

SUD Full Regulatory Compliance Tool

Client Name: _____

Type of SUD Services: _____

Date of Next CQRT: _____

InSyst/PSP#: _____

RU: _____

Clinician Review Components (Write Comments on opposite side)

Informing Materials/Releases	Yes	No	N/A				
1. InSyst or CG Face Sheet accurate (e.g. EOD, provider, RU) w/current SUD included diagnosis(es)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Educational history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ACBH Informing Materials/Consent to Treat signature page complete and signed by intake/assessment due date and then annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Employment history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SUD Programs ROI signed by opening date of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Criminal history, legal status, treatment history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When prescribing, valid informed consent for medication(s) present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Client risks assessed (relapse, DTO/DTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Necessity (for Auth/Review Period)	Yes	No	N/A				
5. IMN/CSJ relevant to review period was complete within required time frame. For initial: 48 hrs for WM RES, 5 days for residential, & 30 days for all other SUD programs. Cont. Just. of Services is due 5-6 months from EOD or date of last CSJ. For OTP dx due day 1 & annually (IMN/CSJ not required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. SOGIE information gathered (or indicated plan to assess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SUD diagnoses for treatment are on ACBHSUD DMC Included Diagnosis list (RSS Remission dx only, WM Intox/Withdrawal dx only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Language preference assessed at intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Written basis on IMN/CSJ supports each SUD diagnosis to be treated (specific, individualized, and with time frames).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Intake/Assessment completed by a staff with the credentials to do so and within their scope of practice/training Reg. Counselor requires 50%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SUD diagnoses established by LPHA. Unlicensed LPHA requires licensed LPHA co-signature within IMN/CSJ due date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. If SUD counselor completed Intake/Assessment, LPHA reviewed and co-signed within 15 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. LPHA establishing the diagnosis met face-to-face or telehealth with beneficiary or SUD Counselor who conducted the intake assessment (for initial) or primary SUD Counselor (for CSJ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Assessment includes a detailed formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ALOC(s) relevant to review period completed within required time frame. ALOC Initial: WM RES 48 hrs, RES by day 5, All other SUD providers by day 30. ALOC Review: RES every 30 days, IOS every 60 days, OS/OTP every 90 days, RSS every 6 months from EOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Assessment updated when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All pertinent elements of ALOC(s) include description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Plan (or Plans) Relevant to the Review Period	Yes	No	N/A
12. For each relevant ALOC, indicated ASAM LOC matches client's presentation at the time of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. All challenges identified in the assessment are addressed in relevant plans or deferred (with explanation for deferral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When referred to a LOC that is different than assessed the LOC there is a valid description of the reason for the difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Plan(s) includes goals to be reached that addresses each challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. For Cont. Just. of Services, Recommendation is complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Goals/Action Steps in plan are consistent with impairment to functioning and need for SUD treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. For Residential (RES) UM preauthorization completed and documents filed in chart (N/A if OS/IOS/RSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Action Steps are specific, measurable, attainable, realistic, observable, and with target dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	Yes	No	N/A				
16. Physical exam requirements are met: 1) Exam completed by provider, 2) Client had one in the past 12 months – provider has documentation of this or gets it prior to the plan being completed, or 3) No physical and a goal is in the plan to get one. OTP requires exam day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Plan(s) include service descriptions (type of counseling) and frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Physical exam completed by an external health provider meets agency exam requirements as evidenced by agency review (MD, PA, or NP) within 30 days of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Plan(s) include ICD-10 code and DSM-5 name of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Allergies/adverse reactions/sensitivities or lack thereof noted prominently on charts' cover or in EHR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Plan(s) are consistent with diagnosis and medical necessity (golden thread).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. AOD programs have completed Health Questionnaire (DHCS 5103)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. If physical exam indicates sig. illness, plan(s) includes goal for tx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	Yes	No	N/A				
20. Intake Assessment is complete within required time frames: 48hrs for WM RES, 10 days for residential, and 30 days for IOS/OS/RSS, 28 days for OTP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. If client has not had a physical exam in past 12 months, plan(s) include a goal to get an exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. All required elements of Intake Assessment are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Client's risk(s) have a safety plan: Relapse, (DTS/DTO), at risk for DV/IPV, Abuse, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Drug/alcohol use, history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Plan(s) indicates who is client's "primary" counselor/LPHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Medical history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Plan(s) revised when significant change (e.g. in service, diagnosis, focus of treatment, inaccurate frequency, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Psychiatric/psychological history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Coordination of care is evident, when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Social/recreational history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Plan(s) contain <i>Tentative Discharge Plan</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Financial status/history assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Plan(s) include complete signature of plan author (LPHA or Counselor); printed name, signature, credentials, date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				52. Plan(s) relevant to review period complete within required time frames: For initial 48hrs WM RES, 10 days RES, & 30 days for other SUD services. Then at least every 90 days from author (LPHA or Counselor) signature date. OTP plan is due every 90 day window from EOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				53. Plan(s) signed/dated by client (or legal representative when appropriate) or documentation of client refusal or unavailability within required time frames. Initial by plan due date & updates 30 days from author signature date. OTP plan is due every 90 day window from EOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				54. Plan(s) completed by SUD Counselor has LPHA co-signature within 15 days of plan author signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Review a minimum of 6 Progress Notes. If there are not 6 notes, then last 30 days.			
				Progress Notes (ALL Programs)	Yes	No	N/A
				55. There is a note for each claim or for RES or WM 3.2 each day claimed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				56. Notes include service date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				57. Notes indicate location of service: in-person, telephone, telehealth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. Notes include info on the beneficiary's attendance, including the date, start and end times of each service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86. WM 3.2 services are only intake, observation, medication services, care coordination, treatment planning, and discharge services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Notes have face-to-face, travel, and total times documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. Observations & physical checks documented every 30 minutes for the first 72 hours following admission? (Exceptions allowed after 24 hrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Notes include the topic or purpose of the session (RES daily must include this for all services that day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88. Documentation of observations and physical checks includes printed name, signature, credentials, and date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Planned service codes claimed are in applicable plan or plans (initial exceptions may apply) *RES and WM 3.2 only need Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Notes/Sign-In Sheets	Yes	No	N/A
62. Notes use correct procedure code. Review the procedure codes used and the content of the note. Note must have code or exact name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89. Group notes include the number of participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Services are related to the current treatment plan goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90. Group notes include co-facilitator's name, credentials, signature, date, and face-to-face time only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Notes include a description of progress on treatment plan problems, goals, action steps, objectives, and/or referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91. There is a group sign-in sheet for every group counseling session or group patient education session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Notes for client encounters include client and/or staff follow-up plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92. Group sign-in sheets include the topic of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Community services indicate how provider ensured confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93. Group sign-in sheets includes the date and start/end time (if different for client, this is indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Notes are individualized and with minimal copy/paste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94. Group sign-in sheets includes for each attendee, their legibly printed name & signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Notes include legibly printed name, signature, credentials, & date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95. SUD Counselor/LPHA who conducted group legibly printed their name and signed sign-in sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Notes are completed by due date (7 days, except RES Weekly Summary which is due the next calendar week from the service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96. Adults are not in groups with beneficiaries 17 or younger unless at a certified school site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Documentation time is reasonable, substantiated by content, & w/date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perinatal / Parenting Services	Yes	No	N/A
71. Services provided by allowable staff within their scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. Additional perinatal assessment items completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Services provided utilize one of the following EBPs: MI, CBT, Trauma Informed Treatment/Seeking Safety, or a contract specific EBP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98. Regularly scheduled UA Screening is documented "to reduce harm"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Services were provided by staff with valid credentials to do so at the time of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. Child Care services are included in the Client Plan and/or Wait List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Medication Services provided are within established requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100. Child Care addresses therapeutic and developmental needs noted in assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Physician Consultation services are between agency physician and ACBH specified physician consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101. Parenting Skills and Relationship Building are included in the Client Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Notes document the language that the service is provided in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102. Referrals to Community Services "Outreach" are documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Notes indicate when interpreter services were used, and relationship to client is indicated, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103. Client record contains medical documentation of pregnancy or birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Services provided do not include time claimed for non-billable activities, such as: supervision, academic, educational services, vocational services, recreation, UA lab fees, socialization, discharge summary, clerical, administrative, voicemails, no-shows, interpretation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Services	Yes	No	N/A
79. Services provided while client was not in lock-out setting, jail, JH (youth w/out adjudication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104. Assessment includes evaluation of developmental & cognitive functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (RES ONLY)	Yes	No	N/A	105. Safety Issues are identified and include follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. At least one hour of services documented daily (3.5 must be clinical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106. Alcohol and Drug testing schedule is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. 20 hours of structured therapeutic activities documented per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107. IOS/RES Client Plan includes therapeutic (art therapy, writing) & diversionary recreation activities (physical health, stretching, sports).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. ASAM 3.1 ≥ 5 or ASAM 3.5 ≥ 12 of documented face-to-face clinical hours documented per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108. Client Plan includes Educational Sessions i.e., Nutrition, Addiction, HIV/AIDS, TB, STD, Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Time claimed in notes only includes RES reimbursable activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109. Efforts to involve family or other support persons are documented & included in the Client Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. A narrative summary of progress on treatment plan, problems, goals, action steps, objectives, and/or referrals is complete either every day or at a minimum weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chart Overview	Yes	No	N/A
85. Transportation is for providing and coordinating transportation. Note CM does not include transportation and staff must accompany when claiming for transportation time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. Writing is legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (WM 3.2 RES ONLY)	Yes	No	N/A	111. Additional Releases of information (ROIs), when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				112. ROI Tracker Log is present and completed when client information is released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				113. Emergency contact information up to date with ROIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				114. Emergency Info. Is in a designated location in file/EHR/InSyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Include item number and clear description. Each No must have a comment. Use additional comment sheets if necessary):