comprehensive bio-psychosocial evaluation must contain employment history.
18. The comprehensive bio-psychosocial evaluation must contain employment current status.
19. The comprehensive bio-psychosocial evaluation must contain military service history, if applicable.
20. The comprehensive bio-psychosocial evaluation must contain military service current status.
21. The comprehensive bio-psychosocial evaluation must contain legal history, if applicable.
22. The comprehensive bio-psychosocial evaluation must contain past emotional state.
23. The comprehensive bio-psychosocial evaluation must contain present emotional state.
24. The comprehensive bio-psychosocial evaluation must contain past behavioral functioning.
25. The comprehensive bio-psychosocial evaluation must contain present behavioral functioning.
26. The comprehensive bio-psychosocial evaluation must contain weaknesses.
27. A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.
28. A drug screening is conducted when the member's history is inconclusive or unreliable.

29. An appropriate assignment to level of care with referral to other appropriate services as indicated must be made.
30. Diagnostic laboratory tests or appropriate referral must be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.
31. Evaluations must include the consideration of appropriate psychopharmacotherapy.

## **SUD Core requirements: Treatment plan**

### Question

32. The treatment plan must be developed within 72 hours.
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 must specify the amount of services.
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. An individualized, interdisciplinary treatment plan which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals must be developed.
43. An individualized, interdisciplinary treatment plan must be developed in collaboration with the member.
44. The treatment plan is reviewed in collaboration with the member, as needed, or at a minimum of every 30 days or more frequently if indicated by member needs and documented accordingly.

## **SUD Core requirements: Progress notes**

### Question

45. Treatment services at all levels of care of care shall offer a family component.
46. Adolescent substance use programs shall include family involvement as evidenced by parent education.
47. Adolescent substance use programs shall include family involvement as evidenced by family therapy.

## **SUD Core requirements: Medication management**

### Question

48. 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).
49. SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.
50. SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.
51. SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.
52. SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite.

## SUD Core requirements: Discharge

### Question

- 53. Documentation of discharge/transfer planning beginning at admission.
- 54. Documentation of referrals made as needed.
- 55. 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.