

ASAM Level 1 Scoring Grid			
SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psycho-social evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psycho-social evaluation is completed prior to admission.	A comprehensive bio-psycho-social evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psycho-social evaluation shall contain circumstances leading to admission.	The comprehensive bio-psycho-social evaluation contains circumstances leading to admission.	The comprehensive bio-psycho-social evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psycho-social evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psycho-social evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psycho-social evaluation shall contain present behavioral health concerns.	The comprehensive bio-psycho-social evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psycho-social evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psycho-social evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psycho-social evaluation shall contain present psychiatric treatment.	The comprehensive bio-psycho-social evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psycho-social evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psycho-social evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psycho-social evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psycho-social evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psycho-social evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain significant medical history.	The comprehensive bio-psycho-social evaluation contains significant medical history.	The comprehensive bio-psycho-social evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psycho-social evaluation shall contain current health status.	The comprehensive bio-psycho-social evaluation contains current health status.	The comprehensive bio-psycho-social evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psycho-social evaluation shall contain family history.	The comprehensive bio-psycho-social evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psycho-social evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain social history.	The comprehensive bio-psycho-social evaluation contains social history.	The comprehensive bio-psycho-social evaluation does NOT contain social history.	No N/A
The comprehensive bio-psycho-social evaluation shall contain current living situation.	The comprehensive bio-psycho-social evaluation contains current living situation.	The comprehensive bio-psycho-social evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psycho-social evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psycho-social evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psycho-social evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psycho-social evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psycho-social evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain education.	The comprehensive bio-psycho-social evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently enrolled in any school, etc.	The comprehensive bio-psycho-social evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain vocational training.	The comprehensive bio-psycho-social evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training, refuses assistance with seeking vocational training, etc.	The comprehensive bio-psycho-social evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain employment history.	The comprehensive bio-psycho-social evaluation contains employment history.	The comprehensive bio-psycho-social evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psycho-social evaluation shall contain employment current status.	The comprehensive bio-psycho-social evaluation contains employment current status.	The comprehensive bio-psycho-social evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psycho-social evaluation shall contain military service history, if applicable.	The comprehensive bio-psycho-social evaluation contains military service history OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psycho-social evaluation shall contain military service current status.	The comprehensive bio-psycho-social evaluation contains military service current status OR documentation why not. For reviewer: Member denies being in the military or having a current service status, etc.	The comprehensive bio-psycho-social evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain legal history, if applicable.	The comprehensive bio-psycho-social evaluation contains legal history OR documentation why not.	The comprehensive bio-psycho-social evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psycho-social evaluation shall contain current legal status.	The comprehensive bio-psycho-social evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psycho-social evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psycho-social evaluation shall contain past emotional state.	The comprehensive bio-psycho-social evaluation contains past emotional state.	The comprehensive bio-psycho-social evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psycho-social evaluation shall contain present emotional state.	The comprehensive bio-psycho-social evaluation contains present emotional state.	The comprehensive bio-psycho-social evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psycho-social evaluation shall contain past behavioral functioning.	The comprehensive bio-psycho-social evaluation contains past behavioral functioning.	The comprehensive bio-psycho-social evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psycho-social evaluation shall contain present behavioral functioning.	The comprehensive bio-psycho-social evaluation contains present behavioral functioning.	The comprehensive bio-psycho-social evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psycho-social evaluation shall contain strengths.	The comprehensive bio-psycho-social evaluation contains strengths.	The comprehensive bio-psycho-social evaluation does NOT contain strengths.	No N/A

The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely with the CFT.	if member is not enrolled in a wrap-around agency.
ASAM LEVEL 1 REQUIREMENTS: The treatment plan is reviewed/updated in collaboration with the member, as needed, at a minimum of every 90 days or more frequently if indicated by the member's needs.	The treatment plan is reviewed/updated in collaboration with the member, as needed, at a minimum of every 90 days or more frequently if indicated by the member's needs.	The treatment plan is NOT reviewed/updated in collaboration with the member, as needed, at a minimum of every 90 days or more frequently if indicated by the member's needs.	Member received less than 90 days of services.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.

SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A
ASAM LEVEL 1 REQUIREMENTS: Evidence of early intervention for those who have been identified as individuals suffering from addictive disorders.	Evidence of early intervention for those who have been identified as individuals suffering from addictive disorders.	NO evidence of early intervention for those who have been identified as individuals suffering from addictive disorders.	No N/A
ASAM LEVEL 1 REQUIREMENTS: Evidence of referrals for education, activities or support services designed to prevent progression of disease if indicated.	Evidence of referrals for education, activities or support services designed to prevent progression of disease if indicated.	NO evidence of referrals for education, activities or support services designed to prevent progression of disease if indicated.	no documentation to support indication for referrals for education, activities, or support services designed to prevent progression of disease.

ASAM Level 2.1 Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member denies, None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently enrolled in any school, etc.	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training, refuses assistance with seeking vocational training, etc.	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies being in the military or having a current service status.	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A

The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely with the CFT.	if member is not enrolled in a wrap-around agency.

ASAM LEVEL 2.1 REQUIREMENTS: 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.	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.	The treatment plan is NOT 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.	Member received less than 30 days of services.
SUD CORE REQUIREMENTS: PROGRESS NOTES			
ASAM LEVEL 2.1 REQUIREMENTS: Progress notes include documentation of evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and/or multidimensional family therapy.	Progress notes include documentation of evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and/or multidimensional family therapy.	Progress notes do NOT include documentation of evidence-informed practices, such as cognitive behavioral therapy (CBT), motivational interviewing and/or multidimensional family therapy.	No N/A
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A

ASAM Level 2 WM Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement. *(Except 4-WM - comprehensive bio-psychosocial assessments are not required for this level of care.)*	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member denies. None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member denies. None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member denies. None none, etc.	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently enrolled in any school, etc.	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training, refuses assistance with seeking vocational training, etc.	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies being in the military or having a current service status.	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation contains present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation contains strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A

The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely with the CFT.	if member is not enrolled in a wrap-around agency.
ASAM LEVEL 2-WM: The treatment plan is reviewed and signed by the physician within 24 hours of admission.	The treatment plan is reviewed and signed by the physician within 24 hours of admission.	The treatment plan is NOT reviewed and signed by the physician within 24 hours of admission.	No N/A
ASAM LEVEL 2-WM: The treatment plan is reviewed and signed by the individual within 24 hours of admission or documentation of why not.	The treatment plan is reviewed and signed by the individual within 24 hours of admission or documentation of why not.	The treatment plan is NOT reviewed and signed by the individual within 24 hours of admission AND documentation of why not.	No N/A
ASAM LEVEL 2-WM: Treatment plan is updated at least every 30 days.	Treatment plan is updated at least every 30 days.	Treatment plan is NOT updated at least every 30 days.	Member received less than 30 days of services.
SUD CORE REQUIREMENTS: PROGRESS NOTES			

Progress notes document the implementation of the stabilization/treatment plan.	Progress notes document the implementation of the stabilization/treatment plan.	Progress notes do NOT document the implementation of the stabilization/treatment plan.	No N/A
Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes do NOT document the individual's response to and/or participation in scheduled activities.	No N/A
Progress notes document the individual's physical condition.	Progress notes document the individual's physical condition. *mini-MSE: appearance, behaviors, etc.	Progress notes do NOT document the individual's physical condition.	No N/A
Progress notes document the individual's vital signs.	Progress notes document the individual's vital signs.	Progress notes do NOT document the individual's vital signs.	No N/A
Progress notes document The individual's mood.	Progress notes document The individual's mood.	Progress notes do NOT document The individual's mood.	No N/A
Progress notes document the individual's behavior.	Progress notes document the individual's behavior.	Progress notes do NOT document the individual's behavior.	No N/A
Progress notes document statements about the individual's condition.	Progress notes document statements about the individual's condition.	Progress notes do NOT document statements about the individual's condition.	No N/A
Progress notes document statements about the individual's needs.	Progress notes document statements about the individual's needs.	Progress notes do NOT document statements about the individual's needs.	No N/A
Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes do NOT document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	No N/A
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
Evidence that ambulatory withdrawal management (ASAM L2-WM) is provided in conjunction with ASAM L2.1 IOP services.	Evidence that ambulatory withdrawal management (ASAM L2-WM) is provided in conjunction with ASAM L2.1 IOP services.	NO evidence that ambulatory withdrawal management (ASAM L2-WM) is provided in conjunction with ASAM L2.1 IOP services.	No N/A
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A

The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A
ASAM LEVEL 2-WM: Evidence of admission drug screen.	Evidence of admission drug screen.	NO evidence of admission drug screen.	No N/A
ASAM LEVEL 2-WM: Evidence of additional urine drug screens as indicated by the treatment plan.	Evidence of additional urine drug screens as indicated by the treatment plan.	NO evidence of additional urine drug screens as indicated by the treatment plan.	If treatment plan did not indicate additional urine drug screens.
ASAM LEVEL 2-WM: Evidence of physicians' orders for medical management.	Evidence of physicians' orders for medical management.	NO evidence of physicians' orders for medical management.	No N/A
ASAM LEVEL 2-WM: Evidence of physicians' orders for psychiatric management.	Evidence of physicians' orders for psychiatric management.	NO evidence of physicians' orders for psychiatric management.	No N/A

ASAM Level 3.1 Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is be completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training,	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by physical exam, and/or as indicated by nursing assessment. OR documentation why no diagnostic tests or appropriate referrals were necessary.	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by physical exam, and/or as indicated by nursing assessment.	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
LEVEL 3.1 ADULT/ADOLESCENT: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is NOT completed with collaboration of the member within 72 hours of admission or documentation of why not.	No N/A
LEVEL 3.1 ADULT/ADOLESCENT: Treatment plan updates every 90 days or as indicated by member needs.	Treatment plan updates are completed every 90 days or as indicated by member needs.	Treatment plan updates are NOT completed every 90 days or as indicated by member needs.	Member did received less than 90 days of services.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			

Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on	No N/A

ASAM Level 3.2-WM Scoring Grid			
SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training,	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation contains present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation contains strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation contains weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation contains needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process, except for 3.7-WM and 4-WM.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: Medical clearance and screening - Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual.	Medical screening is performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual.	Medical screening is NOT performed upon arrival by staff with current CPR and first aid training, with telephone access to RN physician for instructions for the care of the individual.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: Individuals who require medication management must be transferred to medically monitored or medical withdrawal management program until stabilized.	Evidence that individuals who require medication management are transferred to medically monitored or medical withdrawal management program until stabilized.	NO evidence that individuals who require medication management are transferred to medically monitored or medical withdrawal management program until stabilized.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is developed in collaboration with the member within 24 hours or documentation of why not.	The treatment plan is developed in collaboration with the member within 24 hours or documentation of why not.	The treatment plan is NOT developed in collaboration with the member within 24 hours or documentation of why not.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is reviewed and signed by the qualified professional within 24 hours of admission.	The treatment plan is reviewed and signed by the qualified professional within 24 hours of admission.	The treatment plan is NOT reviewed and signed by the qualified professional within 24 hours of admission.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The treatment plan is reviewed and signed by the individual within 24 hours of admission.	The treatment plan is reviewed and signed by the individual within 24 hours of admission.	The treatment plan is NOT reviewed and signed by the individual within 24 hours of admission.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENTREQUIREMENTS: The signed treatment plan must be filed in the individual's record within 24 hours of admission.	The signed treatment plan is filed in the individual's record within 24 hours of admission.	The signed treatment plan is NOT filed in the individual's record within 24 hours of admission.	No N/A
SUD CORE REQUIREMENTS: PROGRESS NOTES			
Progress notes document the implementation of the stabilization/treatment plan.	Progress notes document the implementation of the stabilization/treatment plan.	Progress notes do NOT document the implementation of the stabilization/treatment plan.	No N/A
Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes do NOT document the individual's response to and/or participation in scheduled activities.	No N/A
Progress notes document the individual's physical condition.	Progress notes document the individual's physical condition. *mini-MSE: appearance, behaviors, etc.	Progress notes do NOT document the individual's physical condition.	No N/A
Progress notes document the individual's vital signs.	Progress notes document the individual's vital signs.	Progress notes do NOT document the individual's vital signs.	No N/A
Progress notes document The individual's mood.	Progress notes document The individual's mood.	Progress notes do NOT document The individual's mood.	No N/A
Progress notes document the individual's behavior.	Progress notes document the individual's behavior.	Progress notes do NOT document the individual's behavior.	No N/A
Progress notes document statements about the individual's condition.	Progress notes document statements about the individual's condition.	Progress notes do NOT document statements about the individual's condition.	No N/A
Progress notes document statements about the individual's needs.	Progress notes document statements about the individual's needs.	Progress notes do NOT document statements about the individual's needs.	No N/A

Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes document progress/lack of progress in relation to stabilization/tx goals.	Progress notes do NOT document progress/lack of progress in relation to stabilization/tx goals.	No N/A
Daily assessment of progress through withdrawal management shall be documented in a manner that is person-centered.	Evidence of documentation that is person-centered in daily assessment of progress through withdrawal management.	NO evidence of documentation that is person-centered in daily assessment of progress through withdrawal management.	No N/A
Daily assessment of progress through withdrawal management shall be documented in a manner that is individualized.	Evidence of documentation that is individualized of daily assessment of progress through withdrawal management.	NO evidence of documentation that is individualized of daily assessment of progress through withdrawal management.	No N/A
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of physicians' orders for medical management.	Evidence of physicians' orders for medical management.	NO evidence of physicians' orders for medical management.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of physicians' orders for psychiatric management.	Evidence of physicians' orders for psychiatric management.	NO evidence of physicians' orders for psychiatric management.	No N/A
ASAM LEVEL 3.2-WM ADULT/ADOLESCENT REQUIREMENTS: Evidence of toxicology and drug screening – 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.	Evidence of toxicology and drug screening OR documentation that physician waived drug screening.	There is NO evidence of toxicology and drug screening AND no documentation that physician waived drug screening.	No N/A
ASAM Level 3.2-WM Adolescent TGH ASAM Requirement (In addition to the staffing required by TGHs): There is a physician on duty as needed for management/review/approval of psychiatric and/or medical needs of the client through course of stay as evidence by signature and/or relevant documentation.	Evidence of a physician on duty as needed for management/review/approval of psychiatric and/or medical needs of the client through course of stay as evidence by signature and/or relevant documentation.	There is NO evidence of a physician on duty as needed for management/review/approval of psychiatric and/or medical needs of the client through course of stay as evidence by signature and/or relevant documentation.	No N/A

ASAM Level 3.3 Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training,	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A

An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
ASAM LEVEL 3.3 REQUIREMENTS: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is NOT completed with collaboration of the member within 72 hours of admission or documentation of why not.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Treatment plan updates every 90 days or as indicated by member needs.	Treatment plan updates are completed every 90 days or as indicated by member needs.	Treatment plan updates are NOT completed every 90 days or as indicated by member needs.	Member received less than 90 days of services.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			

Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCF custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCF custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering weekly parenting classes in which attendance is required.	Evidence of offering weekly parenting classes in which attendance is required.	NO evidence of offering weekly parenting classes in which attendance is required.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of addressing the specialized needs of the parent.	Evidence of addressing the specialized needs of the parent/care-taker/guardian/DCF custody worker.	NO evidence of addressing the specialized needs of the parent.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	Evidence of offering education for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	NO evidence of offering education for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	Evidence of offering rehabilitation services for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	NO evidence of offering rehabilitation services for its parent members that further addresses effects of chemical dependency on a women's health and/or pregnancy.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further address parenting skills.	Evidence of offering education for its parent members that further address parenting skills.	NO evidence of offering education for its parent members that further address parenting skills.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering counseling for its parent members that further address parenting skills.	Evidence of offering counseling for its parent members that further address parenting skills.	NO evidence of offering counseling for its parent members that further address parenting skills.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further address parenting skills.	Evidence of offering rehabilitation services for its parent members that further address parenting skills.	NO evidence of offering rehabilitation services for its parent members that further address parenting skills.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering education for its parent members that further address health and/or nutrition.	Evidence of offering education for its parent members that further address health and/or nutrition.	NO evidence of offering education for its parent members that further address health and/or nutrition.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering counseling for its parent members that further address health and/or nutrition.	Evidence of offering counseling for its parent members that further address health and/or nutrition.	NO evidence of offering counseling for its parent members that further address health and/or nutrition.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of offering rehabilitation services for its parent members that further address health and/or nutrition.	Evidence of offering rehabilitation services for its parent members that further address health and/or nutrition.	NO evidence of offering rehabilitation services for its parent members that further address health and/or nutrition.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of regularly assessing parent-child interactions.	Evidence of assessing parent-child interactions. *If parent-child interactions noted within progress notes, we'd want to see assessment of the interaction.	NO evidence of regularly assessing parent-child interactions.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of addressing any identified needs in treatment.	Evidence of addressing any identified needs in treatment.	NO evidence of addressing any identified needs in treatment.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: Evidence of providing access to family planning services.	Evidence of providing access to family planning services.	NO evidence of providing access to family planning services.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall address the specialized needs and/or care for the dependent children.	The provider does address the specialized needs and/or care for the dependent children.	The provider does NOT address the specialized needs and/or care for the dependent children.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall address the therapeutic needs and/or care for the dependent children.	The provider does address the therapeutic needs and/or care for the dependent children.	The provider does NOT address the therapeutic needs and/or care for the dependent children.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall develop an individualized plan of care to address those needs to include target dates.	The provider does develop an individualized plan of care to address those needs to include target dates.	The provider does NOT develop an individualized plan of care to address those needs to include target dates.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall provide age-appropriate education for children.	The provider does provide age-appropriate education for children.	The provider does NOT provide age-appropriate education for children.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall provide age-appropriate counseling for children.	The provider does provide age-appropriate counseling for children.	The provider does NOT provide age-appropriate counseling for children.	No N/A
ASAM LEVEL 3.3 REQUIREMENTS: The provider shall provide age-appropriate rehabilitation services for children.	The provider does provide age-appropriate rehabilitation services for children.	The provider does NOT provide age-appropriate rehabilitation services for children.	No N/A

ASAM Level 3.5 Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is be completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training,	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A

A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is NOT completed with collaboration of the member within 72 hours of admission or documentation of why not.	No N/A
LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: Treatment plan updates every 30 days or as indicated by member needs.	Treatment plan updates are completed every 30 days or as indicated by member needs.	Treatment plan updates are NOT completed every 30 days or as indicated by member needs.	Member received less than 30 days of service.
LEVEL 3.5 ADULT/ADOLESCENT REQUIREMENTS: There is evidence in the record of an in-house education/vocational component if serving adolescents.	Evidence of in-house education/vocational component if serving adolescents found within record.	NO evidence of in-house education/vocational component if serving adolescents found within record.	Member is not adolescent.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.

SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A

ASAM Level 3.7 Medically Monitored High Intensity Treatment (Adolescent): PRTF Level of Care for co-occurring disorders Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training.	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The assessment must be reviewed as evidenced by being signed by a LMHP.	Evidence through signature of LMHP that assessment was reviewed by LMHP.	NO evidence through signature of LMHP that assessment was reviewed by LMHP.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The medical section of the bio-psychosocial assessment was completed prior to seven days of admission.	Evidence of the medical section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	NO evidence of the medical section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The psychological section of the bio-psychosocial assessment was completed prior to seven days of admission.	Evidence of the psychological section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	NO evidence of the psychological section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The alcohol section of the bio-psychosocial assessment was completed prior to seven days of admission.	Evidence of the alcohol section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	NO evidence of the alcohol section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The drug/substance abuse section of the bio-psychosocial assessment was completed prior to seven days of admission.	Evidence of the drug/substance abuse section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	NO evidence of the drug/substance abuse section of the bio-psychosocial assessment being completed PRIOR to seven days of admission.	No N/A
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: A comprehensive bio-psychosocial assessment must be completed within seven days, which substantiates appropriate patient placement.	Evidence that a comprehensive bio-psychosocial assessment is completed within 7 days.	NO evidence that a comprehensive bio-psychosocial assessment is completed within 7 days.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
Level 3.7 ADOLESCENT PRTF REQUIREMENTS: The treatment plan is reviewed/updated in collaboration with the member, as needed, or at a minimum of every 30 days.	Evidence that tx plan is reviewed/updated in collaboration with member, as needed, or at minimum of every 30 days.	NO evidence that tx plan is reviewed/updated in collaboration with member, as needed, or at minimum of every 30 days.	Mbr left before 30 days.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	Adolescents are defined as children and youth, 0 through 20 years of age. Services may be provided up to the time the individual turns 21 years of age. An adult is defined as
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.

SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A

ASAM Level 3.7 Adult Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training,	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	Evidence that a physical examination or appropriate referral conducted within 72 hours if indicated by the physician, nursing assessment or screening process.	NO evidence of a physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment or screening process.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A

For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
LEVEL 3.7 ADULT REQUIREMENTS: Initial treatment plan completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is completed with collaboration of the member within 72 hours of admission or documentation of why not.	Initial treatment plan is NOT completed with collaboration of the member within 72 hours of admission and NO documentation of why not.	No N/A
LEVEL 3.7 ADULT REQUIREMENTS: Treatment plan updates every 30 days or as indicated by member needs.	Treatment plan updates are completed every 30 days or as indicated by member needs.	Treatment plan updates are NOT completed every 30 days or as indicated by member needs.	Member receives less than 30 days of services.
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A

Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on	No N/A

ASAM Level 3.7-WM Scoring Grid

SUD CORE REQUIREMENTS: INITIAL EVALUATION	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
A comprehensive bio-psychosocial evaluation must be completed prior to admission, which substantiates appropriate member placement.	A comprehensive bio-psychosocial evaluation is completed prior to admission.	A comprehensive bio-psychosocial evaluation is NOT completed prior to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.	The comprehensive bio-psychosocial evaluation contains circumstances leading to admission.	The comprehensive bio-psychosocial evaluation does NOT contain circumstances leading to admission.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.	The comprehensive bio-psychosocial evaluation contains past behavioral health concerns OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral health concerns AND does NOT have documentation why not.	If no documentation of past behavioral health concerns.
The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.	The comprehensive bio-psychosocial evaluation contains present behavioral health concerns OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral health concerns AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past psychiatric treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past psychiatric treatment AND does NOT have documentation why not.	If no documentation of past psychiatric treatment.
The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.	The comprehensive bio-psychosocial evaluation contains present psychiatric treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present psychiatric treatment AND does NOT have documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.	The comprehensive bio-psychosocial evaluation contains past addictive disorders treatment OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain past addictive disorders treatment AND NO documentation why not.	If no documentation of past addictive disorders treatment.
The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.	The comprehensive bio-psychosocial evaluation contains present addictive disorders treatment OR documentation why not. Add for reviewer: Member	The comprehensive bio-psychosocial evaluation does NOT contain present addictive disorders treatment AND NO documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain significant medical history.	The comprehensive bio-psychosocial evaluation contains significant medical history.	The comprehensive bio-psychosocial evaluation does NOT contain significant medical history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current health status.	The comprehensive bio-psychosocial evaluation contains current health status.	The comprehensive bio-psychosocial evaluation does NOT contain current health status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain family history.	The comprehensive bio-psychosocial evaluation contains family history OR documentation why not such as poor historian, family history unknown, etc.	The comprehensive bio-psychosocial evaluation does NOT contain family history AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain social history.	The comprehensive bio-psychosocial evaluation contains social history.	The comprehensive bio-psychosocial evaluation does NOT contain social history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain current living situation.	The comprehensive bio-psychosocial evaluation contains current living situation.	The comprehensive bio-psychosocial evaluation does NOT contain current living situation.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation contains relationships with family of origin, nuclear.	The comprehensive bio-psychosocial evaluation does NOT contain relationships with family of origin, nuclear.	No N/A
The comprehensive bio-psychosocial evaluation shall contain relationships with family and/or significant others.	The comprehensive bio-psychosocial evaluation contains family and/or significant others OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain family and/or significant others AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain education.	The comprehensive bio-psychosocial evaluation contains education OR documentation why not. Add for reviewer: member denies, member not currently	The comprehensive bio-psychosocial evaluation does NOT contain education AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain vocational training.	The comprehensive bio-psychosocial evaluation contains vocational training OR documentation why not. Add for reviewer: member denies vocational training.	The comprehensive bio-psychosocial evaluation does NOT contain vocational training AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment history.	The comprehensive bio-psychosocial evaluation contains employment history.	The comprehensive bio-psychosocial evaluation does NOT contain employment history.	No N/A
The comprehensive bio-psychosocial evaluation shall contain employment current status.	The comprehensive bio-psychosocial evaluation contains employment current status.	The comprehensive bio-psychosocial evaluation does NOT contain employment current status.	No N/A
The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.	The comprehensive bio-psychosocial evaluation contains military service history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain military service history AND no documentation why not.	No documentation of member having military service history
The comprehensive bio-psychosocial evaluation shall contain military service current status.	The comprehensive bio-psychosocial evaluation contains military service current status OR documentation why not. For reviewer: Member denies	The comprehensive bio-psychosocial evaluation does NOT contain military service current status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.	The comprehensive bio-psychosocial evaluation contains legal history OR documentation why not.	The comprehensive bio-psychosocial evaluation does NOT contain legal history AND no documentation why not.	No documentation of member having legal history.
The comprehensive bio-psychosocial evaluation shall contain current legal status.	The comprehensive bio-psychosocial evaluation contains current legal status OR documentation why not. For reviewer: Member denies legal issues, etc.	The comprehensive bio-psychosocial evaluation does NOT contain current legal status AND no documentation why not.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past emotional state.	The comprehensive bio-psychosocial evaluation contains past emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain past emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present emotional state.	The comprehensive bio-psychosocial evaluation contains present emotional state.	The comprehensive bio-psychosocial evaluation does NOT contain present emotional state.	No N/A
The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.	The comprehensive bio-psychosocial evaluation contains past behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain past behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does contain present behavioral functioning.	The comprehensive bio-psychosocial evaluation does NOT contain present behavioral functioning.	No N/A
The comprehensive bio-psychosocial evaluation shall contain strengths.	The comprehensive bio-psychosocial evaluation does contain strengths.	The comprehensive bio-psychosocial evaluation does NOT contain strengths.	No N/A
The comprehensive bio-psychosocial evaluation shall contain weaknesses.	The comprehensive bio-psychosocial evaluation does contain weaknesses.	The comprehensive bio-psychosocial evaluation does NOT contain weaknesses.	No N/A
The comprehensive bio-psychosocial evaluation shall contain needs.	The comprehensive bio-psychosocial evaluation does contain needs.	The comprehensive bio-psychosocial evaluation does NOT contain needs.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A

Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
LEVEL 3.7-WM REQUIREMENTS: A physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted. (A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.)	Evidence that a physical examination is performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted.	NO evidence that a physical examination is performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted.	No N/A
LEVEL 3.7-WM REQUIREMENTS: appropriate toxicology tests were ordered.	Evidence that appropriate toxicology tests were ordered.	NO evidence that appropriate toxicology tests were ordered.	No N/A
LEVEL 3.7-WM REQUIREMENTS: appropriate laboratory tests were ordered.	Evidence that appropriate laboratory tests were ordered.	NO evidence that appropriate laboratory tests were ordered.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measureable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
LEVEL 3.7-WM REQUIREMENTS: A qualified professional creates a plan of action until individual is physically stable. *qualified professional is defined as an LMHP.	Evidence that a qualified professional creates a plan of action until individual is physically stable.	NO evidence that a qualified professional creates a plan of action until individual is physically stable.	No N/A
LEVEL 3.7-WM REQUIREMENTS: The treatment plan is reviewed by physician within 24 hours of admission as evidenced by date and signature.	The treatment plan is reviewed by physician within 24 hours of admission as evidenced by date and signature.	The treatment plan is NOT reviewed by physician within 24 hours of admission as evidenced by date and signature.	No N/A
LEVEL 3.7-WM REQUIREMENTS: The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	The treatment plan is NOT reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	No N/A
LEVEL 3.7-WM REQUIREMENTS: The signed treatment plan is filed in the individual's record within 24 hours of admission.	The signed treatment plan is filed in the individual's record within 24 hours of admission.	The signed treatment plan is NOT filed in the individual's record within 24 hours of admission.	No N/A
SUD CORE REQUIREMENTS: PROGRESS NOTES			
Progress notes document the implementation of the stabilization/treatment plan.	Progress notes document the implementation of the stabilization/treatment plan.	Progress notes do NOT document the implementation of the stabilization/treatment plan.	No N/A
Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes do NOT document the individual's response to and/or participation in scheduled activities.	No N/A
Progress notes document the individual's physical condition.	Progress notes document the individual's physical condition. *mini-MSE: appearance, behaviors, etc.	Progress notes do NOT document the individual's physical condition.	No N/A
Progress notes document the individual's vital signs.	Progress notes document the individual's vital signs.	Progress notes do NOT document the individual's vital signs.	No N/A
Progress notes document The individual's mood.	Progress notes document The individual's mood.	Progress notes do NOT document The individual's mood.	No N/A
Progress notes document the individual's behavior.	Progress notes document the individual's behavior.	Progress notes do NOT document the individual's behavior.	No N/A
Progress notes document statements about the individual's condition.	Progress notes document statements about the individual's condition.	Progress notes do NOT document statements about the individual's condition.	No N/A
Progress notes document statements about the individual's needs.	Progress notes document statements about the individual's needs.	Progress notes do NOT document statements about the individual's needs.	No N/A

Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes do NOT document information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	No N/A
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCF5 custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCF5 custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant documentation.	No N/A
LEVEL 3.7-WM REQUIREMENTS: Evidence of physician approval for admission.	Evidence of physician approval for admission.	NO evidence of physician approval for admission.	No N/A
LEVEL 3.7-WM REQUIREMENTS: 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.	Evidence that toxicology and drug screenings are medically monitored OR evidence of member signature notating understanding of potential risks if dishonest during withdrawal mgmt process and drug screening is waived by physician.	NO evidence that toxicology and drug screenings are medically monitored OR evidence of member signature notating understanding of potential risks if dishonest during withdrawal mgmt process and drug screening is waived by physician.	No N/A
LEVEL 3.7-WM REQUIREMENTS: Evidence of physicians' orders for psychiatric management.	Evidence of physicians' orders for psychiatric management.	NO evidence of physicians' orders for psychiatric management.	No N/A
LEVEL 3.7-WM REQUIREMENTS: Evidence of physicians' orders for medical management.	Evidence of physicians' orders for medical management.	NO evidence of physicians' orders for medical management.	No N/A

ASAM Level 4-WM Scoring Grid			
SUD CORE REQUIREMENTS: INITIAL EVALUATION *(per manual 4-WM - comprehensive bio-psychosocial assessments are not required for this level of care.)*	Met (1)	Not Met (0)	N/A
Triage screening to determine eligibility and appropriateness (proper member placement) for admission and referral.	Triage screening is conducted for admission and referral.	Triage screening is NOT conducted.	No N/A
ASAM 6 Dimensional risk evaluation must be completed prior to admission, which substantiates member placement at the appropriate ASAM level of care.	ASAM 6 Dimensional risk evaluation is completed prior to admission.	ASAM 6 Dimensional risk evaluation is NOT completed prior to admission.	No N/A
The evaluation must be reviewed and signed by an LMHP.	The evaluation is reviewed and signed by an LMHP.	The evaluation is NOT reviewed and signed by an LMHP.	No N/A
A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is conducted when the member's history is inconclusive or unreliable.	A drug screening is NOT conducted when the member's history is inconclusive or unreliable.	No N/A
An appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	Evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated is made.	NO evidence of an appropriate assignment to level of care with referral to other appropriate services as indicated shall be made.	No N/A
For residential facilities, diagnostic laboratory tests or appropriate referral shall be made as required to prevent spread of contagious/communicable disease, or as indicated by physical examination or nursing assessment.	Evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	NO evidence of diagnostic lab tests or appropriate referrals made as required to prevent spread of contagious/communicable disease, as indicated by	No N/A
Evaluations shall include the consideration of appropriate psychopharmacotherapy.	Evaluations include the consideration of appropriate psychopharmacotherapy.	Evaluations does NOT include the consideration of appropriate psychopharmacotherapy.	No N/A
LEVEL 4-WM REQUIREMENTS: A physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted. (A physical examination conducted within 24 hours prior to admission may be used if reviewed and approved by the admitting physician.)	Evidence of a physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted.	NO evidence of a physical examination must be performed by a physician, PA or NP within 24 hours of admission, if not, barriers noted.	No N/A
LEVEL 4-WM REQUIREMENTS: appropriate toxicology tests were ordered.	Evidence that appropriate toxicology tests were ordered.	NO evidence that appropriate toxicology tests were ordered.	No N/A
LEVEL 4-WM REQUIREMENTS: appropriate laboratory tests were ordered.	Evidence that appropriate laboratory tests were ordered.	NO evidence that appropriate laboratory tests were ordered.	No N/A
SUD CORE REQUIREMENTS: TREATMENT PLAN			
Treatment plans are based on evaluations.	Treatment plans are based on evaluations.	Treatment plans are NOT based on evaluations.	No N/A
Treatment plans include person centered goals.	Treatment plans include person centered goals.	Treatment plans do NOT include person centered goals.	No N/A
Treatment plans include person centered objectives.	Treatment plans include person centered objectives.	Treatment plans do NOT include person centered objectives.	No N/A
Treatment plan shall include other medical/remedial services intended to reduce the identified condition.	Treatment plan includes other medical/remedial services intended to reduce the identified condition OR documentation why not.	Treatment plan does NOT include other medical/remedial services intended to reduce the identified condition AND no documentation why not.	No N/A
The treatment plan should include anticipated outcomes of the individual.	The treatment plan includes anticipated outcomes of the individual.	The treatment plan does NOT include anticipated outcomes of the individual.	No N/A
Treatment plans should include a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans includes a referral to self-help groups (AA/NA, Al-Anon).	Treatment plans does NOT include a referral to self-help groups (AA/NA, Al-Anon).	No N/A
The treatment plan specifies the frequency.	The treatment plan specifies the frequency.	The treatment plan does NOT specify the frequency.	No N/A
The treatment plan specifies the amount.	The treatment plan specifies the amount.	The treatment plan does NOT specify the amount.	No N/A
The treatment plan specifies the duration.	The treatment plan specifies the duration.	The treatment plan does NOT specify the duration.	No N/A
The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is signed by the LMHP or physician responsible.	The treatment plan is NOT signed by the LMHP or physician responsible.	No N/A
Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan specifies a timeline for re-evaluation of that plan (not to exceed 1 year).	Treatment plan does NOT specify a timeline for re-evaluation of that plan (not to exceed 1 year).	No Tx plan re-evaluation was needed/conducted.
Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations involve the individual.	Treatment plans re-evaluations does NOT involve the individual.	No Tx plan re-evaluation was needed/conducted.
Treatment plan re-evaluations involve the family, if available.	Treatment plan re-evaluations involve the family OR documentation why not.	Treatment plan re-evaluations does NOT involve the family AND no documentation why not.	No Tx plan re-evaluation was needed/conducted. No family involvement or family unavailable.
Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations involve the provider.	Treatment plan re-evaluations does NOT involve the provider.	No Tx plan re-evaluation was needed/conducted.
Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations determine if services have contributed to meeting the stated goals.	Re-evaluations do NOT determine if services have contributed to meeting the stated goals.	No Tx plan re-evaluation was needed/conducted.
If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan will be developed.	If no measurable reduction has occurred, a new treatment plan was NOT developed.	No new Tx plan was developed. A measurable reduction was noted.
If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it includes a different rehabilitation strategy.	If a new treatment plan is developed it does NOT include a different rehabilitation strategy.	No new Tx plan was developed.
If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it includes revised goals.	If a new treatment plan is developed it does NOT include revised goals.	No new Tx plan was developed.
If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider must be on the Child and Family Team or working closely with the CFT.	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider IS on the Child and Family Team or working closely with the	If the services are being provided to a youth enrolled in a wrap-around agency, the substance abuse provider is NOT on the Child and Family Team or working closely	if member is not enrolled in a wrap-around agency.
LEVEL 4-WM REQUIREMENTS: The treatment plan is reviewed by physician within 24 hours of admission as evidenced by date and signature.	The treatment plan is reviewed by physician within 24 hours of admission as evidenced by date and signature.	The treatment plan is NOT reviewed by physician within 24 hours of admission as evidenced by date and signature.	No N/A
LEVEL 4-WM REQUIREMENTS: The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	The treatment plan is reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	The treatment plan is NOT reviewed by the individual within 24 hours of admission as evidenced by date and signature or documentation of why not.	No N/A
LEVEL 4-WM REQUIREMENTS: The signed treatment plan is filed in the individual's record within 24 hours of admission.	The signed treatment plan is filed in the individual's record within 24 hours of admission.	The signed treatment plan is NOT filed in the individual's record within 24 hours of admission.	No N/A
SUD CORE REQUIREMENTS: PROGRESS NOTES			
Progress notes document the implementation of the stabilization/treatment plan.	Progress notes document the implementation of the stabilization/treatment plan.	Progress notes do NOT document the implementation of the stabilization/treatment plan.	No N/A

Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes document the individual's response to and/or participation in scheduled activities.	Progress notes do NOT document the individual's response to and/or participation in scheduled activities.	No N/A
Progress notes document the individual's physical condition.	Progress notes document the individual's physical condition. *mini-MSE: appearance, behaviors, etc.	Progress notes do NOT document the individual's physical condition.	No N/A
Progress notes document the individual's vital signs.	Progress notes document the individual's vital signs.	Progress notes do NOT document the individual's vital signs.	No N/A
Progress notes document The individual's mood.	Progress notes document The individual's mood.	Progress notes do NOT document The individual's mood.	No N/A
Progress notes document the individual's behavior.	Progress notes document the individual's behavior.	Progress notes do NOT document the individual's behavior.	No N/A
Progress notes document statements about the individual's condition.	Progress notes document statements about the individual's condition.	Progress notes do NOT document statements about the individual's condition.	No N/A
Progress notes document statements about the individual's needs.	Progress notes document statements about the individual's needs.	Progress notes do NOT document statements about the individual's needs.	No N/A
Progress notes document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	Progress notes do NOT document Information about the individual's progress or lack of progress in relation to stabilization/treatment goals.	No N/A
SUD CORE REQUIREMENTS: CONTINUITY & COORDINATION OF CARE			
Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.	Documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals OR documentation why not.	NO documentation of coordination with other child-serving systems should occur, as needed, to achieve the treatment goals AND no documentation why not.	If Member is 18 years old or older.
SUD CORE REQUIREMENTS: MEDICATION MANAGEMENT			
There is 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. *OUD or AUD are appropriate for MAT	There is evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	There is NO evidence that the member was assessed to determine if (MAT) was a viable option of care, based on the (SUD) diagnosis.	No N/A
SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Evidence of education on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	NO evidence of education to members on the proven risks of Food and Drug Administration approved MAT options for their SUD.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.	Evidence of SUD provider, when clinically appropriate, providing on-site MAT or referral to MAT offsite OR documentation why not.	NO evidence of SUD providers, when clinically appropriate, providing on-site MAT or referral to MAT offsite AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member education in the progress notes.	Evidence of member education documented in progress notes, when clinically appropriate.	NO evidence of member education documented in progress notes, when clinically appropriate.	Member not on medications. Member not prescribed medications by provider.
SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.	SUD providers, when clinically appropriate, document access to MAT in the progress notes OR documentation why not such as if MAT is not viable option.	SUD providers, when clinically appropriate, does NOT document access to MAT in the progress notes AND NO documentation why not.	Opioid Use Disorder or Alcohol Use Disorder are not present.
SUD providers, when clinically appropriate, shall document member response in the progress notes.	SUD providers, when clinically appropriate, document member response in the progress notes.	SUD providers, when clinically appropriate, does NOT document member response in the progress notes.	Member not on medications. Member not prescribed medications by provider.
SUD CORE REQUIREMENTS: DISCHARGE PLANNING			
Documentation of discharge/transfer planning at admission.	Documentation of discharge/transfer planning at admission.	NO documentation of discharge/transfer planning at admission.	No N/A
Documentation of referrals made as needed.	Documentation of referrals made as needed OR documentation why not. *Ex. Member already has follow-up set up. Member refused follow-up care.	NO documentation of referrals made as needed AND no documentation why not.	No N/A
SUD ADDITIONAL CORE REQUIREMENTS			
Treatment services at all levels of care shall offer a family component.	Evidence that treatment services offer a family component.	NO evidence that treatment services offer a family component.	No N/A
Adolescent substance use programs shall include family involvement as evidenced by parent education.	Adolescent substance use programs includes family involvement as evidenced by parent education (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by parent education.	Member is adult and not enrolled in an adolescent substance use program.
Adolescent substance use programs shall include family involvement as evidenced by family therapy.	Adolescent substance use programs includes family involvement as evidenced by family therapy (can include legal guardian, care-taker, DCFS custody worker).	Adolescent substance use programs does NOT include family involvement as evidenced by family therapy.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include communication with the family and/or legal guardian.	Documentation of services provided to children and youth includes communication with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include communication with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
Documentation of services provided to children and youth must include coordination with the family and/or legal guardian.	Documentation of services provided to children and youth includes coordination with the family and/or legal guardian.	Documentation of services provided to children and youth does NOT include coordination with the family and/or legal guardian.	Member is adult and not enrolled in an adolescent substance use program.
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in care conferences as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in care conferences as evidenced by their signature on relevant documentation.	No N/A
The provider shall ensure that its clinical supervisor who, with the exception of opioid treatment programs, attend and participate in treatment planning activities as evidenced by their signature on relevant documentation.	Evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in treatment planning activities as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	NO evidence that the clinical supervisor attends and participates in discharge planning as evidenced by their signature on relevant documentation.	No N/A
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.	Evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on relevant	NO evidence that the clinical supervisor provides supervision of such activities as recreation, art/music or vocational education as evidenced by their signature on	No N/A
LEVEL 4-WM REQUIREMENTS: Evidence of physician approval for admission.	Evidence of physician approval for admission.	NO evidence of physician approval for admission.	No N/A
LEVEL 4-WM REQUIREMENTS: Toxicology and drug screening - Urine drug screens are required upon admission.	Evidence of urine drug screens being completed upon admission.	NO evidence of urine drug screens being completed upon admission.	No N/A
LEVEL 4-WM REQUIREMENTS: Toxicology and drug screening - Urine drug screens are required as directed by the treatment plan.	Evidence that urine drug screens are directed by the treatment plan.	NO evidence that urine drug screens are directed by the treatment plan.	Urine drug screens were not directed within the treatment plan.
LEVEL 4-WM REQUIREMENTS: Evidence of physicians' orders for medical management.	Evidence of physicians' orders for medical management.	NO evidence of physicians' orders for medical management.	No N/A
LEVEL 4-WM REQUIREMENTS: Evidence of physicians' orders for psychiatric management.	Evidence of physicians' orders for psychiatric management.	NO evidence of physicians' orders for psychiatric management.	No N/A

OTP-Opioid Treatment Programs				
OTP REQUIREMENTS	Met (1)	Not Met (0)	N/A	Helpful Notes
A screening is conducted to determine eligibility for admission.	Evidence that a screening was conducted to determine eligibility for admission.	NO evidence of screening to determine eligibility for admission.	No N/A	A screening is an assessment tool utilized to determine appropriate treatment for patients upon admission. Each OTP is accredited by an LDH approved accrediting body such as but not limited to CARF or ICAHO; the provider may create their own tool or utilize a tool which aligns with a National Best Practices. http://www.samhsa.gov/sbirt
A screening is conducted to determine eligibility for referral.	Evidence that a screening was conducted to determine eligibility for referral.	NO evidence that a screening was conducted to determine eligibility for referral.	No N/A	
A screening is conducted to determine appropriateness for admission.	Evidence that screening was conducted to determine appropriateness for admission.	NO evidence that screening was conducted to determine appropriateness for admission.	No N/A	
A screening is conducted to determine appropriateness for referral.	Evidence that screening was conducted to determine appropriateness for referral.	NO evidence that screening was conducted to determine appropriateness for referral.	No N/A	
A complete physical examination by the OTP's physician must be conducted before admission to the OTP.	Evidence of complete physical examination being conducted by OTP's physician before admission to the OTP.	NO evidence of complete physical examination being conducted by OTP's physician before admission to the OTP.	No N/A	A patient's physical examination should document the presence of clinical signs of addiction, such as old and fresh needle marks and an eroded or perforated nasal septum and/or a state or symptoms of intoxication, such as constricted or (pinpoint) pupils, slowed heart or respiratory rate, or drowsiness or withdrawal, such as yawning, rhinorrhea, lacrimation, chills, restlessness, irritability, perspiration, piloerection, nausea, and diarrhea. There should be a high degree of concordance between the documented physical examination findings and the symptoms reported in the review of systems.
A drug screening test by the OTP's physician must be conducted before admission to the OTP.	Evidence of drug screening test conducted by the OTP's physician before admission to the OTP.	NO evidence of drug screening test being conducted by OTP physician before admission.	If mbr doesn't return for services.	
A full medical exam must be completed within 14 days of admission.	Evidence of full medical exam completed within 14 days of admission.	NO evidence of full medical exam completed within 14 days of admission.	If mbr doesn't return for services.	
Results of serology and other tests, must be completed within 14 days of admission.	Evidence of results of serology and other tests being completed within 14 days of admission.	NO evidence of results of serology and other tests being completed within 14 days of admission.	If mbr doesn't return for services.	
The physician shall ensure members have a Substance Use or Opioid Use Disorder.	Evidence of physician assurance that member has SUD or OUD.	NO evidence of physician assurance that member has SUD or OUD.	No N/A	
An OUD must be present for at least one year before admission for treatment, or meet exception criteria, as set in federal regulations.	Evidence that OUD is present for at least one year before admission for treatment OR meet exception criteria as set in federal regulations.	NO evidence that OUD is present for at least one year before admission for treatment OR of meeting exception criteria as set in federal regulations.	No N/A	
A comprehensive bio-psychosocial assessment must be completed within the first seven (7) days of admission, which substantiates treatment.	NO evidence of comprehensive bio-psychosocial assessment completed within the first seven (7) days of admission, which substantiates treatment.	Evidence of comprehensive bio-psychosocial assessment completed within the first seven (7) days of admission, which substantiates treatment.	If mbr doesn't return for services.	
For new admissions, the American Society of Addiction Medicine (ASAM) 6 Dimensional risk evaluation must be included in the assessment.	Evidence of ASAM 6 Dimensional risk evaluation is included in the assessment.	NO evidence of ASAM 6 Dimensional risk evaluation included in the assessment.	No N/A	
There shall 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.	Evidence that member was assessed to determine if MAT was viable option of care based on SUD.	NO evidence that member was assessed to determine if MAT was viable option of care based on SUD.	No N/A	
There shall be evidence that the member was assessed to determine if an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated.	Evidence that the member was assessed to determine if an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated.	NO evidence that the member was assessed to determine if an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated.	No N/A	
The treatment plan shall be developed within 7 days of admission by the treatment team.	Evidence that treatment plan is developed within 7 days of admission by the treatment team.	NO evidence that treatment plan is developed within 7 days of admission by the treatment team.	If mbr doesn't return for services.	
The treatment plan shall be updated and revised if there is no measureable reduction of disability or restoration of functional level.	Evidence treatment plan is updated and revised if there is no measureable reduction of disability or restoration of functional level.	NO evidence of treatment plan is updated and revised if there is no measureable reduction of disability or restoration of functional level.	If mbr doesn't return for services.	
The medical necessity for substance use services must be determined by and/or recommended by a physician.	Evidence that medical necessity for substance use services was determined by and/or recommended by a physician.	NO evidence that medical necessity for substance use services was determined by and/or recommended by a physician.	No N/A	
Members who meet clinical criteria must be at least 18 years old, unless the member has consent from a parent or legal guardian, if applicable, and the State Opioid Treatment Authority.	Evidence that member is at least 18 years old OR has consent from parent/legal guardian, and if applicable, the State Opioid Treatment Authority.	NO evidence that member is at least 18 years old OR has consent from parent/legal guardian, and if applicable, the State Opioid Treatment Authority.	No N/A	
Members must also meet patient admission criteria for federal opioid treatment standards in accordance with CFR §8.12, as determined by a physician.	Evidence that member meets patient admission criteria for federal opioid treatment standards as determined by a physician.	NO evidence that member meets patient admission criteria for federal opioid treatment standards as determined by physician.	No N/A	
Recording of medication administration in accordance with federal and state requirements;	Evidence of medication administration being recorded in accordance with federal and state requirements.	NO evidence of medication administration being recorded in accordance with federal and state requirements.	No N/A	
Recording of medication dispensing in accordance with federal and state requirements;	Evidence of medication dispensing being recorded in accordance with federal and state requirements.	NO evidence of medication dispensing being recorded in accordance with federal and state requirements.	No N/A	
Results of five most recent drug screen tests with action taken for positive results;	Evidence of results of five most recent drug screen tests with action taken for positive results.	NO evidence of results of five most recent drug screen tests with action taken for positive results.	If mbr doesn't return for services.	
Documentation of physical status	Evidence of documentation of physical status.	NO evidence of documentation of physical status.	No N/A	Physical status includes an addiction greater than 1 year, patient is over the age of 18.
Documentation of use of additional prescription medication;	Evidence of documentation of use of additional prescription medication.	NO evidence of documentation of use of additional prescription medication.	No N/A	
Documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include employment/vocational needs	Evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include employment/vocational needs	NO evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include employment/vocational needs	Member did not return for services.	
Documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include legal status	Evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include legal status	NO evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include legal status	Member did not return for services.	
Documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include social status	Evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include social status	NO Evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include social status	Member did not return for services.	It is useful to expand the concept of family to include the patient's social network; significant others; persons in recovery, such as a sponsor; and resources from the community including the outpatient provider and others at the patient's request. An OTP provides opportunities for family and significant others to become involved in therapy. Some OTPs use short-term groups to educate the family on medication-assisted treatment, substance use disorders and their effects on the family, and other family issues. https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf
Documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include overall individual stability;	Evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include overall individual stability;	NO evidence of documentation showing monthly or more frequently, as indicated by needs of client, contact notes and/or progress notes which include overall individual stability;	Member did not return for services.	
Documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate;	Evidence of documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate;	NO Evidence of documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate;	Member did not return for services.	
Documentation of approval of any exception to the standard schedule of takehome doses and the physician's justification for such exception	Evidence of documentation of approval of any exception to the standard schedule of takehome doses and the physician's justification for such exception	NO Evidence of documentation of approval of any exception to the standard schedule of takehome doses and the physician's justification for such exception	Member did not return for services.	
Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation	Evidence of orientation conducted during initial treatment phase.	NO evidence of orientation conducted during initial treatment phase.	Member did not return for services.	
Initial treatment phase lasts from three to seven days. During this phase, the provider provides individual counseling	Evidence of individual counseling provided during initial treatment phase.	NO evidence of individual counseling provided during initial treatment phase.	Member did not return for services.	
Initial treatment phase lasts from three to seven days. During this phase, the provider develops the initial treatment plan for treatment of critical health or social issues.	Evidence of initial treatment plan for treatment of critical health and social issues developed during initial treatment phase.	NO evidence of initial treatment plan for treatment of critical health and social issues developed during initial treatment phase.	Member did not return for services.	
Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider conducts weekly monitoring of the member's response to medication	Evidence the provider conducted weekly monitoring of member's response to medication during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider conducted weekly monitoring of member's response to medication during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.	be mindful TAT 90 days to complete 4 counseling sessions.

Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider provides at least four individual counseling sessions	Evidence the provider conducted at least four individual counseling sessions during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider conducted at least four individual counseling sessions during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.
Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider revises the treatment plan within 30 days to include input by all disciplines	Evidence the provider revised treatment plan within 30 days to include input by all disciplines during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider revised treatment plan within 30 days to include input by all disciplines during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.
Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider revises the treatment plan within 30 days to include input by the member	Evidence the provider revised treatment plan within 30 days to include input by the member during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider revised treatment plan within 30 days to include input by the member during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.
Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider revises the treatment plan within 30 days to include input by significant others	Evidence the provider revised treatment plan within 30 days to include input by significant others during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider revised treatment plan within 30 days to include input by significant others during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.
Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider conducts random monthly drug screen tests.	Evidence the provider conducted random monthly drug screen tests during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	NO evidence the provider conducted random monthly drug screen tests during early stabilization phase (90 day period following the 3rd to 7th day of initial treatment phase).	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall perform random monthly drug screen tests until the member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated	Evidence that provider performed random monthly drug screen tests until member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated during maintenance treatment (lasts for indefinite period of time).	NO evidence that provider performed random monthly drug screen tests until member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated during maintenance treatment (lasts for indefinite period of time).	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall thereafter, monthly testing to members who are allowed six days of take-home doses, as well as random testing for alcohol when indicated	Evidence that provider performed monthly testing to members who are allowed six days of take-home doses as well as random testing for alcohol when indicated (lasts for indefinite period of time).	NO evidence that provider performed monthly testing to members who are allowed six days of take-home doses as well as random testing for alcohol when indicated (lasts for indefinite period of time).	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall continuous evaluation by the nurse of the member's use of medication	Evidence that provider conducts continuous evaluation by the nurse of the member's use of medication.	NO evidence that provider conducts continuous evaluation by the nurse of the member's use of medication.	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall continuous evaluation by the nurse of the member's use of treatment from the program	Evidence that provider continues evaluation by nurse of the member's use of treatment from the program.	NO evidence that provider continues evaluation by nurse of the member's use of treatment from the program.	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall continuous evaluation by the nurse of the member's use of treatment from other sources	Evidence of continuous evaluation by the nurse of the member's use of treatment from other sources.	NO evidence of continuous evaluation by the nurse of the member's use of treatment from other sources.	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall documented reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team	Evidence of documented reviews of the treatment plan every 90 days in the first two years of treatment by treatment team.	NO evidence of documented reviews of the treatment plan every 90 days in the first two years of treatment by treatment team.	Member did not return for services.
Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider shall documentation of response to treatment in a progress note at least every 30 days	Evidence of documentation of response to treatment in a progress note at least every 30 days.	NO evidence of documentation of response to treatment in a progress note at least every 30 days.	Member did not return for services.
Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider shall decrease the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member	Evidence of member requested withdrawal from synthetic narcotics by provider decreasing dose of synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member.	NO evidence of member requested withdrawal from synthetic narcotics by provider decreasing dose of synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member.	Member did not return for services.
Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider shall provide counseling of the type based on medical necessity	Evidence of member requested withdrawal from synthetic narcotics by provider providing counseling of the type based on medical necessity.	NO evidence of member requested withdrawal from synthetic narcotics by provider providing counseling of the type based on medical necessity.	Member did not return for services.
Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider shall provide counseling of the quantity based on medical necessity	Evidence of member requested withdrawal from synthetic narcotics by provider providing counseling of the quantity based on medical necessity.	NO evidence of member requested withdrawal from synthetic narcotics by provider providing counseling of the quantity based on medical necessity.	Member did not return for services.
Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider shall conduct discharge planning as appropriate	Evidence of member requested withdrawal from synthetic narcotics by provider conducting discharge planning as appropriate.	NO evidence of member requested withdrawal from synthetic narcotics by provider conducting discharge planning as appropriate.	Member did not return for services.
Evidence that those with take home medication privilege the member must have negative drug/alcohol screen for at least 30 days	Evidence that those with take home medication privilege the member must have negative drug/alcohol screen for at least 30 days	NO evidence that those with take home medication privilege the member must have negative drug/alcohol screen for at least 30 days	Member did not return for services.
Evidence that those with take home medication privilege the member must have regular clinic attendance	Evidence that those with take home medication privilege the member must have regular clinic attendance	NO evidence that those with take home medication privilege the member must have regular clinic attendance	Member did not return for services.
Evidence that those with take home medication privilege the member must have absence of serious behavioral problems during treatment	Evidence that those with take home medication privilege the member must have absence of serious behavioral problems during treatment	NO evidence that those with take home medication privilege the member must have absence of serious behavioral problems during treatment	Member did not return for services.
Evidence that those with take home medication privilege the member must have absence of criminal activity during treatment	Evidence that those with take home medication privilege the member must have absence of criminal activity during treatment	NO evidence that those with take home medication privilege the member must have absence of criminal activity during treatment	Member did not return for services.
Evidence that those with take home medication privilege the member must have stability of home environment	Evidence that those with take home medication privilege the member must have stability of home environment	NO evidence that those with take home medication privilege the member must have stability of home environment	Member did not return for services.
Evidence that those with take home medication privilege the member must have stability of social relationships	Evidence that those with take home medication privilege the member must have stability of social relationships	NO evidence that those with take home medication privilege the member must have stability of social relationships	Member did not return for services.
Evidence that those with take home medication privilege the member must have assurance that take home medication can be safely stored (lock boxes which patient provides)	Evidence that those with take home medication privilege the member must have assurance that take home medication can be safely stored (lock boxes which patient provides)	NO evidence that those with take home medication privilege the member must have assurance that take home medication can be safely stored (lock boxes which patient provides)	Member did not return for services.
Evidence that after the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic dose per week was given to the member to self-administer at home (days 30-90);	Evidence that after the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic dose per week was given to the member to self-administer at home (days 30-90);	NO evidence that after the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic dose per week was given to the member to self-administer at home (days 30-90);	Member did not return for services.
Evidence that in the second 90 days, two therapeutic doses per week was given to the member to self-administer at home (days 91-180);	Evidence that in the second 90 days, two therapeutic doses per week was given to the member to self-administer at home (days 91-180);	NO evidence that in the second 90 days, two therapeutic doses per week was given to the member to self-administer at home (days 91-180);	Member did not return for services.
Evidence that in the third 90 days of treatment, three therapeutic doses per week was given to the member to self-administer at home	Evidence that in the third 90 days of treatment, three therapeutic doses per week was given to the member to self-administer at home	NO evidence that in the third 90 days of treatment, three therapeutic doses per week was given to the member to self-administer at home	Member did not return for services.
Evidence that in the final 90 days of treatment of the first year, four therapeutic doses per week was given to the member to self-administer at home	Evidence that in the final 90 days of treatment of the first year, four therapeutic doses per week was given to the member to self-administer at home	NO evidence that in the final 90 days of treatment of the first year, four therapeutic doses per week was given to the member to self-administer at home	Member did not return for services.
Evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after one year in treatment, a six-day dose supply, consisting of take home doses and therapeutic doses may be allowed once a week	Evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after one year in treatment, a six-day dose supply, consisting of take home doses and therapeutic doses may be allowed once a week	NO evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after one year in treatment, a six-day dose supply, consisting of take home doses and therapeutic doses may be allowed once a week	Member did not return for services.
Evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after two years in treatment, a 13-day dose supply, consisting of take home doses and therapeutic doses may be allowed once every two weeks	Evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after two years in treatment, a 13-day dose supply, consisting of take home doses and therapeutic doses may be allowed once every two weeks	NO evidence the treatment team and medical director determined that the therapeutic privilege doses are appropriate that after two years in treatment, a 13-day dose supply, consisting of take home doses and therapeutic doses may be allowed once every two weeks	Member did not return for services.
Evidence that a take home dose was dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion when the OTP is closed for a legal holiday or Sunday.	Evidence that a take home dose was dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion when the OTP is closed for a legal holiday or Sunday.	NO evidenced that a take home dose was dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion when the OTP is closed for a legal holiday or Sunday.	Member did not return for services.
In the event of a Governor's Declaration of Emergency, emergency provisions for take home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA).	In the event of a Governor's Declaration of Emergency, evidence of emergency provisions given to member for take home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA).	In the event of a Governor's Declaration of Emergency, no evidence of emergency provisions given to member for take home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA).	Member did not return for services.
Evidence of a new determination made by the treatment team regarding take home privileges due to positive drug screens at any time for any drug other than prescribed	Evidence of a new determination made by the treatment team regarding take home privileges due to positive drug screens at any time for any drug other than prescribed	NO evidence of a new determination made by the treatment team regarding take home privileges due to positive drug screens at any time for any drug other than prescribed	Member did not return for services.
Evidence of take home privileges being revoked due to the patient has a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication that the patient does not have a valid prescription.	Evidence of take home privileges being revoked due to the patient has a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication that the patient does not have a valid prescription.	NO evidence of take home privileges being revoked due to the patient has a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication that the patient does not have a valid prescription.	Member did not return for services.

ASAM Level 1

Acute intoxication and/or withdrawal potential – No signs or symptoms of withdrawal, or individual’s withdrawal can be safely managed in an outpatient setting;

Biomedical conditions and complications – None, or sufficiently stable to permit participation in outpatient

Emotional, behavioral or cognitive conditions and complications – None or minimal. If present, symptoms are mild, stable and do not interfere with the patient’s ability to participate in treatment;

Readiness to change – Member should be open to recovery but require monitoring and motivating strategies to engage in treatment and to progress through the stages of change but not be in need of a structured milieu

Relapse, continued use or continued problem potential – Member is able to achieve abstinence and related recovery goals, with support and scheduled therapeutic contact to assist with issues that include, but not limited to, ambivalence about preoccupation of alcohol use or other drug use, cravings, peer pressure and lifestyle and

Recovery environment – Environment is sufficiently supportive that outpatient treatment is feasible, or the individual does not have an adequate, primary or social support system but has demonstrated motivation and

ASAM Level 2.1

Acute intoxication and/or withdrawal potential – No signs or symptoms of withdrawal, or individual’s withdrawal can be safely managed in an intensive outpatient setting;

Biomedical conditions and complications – None, or sufficiently stable to permit participation in outpatient

Emotional, behavioral or cognitive conditions and complications – None to moderate. If present, member must be admitted to either a co-occurring disorder capable or co-occurring disorder enhanced program, depending on the member’s level of function, stability and degree of impairment;

Readiness to change – Member requires structured therapy and a programmatic milieu to promote treatment progress and recovery. The member’s perspective inhibits their ability to make behavioral changes without repeated, structured and clinically directed motivational interventions;

Relapse, continued use or continued problem potential – Member is experiencing an intensification of symptoms related to substance use, and their level of functioning is deteriorating despite modification of the treatment plan; and

Recovery environment – Insufficiently supportive environment and member lacks the resources or skills necessary to maintain an adequate level of functioning without services in intensive outpatient treatment.

ASAM Level 2-WM

Acute intoxication and/or withdrawal potential – Experiencing moderate signs or symptoms of withdrawal, or there is evidence based on the history of substance use and previous withdrawal history, that withdrawal is

Biomedical conditions and complications – None or sufficiently stable to permit participation in ambulatory withdrawal management in an outpatient setting.

Emotional, behavioral or cognitive conditions and complications – None to moderate. If present, complications can be safely addressed through monitoring, medication and treatment.

Readiness to change – The patient has adequate understanding of ambulatory detoxification and expresses commitment to enter such a program. Member requires structured therapy and a programmatic milieu to

Relapse, continued use or continued problem potential – Member is experiencing an intensification of symptoms related to substance use, which indicate a high likelihood of relapse or continue use or continue problems without close monitoring and support several times a week.

Recovery environment – Sufficient supportive environment, however, member lacks the resources or skills necessary to maintain an adequate level of functioning without services in an ambulatory withdrawal

ASAM Level 3.1(Adolescents)

Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk;

Biomedical conditions and complications – None or stable. If present, the member must be receiving medical

Emotional, behavioral or cognitive conditions and complications – None or minimal. If present, conditions must be stable and not too distracting to the member’s recovery;

Readiness to change – Member should be open to recovery, but in need of a structured, therapeutic

Relapse, continued use or continued problem potential – Member understands the risk of relapse, but lacks relapse prevention skills or requires a structured environment; and

Recovery environment – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM Level 3.1(Adults)

Acute intoxication and/or withdrawal potential – None, or minimal/stable withdrawal risk.

Biomedical conditions and complications – None or stable. If present, the member must be receiving medical

Emotional, behavioral or cognitive conditions and complications – None or minimal. If present, conditions must be stable and not too distracting to the member’s recovery.

Readiness to change – Member should be open to recovery but in need of a structured, therapeutic environment.

Relapse, continued use or continued problem potential – Member understands the risk of relapse but lacks relapse prevention skills or requires a structured environment.

Recovery environment – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM Level 3.2-WM(Adolescents)

Acute intoxication and/or withdrawal potential – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). The patient is assessed as not requiring medications, but requires this level of service to

Biomedical conditions and complications – None or mild.

Emotional, behavioral or cognitive conditions and complications – None to Mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate.

Readiness to change – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.

Relapse, continued use or continued problem potential – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.

Recovery environment – The patient’s recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in their recovery environment or the patient recently has not demonstrated an inability to complete detoxification at a less

ASAM Level 3.2-WM(Adults)

Acute intoxication and/or withdrawal potential – The patient is experiencing signs and symptoms of withdrawal, or there is evidence that a withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). The patient is assessed as not requiring medications, but requires this level of service to

Biomedical conditions and complications – None or mild.

Emotional, behavioral or cognitive conditions and complications – None to mild severity; need structure to focus on recovery; if stable, a co-occurring disorder capable program is appropriate.

Readiness to change – The patient has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.

Relapse, continued use or continued problem potential – The patient has little awareness and need intervention available to prevent continued use, with imminent dangerous consequences because of cognitive deficits.

Recovery environment – The patient’s recovery environment is not supportive of detoxification and entry into treatment, and the patient does not have sufficient coping skills to safely deal with the problems in their recovery environment or the patient recently has not demonstrated an inability to complete detoxification at a less

ASAM Level 3.3(Adults)

Acute intoxication and/or withdrawal potential – None, or minimal risk of withdrawal.

Biomedical conditions and complications – None or stable. If present, the member must be receiving medical

Emotional, behavioral or cognitive conditions and complications – Mild to moderate severity; need structure to focus on recovery. Mental status is assessed as sufficiently stable to permit the member to participate in therapeutic interventions provided at this level of care. If stable, a co-occurring disorder capable program is appropriate. If not, a co-occurring disorder enhanced program is required. Treatment should be designed to respond to the

Readiness to change – Has little awareness of the need for continuing care or the existence of his/her substance use or mental health problem and need for treatment and thus has limited readiness to change. Despite experiencing serious consequences of effects of SUD the member has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health or life problems and impaired coping skills

Relapse, continued use or continued problem potential – Has little awareness and needs intervention available to prevent continued use, he or she is in imminent danger of continued substance use or emotional health problems with dangerous emotional, behavioral or cognitive consequences. The member’s cognitive impairment has limited his/her ability to identify and cope with relapse triggers and high-risk situations. He/she requires relapse prevention activities that are delivered at a slower pace, more concretely, and more repetitively in a setting that provides 24-hour structure and support to prevent imminent dangerous consequences.

Recovery environment – Environment is dangerous, but recovery is achievable within a 24-hour structure.

ASAM Level 3.5(Adolescents)

Acute intoxication and/or withdrawal potential: None or minimal risk of withdrawal.

Biomedical conditions and complications: None or stable or receiving concurrent medical monitoring.

Emotional, behavioral or cognitive conditions and complications: Demonstrates repeated inability to control impulses or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A co-occurring disorder-enhanced setting is required for severely and

Readiness to change: Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may

Relapse, continued use or continued problem potential: Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others.

Recovery environment: Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

ASAM Level 3.5(Adults)

Acute intoxication and/or withdrawal potential - None, or minimal risk of withdrawal.

Biomedical conditions and complications - None or stable or receiving concurrent medical monitoring.

Emotional, behavioral or cognitive conditions and complications - Demonstrates repeated inability to control impulses, or a personality disorder requires structure to shape behavior. Other functional deficits require a 24-hour setting to teach coping skills. A Co-Occurring Disorder Enhanced setting is required for SPMI patients.

Readiness to change - Motivational interventions have not succeeded at a less intensive level of care. Has limited insight or awareness into the need for treatment. Has marked difficulty in understanding the relationship between his/her substance use, addiction, mental health, or life problems and his/her impaired coping skills and level of functioning that may result in severe life consequences from continued use indicating a need for a 24-

Relapse, continued use or continued problem potential - Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences to self or others. Demonstrates a history of repeated incarcerations with a pattern of relapse to substances and uninterrupted use outside of incarceration. Unable to control use of alcohol or other drugs and/or antisocial behaviors with risk of harm to self or others.

Recovery environment - Living and social environments has a high risk of neglect or abuse, and member lacks skills to cope outside of a highly structured 24-hour setting.

ASAM Level 3.7(Adults)

Acute intoxication and/or withdrawal potential – None or minimal/stable withdrawal risk.

Biomedical conditions and complications – Moderate to severe conditions (which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital). Or the interaction of the patient’s biomedical conditions and continued alcohol or drug use places the patient at significant risk of damage to physical health.

Emotional, behavioral or cognitive conditions and complications – Moderate to severe psychiatric conditions and complications or history of moderate to high psychiatric decompensation or moderate to high risk of harm to self, other, or

property or is in imminent danger of relapse without 24 hour structure and support and medically monitored

Readiness to change – Member is in need of intensive motivating strategies, activities and processes available only in a 24-hour structured medically monitored setting (but not medically managed).

Relapse, continued use or continued problem potential – Member is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour

Recovery environment – Environment or current living arrangement is characterized by a high risk of initiation or repetition of physical, sexual or emotional abuse or substance use so endemic that the member is assessed as unable to achieve or maintain recovery at a less intensive level or care.

ASAM Level 3.7-WM (Adults)

Acute intoxication and/or withdrawal potential – Member is experiencing signs and symptoms of severe withdrawal, or there is evidence that a severe withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). There is a strong likelihood that the patient will require medications.

Biomedical conditions and complications – Mild to Moderate, but can be managed at level 3.7WM by medical monitoring. Treatment should be designed to respond to the member’s medical needs associated with

Emotional, behavioral or cognitive conditions and complications – Mild to moderate severity; need structure to manage comorbid physical, emotional, behavioral or cognitive conditions that can be managed in this setting but which increase the clinical severity of the withdrawal and complicates withdrawal management.

Readiness to change – Member has little awareness and needs intervention to engage and stay in treatment, or there is high severity in this dimension.

Relapse, continued use or continued problem potential – Member has little awareness and need intervention available to prevent continued use, with imminently dangerous consequences because of cognitive deficits.

Recovery environment – Member’s recovery environment is not supportive of detoxification and entry into treatment and the patient does not have sufficient coping skills to safely deal with the problems in the recovery environment or the patient recently has demonstrated an inability to complete detoxification at a less intensive

ASAM Level 4-WM (Adults)

Acute intoxication and/or withdrawal potential – Member is experiencing signs and symptoms of severe, unstable withdrawal, or there is evidence that a severe, unstable withdrawal syndrome is imminent (based on history of substance use, age, gender, or previous withdrawal). An acute care setting is required to manage the severity or

Biomedical conditions and complications –A significant acute biomedical condition that may pose a substantial risk of serious or life-threatening consequences during severe, unstable withdrawal or there is risk of imminent withdrawal. The biomedical conditions and complications require 24-hour medical and nursing care and the full

Emotional, behavioral or cognitive conditions and complications – A significant acute psychiatric or cognitive condition requires a 24-hour medical and nursing acute care setting to stabilize during severe, unstable withdrawal or there is evidence that a severe, unstable withdrawal syndrome is imminent.

Readiness to change – Refer to the admission guidelines above.

Relapse, continued use or continued problem potential –See admission guidelines above.

Recovery environment – Refer to the admission guidelines above.