

Louisiana - Provider Quality Monitoring Substance Use Disorder ASAM Level 3.7-WM 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 (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 past emotional state.
22. The comprehensive bio-psychosocial evaluation must contain legal history, if applicable.
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.
32. A physical examination must be performed by a physician, physician assistant (PA) or advanced practical registered nurse (APRN).
33. A physical examination must be performed by a physician, PA or APRN within 24 hours of admission.
34. Evidence of physicians' orders for psychiatric management.
35. Evidence of physicians' orders for medical management.
36. Appropriate toxicology tests must be ordered by a physician, PA or APRN within 24 hours of admission.
37. Appropriate laboratory tests must be ordered by a physician, PA or APRN within 24 hours of admission.
38. Evidence that toxicology and drug screenings are medically monitored. A physician may waive drug screening if and when individual signs list of drugs being used and understands that his/her dishonesty could result in severe medical reactions during withdrawal management process.

SUD Core requirements: Treatment plan

Question

39. 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.
40. The treatment plan must include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
41. The treatment plan must specify the amount of services.
42. Treatment plan will specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.
43. The re-evaluation of the treatment plan must involve the individual, family and/or legal representative, and providers.
44. Re-evaluations of the treatment plan must determine if services have contributed to meeting the stated goals.
45. 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.
46. 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.
47. A qualified professional must identify the individual's short-term needs based on the withdrawal management history, the medical history and the physical examination, if available, and prepare a plan of action until individual becomes physically stable.
48. An individualized, interdisciplinary stabilization/treatment plan must be developed in collaboration with the member, including problem identification in ASAM Dimensions 2-6 [Recovery Environment].
49. The treatment plan is reviewed and signed by physician within 24 hours of admission as evidenced by date and signature.
50. The treatment plan is reviewed and signed by the individual within 24 hours of admission as evidenced by date and signature.

SUD Core requirements: Progress notes

Question

51. Treatment services at all levels of care of care shall offer a family component.
52. Adolescent substance use programs shall include family involvement as evidenced by parent education.
53. Adolescent substance use programs shall include family involvement as evidenced by family therapy.
54. Daily assessment of member's progress must be documented accordingly.
55. Progress notes must document the individual's response to and/or participation in scheduled activities.
56. Progress notes must document the individual's physical condition.
57. Progress notes must document the individual's vital signs.
58. Progress notes must document the individual's mood.
59. Progress notes must document the individual's behavior.
60. Progress notes must document statements about the individual's condition.
61. Progress notes must document statements about the individual's needs.
62. Progress notes must document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals.

SUD Core requirements: Medication management

Question

63. 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).
64. SUD providers, when clinically appropriate, must educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.
65. SUD providers, when clinically appropriate, must educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.
66. SUD providers, when clinically appropriate, must educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.
67. SUD providers, when clinically appropriate, must provide on-site MAT or refer to MAT offsite.

SUD Core requirements: Discharge

Question

68. Documentation of discharge/transfer planning beginning at admission.
69. Documentation of referrals made as needed.
70. 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.