Louisiana - Provider Quality Monitoring Opioid Treatment Program Record Tool

Effective Date: August 7, 2024

These audit tools can be used for various types of audits that a provider may require. They ensure you are meeting state regulatory requirements.

Screening

Question

1. A screening is conducted to determine eligibility for admission.
2. A screening is conducted to determine eligibility for referral.
3. A screening is conducted to determine appropriateness for admission.
4. A screening is conducted to determine appropriateness for referral.
5. A complete physical examination by the Opioid Treatment Program (OTP)'s physician must be conducted before admission to the OTP.
6. 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.

Physical examination

Question

7. A drug screening test by the OTP's physician must be conducted before admission to the OTP.
8. A full medical exam, including results of serology and other tests, must be completed within 14 days of admission.
9. The physician shall ensure members have a Substance Use or Opioid Use Disorder (OUD).
10. An OUD must be present for at least one year before admission for treatment, or meet exception criteria, as set in federal regulations.

Alcohol and drug assessment and comprehensive evaluation

Question

11. ASAM OTP Requirement: comprehensive bio-psychosocial assessment must be completed within the first seven days of admission, which substantiates treatment.
12. For new admissions, the ASAM 6-Dimensional risk evaluation must be included in the assessment.
13. The assessment must be reviewed by a licensed mental health professional (LMHP).
14. The comprehensive bio-psychosocial evaluation shall contain circumstances leading to admission.
15. The comprehensive bio-psychosocial evaluation shall contain past behavioral health concerns, if applicable.
16. The comprehensive bio-psychosocial evaluation shall contain present behavioral health concerns.
17. The comprehensive bio-psychosocial evaluation shall contain past psychiatric treatment, if applicable.
18. The comprehensive bio-psychosocial evaluation shall contain present psychiatric treatment.
19. The comprehensive bio-psychosocial evaluation shall contain past addictive disorders treatment, if applicable.
20. The comprehensive bio-psychosocial evaluation shall contain present addictive disorders treatment.
21. The comprehensive bio-psychosocial evaluation shall contain significant medical history.
22. The comprehensive bio-psychosocial evaluation shall contain current health status.

23. The comprehensive bio-psychosocial evaluation shall contain family history.
24. The comprehensive bio-psychosocial evaluation shall contain social history.
25. The comprehensive bio-psychosocial evaluation shall contain current living situation.
26. The comprehensive bio-psychosocial evaluation shall contain relationships with family of origin (nuclear), family, and/or significant others.
27. The comprehensive bio-psychosocial evaluation shall contain education.
28. The comprehensive bio-psychosocial evaluation shall contain vocational training.
29. The comprehensive bio-psychosocial evaluation shall contain employment history.
30. The comprehensive bio-psychosocial evaluation shall contain employment current status.
31. The comprehensive bio-psychosocial evaluation shall contain military service history, if applicable.
32. The comprehensive bio-psychosocial evaluation shall contain military service current status.
33. The comprehensive bio-psychosocial evaluation shall contain legal history, if applicable.
34. The comprehensive bio-psychosocial evaluation shall contain current legal status.
35. The comprehensive bio-psychosocial evaluation shall contain past emotional state.
36. The comprehensive bio-psychosocial evaluation shall contain present emotional state.
37. The comprehensive bio-psychosocial evaluation shall contain past behavioral functioning.
38. The comprehensive bio-psychosocial evaluation shall contain present behavioral functioning.
39. The comprehensive bio-psychosocial evaluation shall contain strengths.
40. The comprehensive bio-psychosocial evaluation shall contain weaknesses.
41. The comprehensive bio-psychosocial evaluation shall contain needs.
42. Assessments shall include the consideration of appropriate psychopharmacotherapy.

Medication management

Question

43. 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).
44. SUD providers, when clinically appropriate, shall educate members on the proven effectiveness of Food and Drug Administration approved MAT options for their SUD.
45. SUD providers, when clinically appropriate, shall educate members on the proven benefits of Food and Drug Administration approved MAT options for their SUD.
46. SUD providers, when clinically appropriate, shall educate members on the proven risks of Food and Drug Administration approved MAT options for their SUD.
47. SUD providers, when clinically appropriate, shall Provide on-site MAT or refer to MAT offsite.
48. SUD providers, when clinically appropriate, shall document member education in the progress notes.
49. SUD providers, when clinically appropriate, shall document access to MAT in the progress notes.
50. SUD providers, when clinically appropriate, shall document member response in the progress notes.

Treatment planning process

Question

51. The treatment plan must be developed within 7 days of admission by the treatment team.
52. The treatment plan must be based on the assessments.
53. The treatment plan must include person centered goals.

54. The treatment plan must include person centered objectives.
55. The treatment plan must Identify the services intended to reduce the identified condition.
56. The treatment plan must include anticipated outcomes of the individual.
57. The treatment plan must include a referral to self-help groups: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Al-Anon.
58. The treatment plan must specify the amount of services.
59. The treatment plan must be signed by the LMHP or physician responsible for developing the plan.
60. Treatment plan must specify a timeline for re-evaluation of that plan that is, at least, an annual redetermination.
61. The re-evaluation must involve the family and/or responsible party.
62. Re-evaluations must determine if services have contributed to meeting the stated goals.
63. The treatment plan shall be updated and revised if there is no measurable reduction of disability or restoration of functional level.
64. If a new treatment plan is developed it includes a different rehabilitation strategy.
65. If a new treatment plan is developed it includes revised goals.
66. 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 (CFT) or working closely with the CFT.

Treatment services

Question

67. During the initial treatment phase, the provider conducts orientation. (Initial treatment phase lasts from three to seven days).
68. During the initial treatment phase, the provider conducts counseling. (Initial treatment phase lasts from three to seven days).
69. During the initial treatment phase, the provider develops the initial treatment plan for treatment of critical health or social issues. (Initial treatment phase lasts from three to seven days).
70. During early stabilization, the provider conducts weekly monitoring of the member's response to medication. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
71. During early stabilization, the provider provides at least four individual counseling sessions. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
72. During early stabilization, the provider revises the treatment plan within 30 days to include input by all disciplines. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
73. During early stabilization, the provider revises the treatment plan within 30 days to include input by the member. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
74. During early stabilization, the provider revises the treatment plan within 30 days to include input by significant others. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
75. During early stabilization, the provider conducts random monthly drug screen tests. (Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration).
76. During maintenance treatment, the provider performs 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. (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).
77. During maintenance treatment, after the member has obtained a negative drug screen for 90 consecutive days, monthly testing to members who are allowed six days of take-home doses, as well as random testing for alcohol when indicated (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).
78. During maintenance treatment, After the member has obtained a negative drug screen for 90 consecutive days, random testing for alcohol when indicated (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).
79. During maintenance treatment, Continuous evaluation by the nurse of the member’s use of treatment from the program. (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).

80. During maintenance treatment, The provider shall document reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team. (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).

81. During maintenance treatment, The provider shall documentation of response to treatment in a progress note at least every 30 days. (Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time).

82. During Medically supervised withdrawal from synthetic narcotic with continuing care, the provider shall decrease the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member. (Medically supervised withdrawal from synthetic narcotic occurs only when withdrawal is requested by the member).

83. During Medically supervised withdrawal from synthetic narcotic with continuing care, the provider shall provide counseling of the type based on medical necessity. (Medically supervised withdrawal from synthetic narcotic occurs only when withdrawal is requested by the member).

84. During Medically supervised withdrawal from synthetic narcotic with continuing care, the provider shall conduct discharge planning as appropriate. (Medically supervised withdrawal from synthetic narcotic occurs only when withdrawal is requested by the member).

85. Evidence that those with take home medication privilege have absence of criminal activity during treatment.

86. Evidence that those with take home medication privilege the member must have negative drug/alcohol screen for at least 30 days.

87. Evidence that those with take home medication privilege the member must have regular clinic attendance.

88. Evidence that those with take home medication privilege the member must have absence of serious behavioral problems during treatment.

89. Evidence that those with take home medication privilege the member must have stability of home environment.

90. Evidence that those with take home medication privilege the member must have stability of social relationships.

91. Evidence that take-home medication can be safely stored (lock boxes provided by member).

92. 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. (Treatment days 30 to 90 = one dose per week).

93. Evidence that in the second 90 days, two therapeutic doses per week was given to the member to self- administer at home. Add for reviewer clarity: (Treatment days 91 to 180 = two dose per week).

94. Evidence that in the third 90 days of treatment, three therapeutic doses per week was given to the member to self-administer at home. (Treatment days 181 to 270 = three dose per week).

95. 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. (Treatment days 271 to 360 = four dose per week).

96. 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. (Treatment days 365 to 729 = six-day dose supply once per week).

97. 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. (Treatment day 730/2-year mark = 13/day dose supply once every two weeks).

Exceptions – Take-home medication

Question

98. 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.

99. 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.

Care coordination and continuity of care

Question

100. Communication with the other health care providers as it relates to the member's OUD treatment in the member's treatment record.

101. Coordination with other health care systems shall occur, as needed, to achieve the treatment goals in the member's treatment record.

Member record

Question

102. Recording of dispensing in accordance with federal and state requirements.

103. Results of five most recent drug screen tests with action taken for positive results.

104. Documentation of physical status and use of additional prescription medication.

105. Contact notes and/or progress notes (monthly, or more frequently, as indicated by needs of client) must include employment/vocational needs.

106. Contact notes and/or progress notes (monthly, or more frequently, as indicated by needs of client) must include legal status.

107. Contact notes and/or progress notes (monthly, or more frequently, as indicated by needs of client) must include social status.

108. Contact notes and/or progress notes (monthly, or more frequently, as indicated by needs of client) must include overall individual stability.

109. Documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate, if necessary.

110. Documentation of approval of any exception to the standard schedule of take-home doses.

111. Documentation of physician's justification for approval of any exception to the standard schedule of take-home doses.