MOUD and MAT Clinical Tool

MOUD 01 OBOT (LSFHS ID 63, 42 CFR Part 2, SAMHSA TIP 63) Does the provider maintain written policies and procedures governing MOUD service delivery that address medication management, medication storage and security, diversion prevention, confidentiality, toxicology testing, counseling and recovery supports, overdose prevention planning, naloxone access, care coordination, and discharge procedures?

MOUD 02 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the provider maintain evidence of ongoing staff training and competency development related to MOUD services?

MOUD 03 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record contain a comprehensive assessment completed prior to initiation of MOUD services that documents substance use history, medical status, mental health status, psychosocial factors, and pregnancy status when applicable?

MOUD 04 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record contain documentation supporting an Opioid Use Disorder diagnosis and demonstrating that MOUD is medically necessary and appropriate based on assessment findings, substance use history, symptom presentation, and clinical need?

MOUD 05 OBOT (LSFHS ID 63 SAMHSA TIP 63, 65D-30) Does the clinical record contain informed consent documentation reflecting discussion of risks, benefits, alternatives, and treatment expectations, completed prior to medication initiation, updated when medications change, and reviewed at least annually?

MOUD 06 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record document completion of an overdose risk assessment and overdose prevention plan at intake, including incorporation of overdose prevention strategies into treatment planning and ongoing services?

MOUD 07 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record contain an annual reassessment evaluating treatment progress, recovery goals, continued medical necessity, continued benefit of treatment, and appropriateness of continued maintenance, dosage reduction, or withdrawal planning?

MOUD 08 OBOT (LSFHS ID 63) Was an initial treatment plan established upon admission or placement into MOUD services that addressed immediate treatment needs, medication services, and any urgent referral, care coordination, or safety needs?

MOUD 09 OBOT (65D-30.0044(1)(a)6), ID 63) Was a comprehensive individualized treatment plan completed within thirty (30) days of admission?

MOUD 10 OBOT (LSFHS ID 63, Rule 65D-30.0044(1)) Does the treatment plan contain individualized goals, objectives, medications, counseling and recovery support services, service frequency, target dates, overdose prevention activities, referrals, and care coordination activities that are clearly linked to the individual's assessed needs, diagnoses, strengths, risks, and recovery goals?

MOUD 11 OBOT (LSFHS ID 63, SAMHSA TIP 63) 11. Does the clinical record document that counseling and recovery support services were offered? If counseling services, recovery support services, or medication services were declined, does the clinical record document refusal, follow-up discussion, clinical response, and ongoing offers of services?

MOUD 12 OBOT (LSFHS ID 63, Rule 65D-30.0044(1)(b)5) Are treatment plans reviewed every ninety (90) days during the first year and every six (6) months thereafter unless clinically indicated sooner?

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MOUD 13 OBOT (LSFHS ID 63, Rule 65D-30.0044(1)(a)5) Are treatment plans signed and dated by the individual and staff member completing the plan and, when completed by someone other than a Qualified Professional, reviewed, countersigned, and dated by a Qualified Professional within ten (10) calendar days?

MOUD 14 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record document ongoing monitoring of medication adherence, medication effectiveness, cravings, withdrawal symptoms, continued substance use, overdose risk, recovery support needs, and response to treatment?

MOUD 15 OBOT (LSFHS ID 63, SAMHSA TIP 63) When positive toxicology results, continued substance use, relapse, overdose events, missed appointments, medication concerns, diversion concerns, or other clinical issues are identified, does the clinical record document provider review, clinical assessment, interventions implemented, treatment modifications (or rationale for no modification), and follow-up actions?

MOUD 16 OBOT (LSFHS ID 63, SAMHSA TIP 63) Does the clinical record document toxicology testing that is consistent with program policy and clinical need, including review and interpretation of results, rationale for testing frequency, and treatment modifications when indicated, and include documentation that toxicology results were used as a clinical and therapeutic tool in treatment planning rather than solely as a punitive measure?

MOUD 17 OBOT (Section 893.055 Prescription drug monitoring program Florida Statutes) Does the clinical record document review of the Florida Prescription Drug Monitoring Program (E-FORCSE/PDMP) as required by law and/or when clinically appropriate, including documentation of clinical response to concerning findings when identified?

MOUD 18 OBOT (LSFHS ID 63, SAMHSA TIP 63) When co-occurring mental health conditions are identified, does the clinical record document monitoring, referral, care coordination, treatment integration, or follow-up activities?

MOUD 19 OBOT (LSFHS ID 63, SAMHSA TIP 63) When clinically indicated, does the clinical record document assessment of co-occurring medical conditions and referrals, care coordination, discussion of screening, or follow-up with medical, infectious disease, psychiatric, prenatal, recovery support, social service, or other treatment providers?

MOUD 20 OBOT (LSFHS ID 63) Does the clinical record document that naloxone education and access were offered at intake, periodically throughout treatment, and following any increase in overdose risk, including documentation of education provided, date offered, acceptance or refusal, naloxone dispensed, prescribed, or referred, and follow-up when declined?

MOUD 21 OBOT (LSFHS ID 63) Following positive toxicology results, return to use, overdose events, treatment interruption, medication changes, or elevated overdose risk, was the overdose prevention plan reviewed or updated?

MOUD 22 OBOT (LSFHS ID 63, SAMHSA TIP 63) For pregnant individuals, does the clinical record document prenatal assessment, referral to prenatal care, medication risk-benefit counseling, enhanced monitoring, and care coordination throughout pregnancy?

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MOUD 23 OBOT (LSFHS ID 63) Does discharge planning address continuation of medication treatment, overdose prevention education, naloxone access, recovery support services, referrals, care coordination, and follow-up recommendations, including naloxone education prior to discharge whenever possible?

MOUD 24 OBOT (LSFHS ID 63) For individuals who become disengaged from treatment, does the clinical record document outreach and re-engagement efforts?

MOUD 25 OBOT (LSFHS ID 63) For individuals with no engagement in services for ninety (90) consecutive days, does the clinical record document discharge review or justification for maintaining an open episode of care?

MOUD 26 OBOT (LSFHS ID 63) Are administrative or involuntary discharges clinically justified and documented?

MOUD 27 OBOT (LSFHS ID 63, 65D-30.0044) Does the clinical record contain a discharge summary documenting treatment participation, discharge reason, referrals, transition recommendations, and continuity-of-care efforts?

MOUD 28 (65D-30.0142(2)(g)-(h)) When take-home methadone medication is authorized, does the clinical record document the factors supporting the decision?

MOUD 29 (65D-30.0142(2)(q)) For individuals receiving methadone treatment through an OTP, are counseling services provided in accordance with applicable OTP requirements and documented in the clinical record?