

Substance Use Residential Treatment Tool

Residential SA 01 (65D-30.004(1)) Does the provider maintain written operating procedures that describe residential services, the population served, and clinical and administrative practices?

Residential SA 02 ((65D-30.004(6)-(7))) Do the provider's policies, procedures, and medical protocols address medical director responsibilities, oversight of medical services, approval and annual review of medical protocols, and procedures for responding to medical and psychiatric emergencies?

Residential SA 03 (65D-30.0046(1)) Do staff records demonstrate completion of required training within required timeframes and ongoing training requirements, including infection control, verbal de-escalation (if applicable), medication self-administration supervision (if applicable), overdose prevention, and Naloxone education and use?

Residential SA 04 (65D-30.0042(1)(b)) Does the clinical record contain documentation that the individual provided informed consent for required drug screening in accordance with component requirements and provider policy?

Residential SA 05 (65D-30.004(9) & (10)) Does the clinical record demonstrate that required infection control services were provided, including screening for communicable disease risk and referral or testing for HIV and TB when indicated?

Residential SA 06 (65D-30.0042(1)(a)) Does the chart contain a completed screening prior to admission, or an assessment completed at admission, documenting service needs, eligibility for placement, the rationale for the action taken, the validated tool used for service determination, and required signatures?

Residential SA 07 (65D-30.0042(2)(a)(3)) Was a physical examination completed within thirty (30) calendar days prior to placement or within three (3) calendar days after placement? If admitted directly from detoxification or intensive inpatient treatment, was a qualifying prior physical examination available?

Residential SA 08 (65D-30.0042(2)) Does the assessment include a physical health assessment?

Residential SA 09 (65D-30.0042(2)(b)) Does the chart include a psychosocial assessment completed within required timeframes that includes the required assessment elements, a clinical summary, documentation of placement determination using a validated tool, documentation supporting the appropriateness of the level of care, and required signatures and countersignatures?

Residential SA 10 (65D-30.0042(1)(a); 65D-30.007(3)) Does the chart document a level-of-care determination using a validated tool, including the rationale for placement and support for the assigned level of care?

Residential SA 11 (65D-30.0042(2)(a)-(b)) Does the chart contain a medical history completed within 30 calendar days prior to placement or within 1 calendar day of placement, as well as required laboratory testing, pregnancy evaluation when indicated, and required readmission updates in accordance with medical protocol?

Residential SA 12 (65D-30.0043(3)(b)) Does the chart include documentation that orientation was completed at admission and that the individual acknowledged receipt of all required program information?

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Residential SA 13 (65D-30.0042(1)(d)) Does the chart include a signed consent for services completed prior to or upon placement, except in cases of involuntary placement?

Residential SA 14 (65D-30.0044(1)(a)(3)-(4)) Does the chart include an individualized treatment plan completed within seven (7) calendar days of placement for Residential Level 1 or within fifteen (15) calendar days of placement for Residential Levels 2, 3, and 4?

Residential SA 15 (65D-30.0044(1)(a)) Does the treatment plan include measurable goals, objectives, interventions, the type and frequency of services to be provided, and target completion dates?

Residential SA 16 (65D-30.0044(1)(a)) Does the treatment plan include the required signatures and dates, including a Qualified Professional review, countersignature, and date within ten (10) calendar days when required?

Residential SA 17 (65D-30.0044(1)(b)) For Residential Treatment Levels 1, 2, and 3, are treatment plan reviews completed every thirty (30) calendar days and updated to reflect the individual's progress, needs, and services provided?

Residential SA 18 (65D-30.0044(1)(c)) Does the chart include progress notes for each service encounter that document the services provided, the individual's response to services, and required signatures and dates?

Residential SA 19 (65D-30.0044(1)(c)(2)) Are progress notes recorded at least weekly and do they document the individual's progress or lack of progress toward treatment plan goals and objectives?

Residential SA 20 (65D-30.007(6)) 65D-30.007(6) Does the clinical record demonstrate that counseling hours meet the minimum weekly requirements for the assigned residential level of care, or that fewer hours were documented, justified in the treatment plan, and approved by the Qualified Professional?

Residential SA 21 (65D-30.0044(1)(a); 65D-30.007(4)) Does the clinical record demonstrate that services provided are consistent with the treatment plan, including identified goals, interventions, and service frequencies?

Residential SA 22 (65D-30.007(3)) 65D-30.007(3) Does the clinical record support the individual's continued residential placement based on treatment needs and circumstances, severity of illness or disorder, level of functioning, and clinical progress toward individualized treatment goals?

Residential SA 23 (65D-30.0042(2)(c); 65D-30.007(4)(i)) Does the clinical record demonstrate that mental health needs were identified through the assessment process and addressed through services or referral, as appropriate?

Residential SA 24 (65D-30.007(7)) Does the clinical record demonstrate that transportation was provided or arranged when needed to access required services?

Residential SA 25 (65D-30.004(18)) Do release of information forms contain all required consent elements, including the recipient, purpose, scope of disclosure, expiration date, revocation statement, and required signatures?

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Residential SA 26 (65D-30.0044(4)(a); 65D-30.007(3)(b)(1)) If the individual completes services or leaves prior to completion, does the chart include a discharge summary completed within 15 business days that includes a summary of the individual's involvement in services, the reasons for discharge, and referrals to needed aftercare and other services, and is it signed and dated by the primary counselor?

Residential SA 27 (65D-30.0044(4)(b)) For individuals transferred from one component to another within the same provider, is a transfer summary completed immediately, documenting the circumstances and purpose of the transfer, and signed and dated by the primary counselor within fifteen (15) days?

Residential SA 28 (65D-30.0044(4)(b)) For individuals transferred from one provider to another, is a transfer summary completed within five (5) calendar days, documenting the circumstances and purpose of the transfer, and signed and dated by the primary counselor within fifteen (15) days?

Residential SA 29 (65D-30.004(19)) 65D-30.004(19) When applicable, does the clinical record demonstrate that recovery residence referrals are made only to certified recovery residences and that certification was verified prior to referral?

Residential SA 30 (65D-30.004(20)) When applicable, does the clinical record demonstrate that telehealth services were provided in accordance with Rule 65D-30.004(20)?

Residential SA 31 (65D-30.004(22)(c)-(d)) Does the clinical record document that overdose prevention information was provided at admission and offered to individuals placed on a waitlist, when applicable?

Residential SA 32 (65D-30.004(22)(a)-(d)) Does the provider maintain and implement an overdose prevention plan, and can staff demonstrate working knowledge of the plan?