

SUBSTANCE USE DISORDER PROVIDER APPLICATION FORM

Required Application Materials

- Must be enrolled and validated by Health First Colorado (Medicaid).
 - Complete this application, including signed and dated attestation and authorization, and Appendix 1.
 - Copy of organization's W9.
 - A copy of the current professional liability insurance policy declaration sheet with the name of the organization, coverage dates, and the amounts of coverage listed. Professional liability includes insurance coverage with minimum limits of \$500,000 per incident and \$3 million aggregate, which are required for network participation. If the entity is covered through self-insurance trust, the Federal Tort Claims Act (FTCA) or have governmental immunity, please note below and provide such documentation.
 - A copy of the organization's current Colorado license, or if not subject to Colorado licensure, a copy of the certification notification from the State of Colorado.
 - If the organization provides in-house laboratory services, please submit a copy of the Clinical Laboratory Improvement Amendments (CLIA) certificate.
 - If accredited, a copy of the most recent accreditation certificate.
 - If the organization is not accredited, please include the most recent copy of the outpatient behavioral health (OBH) site survey, or a copy of the letter from OBH that shows that the facility was reviewed, the findings of the review, and that the facility corrected any findings.
 - Documentation or policy and procedures that are informative to the SUD facility procedures.
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Please return completed application and supporting documentation to clinical@coaccess.com.

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

These standards have been developed through a review of current best practices literature in substance use service delivery. They are a synthesis of the strongest recommendations from the American Society of Addiction Medicine, The National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, and the Office of the Surgeon General. They outline the basic standards that high-quality programs implement in the field of substance use treatment and support services, and describe how programs might demonstrate adherence to these standards.

We are dedicated to offering high-quality substance use services to our members. To ensure this, we provide support for providers to meet basic quality standards. Please provide information about your substance use services, how you are meeting the following quality standards, and the areas where you need additional assistance.

Please indicate ALL levels of care you are seeking to credential:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Level I | Outpatient |
| <input type="checkbox"/> Level 2.1 | Intensive Outpatient Services |
| <input type="checkbox"/> Level 3.1 | Clinically Managed Low-Intensity Residential Services |
| <input type="checkbox"/> Level 3.2 WM | Clinically Managed Withdrawal Management |
| <input type="checkbox"/> Level 3.3 | Clinically Managed Low-Intensity Residential Services |
| <input type="checkbox"/> Level 3.5 | Clinically Managed High-Intensity Residential Services |
| <input type="checkbox"/> Level 3.7 | Medically Monitored Intensive Inpatient Services |
| <input type="checkbox"/> Level 3.7 WM | Medically Monitored Withdrawal Management Services |

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 1: The organizational leadership has expertise in substance use treatment and a commitment to provide high-quality substance use specific services.

Rationale: Substance use disorder treatment is a specialty that requires specifically tailored interventions. Organizations delivering high-quality substance use disorder services will have a well-defined approach to service delivery that reflects current evidence of effective interventions.

Substance use disorders are prevalent among people being treated for other mental health disorders, and mental health disorders are prevalent among people entering treatment for substance use disorders (NIDA, 2022; NIMH, 2023). While it is common that substance use disorders co-occur with other mental health disorders, experts do not believe that one disorder necessarily causes the other (NIDA, 2022; NIMH, 2013). The two disorders are believed to frequently co-occur because they share risk factors and triggers. For this reason, the clinical leadership of substance use programming should have knowledge of current evidence-based interventions used to treat individuals with substance use disorders, in addition to expertise in treatment of other mental health disorders.

People with substance use disorders often have comorbid medical problems that may be caused or worsened by their substance use. Therefore, a medical director should provide oversight to admission and medical policies and protocols at higher levels of care.

Specific criteria:

- The organization's mission, vision and/or approach and treatment philosophy addresses substance use and substance use treatment.
- The organization's substance use services are supervised by individual(s) with expertise in substance use disorder treatment and recovery.
- Level 3 residential programs have a medical director who provides oversight for admission, exclusion, and discharge criteria and medical policies and procedures.

Documents that might be used to demonstrate adherence to these criteria:

- Mission and vision statements
- Program descriptions
- Resumes or curricula vitae
- Training/certification documentation

Resources

- American Society of Addiction Medicine. Clinical Guideline. ASAM Clinical Guidelines.
- National Institute on Mental Health (NIMH). 2023. Substance Use and Co-occurring Disorders.
- National Institute on Drug Abuse (NIDA). 2022. The Connection Between Substance Use Disorders and Mental Illness.
- Substance Abuse and Mental Health Services Administration. (2021). The Substance Use Disorder Counseling Competency Framework: An Overview. Advisory <https://store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017>
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington DC: HHS. <https://addiction.surgeongeneral.gov/>

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 1

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

1a. The organization's mission, vision and/or approach, and treatment philosophy addresses substance use and substance use treatment. *Please include mission statements and policies.*

1b. The organization's substance use services are supervised by individual(s) with expertise in substance use disorder treatment and recovery. *Indicate credentials of clinical leadership and please include resumes, CVs, and/or training/certification certificates.*

- Board certified in addiction
 - Completed American Society for Addiction Medicine (ASAM) training
 - Licensed Addiction Counselor
 - Colorado Certified Addiction Specialist
 - Equivalent training, certification or credentialing in substance use treatment
- Please specify:

****ONLY ANSWER QUESTION 1c IF YOU ARE SEEKING CREDENTIALS FOR LEVEL 3 RESIDENTIAL PROGRAMS. Otherwise, skip question 1c****

1c. Level 3 residential programs have a medical director who provides oversight for admission, exclusion/discharge criteria, and medical policies/procedures. *Please provide the resume or CV of the residential program(s) medical director.*

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 1.

Provider section

All relevant questions are answered and documents are attached

Colorado Access Review Staff section

- Provider passed Standard 1*
- Needs remediation*

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 2: Each substance use program or provider has a clinical approach, staffing, and criteria for participation in the program that matches the needs of the population served.

Rationale: According to the American Society of Addiction Medicine (ASAM; 2013), the level of care with which an individual is provided should be based on a multidimensional assessment and offer the most appropriate level of safety and structure required for the individual. This will often require that clients move across levels of care as their needs change. Within levels of care, the interventions available should be based on evidence-based practices that are tailored to the population served in the program and the needs of the individual client as assessed across the five dimensions of assessment.

To meet the best practices established by ASAM, as well as Colorado statute, we require that programs have clear descriptions of each program/level of care and that the program description include:

- the approach to service delivery;
- staffing that is being implemented in the program;
- rationale for the interventions and approaches offered; and
- how these approaches are appropriate to the population served.

Further, each level of care should have clearly articulated admission and discharge criteria that include the medical, behavioral, or psychosocial conditions that might prevent someone from being admitted to the level of care and/or cause the individual to be discharged before they meet the ASAM-related discharge criteria.

Specific criteria:

- Each level of care being credentialed has a program description and/or policy that addresses:
 - Admission and discharge criteria that align with ASAM criteria for the level of care provided
 - Medical or other criteria that exclude individuals from admission or continued stay
 - Staffing/providers delivering care
- Each program utilizes evidence-based practices that are appropriate and specific to the population served and the level of care provided
- Level 2 programs have a description of the multi-disciplinary team providing care
- Level 3.7 programs provide nursing care 24 hours a day, seven days a week

Documents that might be used to demonstrate adherence to these criteria:

- Program descriptions
- Policies on evidence-based practices in use
- Admission, discharge, and exclusion criteria or policies
- Plans or program descriptions outlining staffing, including nursing duties and credentials in Level 3.7 programs

Resources

- American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
- American Society of Addiction Medicine. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.
- Substance Abuse and Mental Health Services Administration. (2021). Screening and Treatment of Substance Use Disorders among Adolescents. Advisory. <https://store.samhsa.gov/product/screening-treatment-substance-use-disorders-among-adolescents/pep20-06-04-008>
- Substance Abuse and Mental Health Services Administration. (2020). Substance Use Disorder Treatment for People with Co-Occurring Disorders. (PEP20-02-01-004). <https://www.ncbi.nlm.nih.gov/books/NBK64197/>

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 2

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

2a. Each level of care being credentialed has a program description and/or policy that addresses the following areas. *Include the items below for **EACH** level of care that you are seeking to credential.*

- Admission and discharge criteria that align with ASAM criteria for the level of care provided
- Medical or other criteria that exclude individuals from admission or continued stay
- Provide a description of the multi-disciplinary teams providing care

2b. Each program utilizes evidence-based practices that are appropriate and specific to the population served and the level of care provided. *Please list below the policies or program descriptions that outline the evidence-based practices in use and the rationale for their selection based on the population served.*

****ONLY ANSWER QUESTION 2c IF YOU ARE SEEKING CREDENTIALS FOR LEVEL 3.7 SERVICES. Otherwise, skip question 3****

2c. Level 3.7 programs provide nursing care 24/7. *Please provide a description of the duties and credentials of the 24/7 nursing providers.*

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 2.

Provider section

All relevant questions are answered and documents are attached

Colorado Access Review Staff section

- Provider passed Standard 2*
- Needs remediation*

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 3: Staff are trained in clinical and administrative topics specific to substance use treatment.

Rationale: ASAM suggests that high-quality substance use providers ensure that staff are trained in evidence-based practices that are tailored to the level of care and population served. This training includes substance use-specific content including the organization's substance use disorder treatment philosophy and approach, evidence-based practices in use in the organization, laws, and ethical guidelines specific to the populations served, and levels of care provided. Training and case consultation should be provided both at the time of hiring and periodically thereafter.

Specific criteria:

- Clinical staff working with individuals with substance use disorders are trained in the following areas at the **time of hire**. Admission and discharge criteria that align with ASAM criteria for the level of care provided
 - Outreach and engagement strategies specific to individuals with substance use disorder
 - Evidence-based practices used in programs that are specific to substance use disorders
 - ASAM criteria and assessment of level of care
- Clinical staff working with individuals with substance use disorders have **ongoing** training related to their clinical assignment.

Documents that might be used to demonstrate adherence to these criteria:

- Training policies, checklists, and materials
- Training and staff development policies

Resources

- American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
- Substance Abuse and Mental Health Services Administration. (2021). The Substance Use Disorder Counseling Competency Framework: An Overview. Advisory <https://store.samhsa.gov/product/substance-use-disorder-counseling-competency-framework/pep20-02-01-017>

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 3

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

3a. Clinical staff working with individuals with substance use disorders are trained in the following areas at the time of hire. *Please provide training policies, checklists, or other information describing initial training.*

- Outreach and engagement strategies specific to individuals with substance use disorder
- Evidence-based practices used in programs that are specific to substance use disorders
- ASAM criteria and assessment of level of care

3b. Clinical staff working with individuals with substance use disorders have ongoing training related to their clinical assignment. *Please provide training and staff development policies, checklists, or other information describing ongoing training.*

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 3.

Provider section

All relevant questions are answered and documents are attached

Colorado Access Review Staff section

- Provider passed Standard 3*
- Needs remediation*

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 4: Providers have procedures in place to continually assess level of care and to manage authorization requests

Rationale: Colorado statute requires that Medicaid use standardized criteria for determining level of care for substance use disorders. Colorado uses the American Society of Addiction Medicine (ASAM) criteria to determine the initial and continuing levels of care required. ASAM requires that providers assess individuals across six dimensions—intoxication and withdrawal potential; biomedical conditions and complications; emotional, behavioral, or cognitive conditions or complications; readiness to change; relapse, continued use or continued problem potential; and recovery environment.

Providers implementing ASAM criteria with fidelity educate their clients that their level of care needs will be individually assessed over time and that there is no fixed program length that is ideal for every client. Instead, length of stay is variable, based on the needs of the client and there are likely to be steps down to lower levels of care as the client progresses in treatment. High quality providers have well-developed processes to assist clients in their transfer to a higher or lower level of care as their needs change. This includes warm hand-offs both within and outside their own organization or practice as needed.

Level 1 outpatient programs generally screen at admission and periodically review patient progress. Failure to progress or relapse indicates the need to modify the treatment plan and that modification may include a move to higher level of care.

Level 2 intensive outpatient and level 3 residential programs, screen for level of care needs at admission (or, ideally, prior to admission) and then frequently thereafter to ensure that the individual does not require either a higher or lower level of care. Level 2 and level 3 programs that are most successful in continual assessment of level of care and other treatment needs, clearly identify these responsibilities as a part of a clinical job description and provide support for clinical staff to manage level of care authorizations and reauthorizations with the payers.

High performing programs that have low rates of administrative and clinical denials typically have a utilization management position dedicated to communicating with clinicians and payers to ensure that continual assessment is occurring, reauthorizations are sent to the regional accountable entity (RAE) (or other payer) and that communication across payer, clinical provider, and client is clear.

Specific criteria:

- **Program materials address the following areas:**
 - The process for briefly screening for appropriateness for the program and level of care prior to scheduling clients for admission
 - The process for initial assessment of level of care needs across all six ASAM dimensions including who completes the assessment and the timeframe for completion
 - The process for conducting ongoing assessments of level of care and how often you are conducting level of care reviews

Documents that might be used to demonstrate adherence to these criteria:

- Training policies, checklists, and materials
- Training and staff development policies
- Clinical staff working with individuals with substance use disorders have ongoing training related to their clinical assignment.

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Documents that might be used to demonstrate adherence to these criteria:

- Utilization management policies and procedures
- Screening and assessment policies and procedures
- Referral and warm hand-off policies

Resources

- American Society of Addiction Medicine. (2020) ASAM Level of Care Certification Manual
- American Society of Addiction Medicine. (2013). The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (M. David Mee-Lee Ed. 3rd ed.). Rockville, MD.

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 4

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

4a. Program materials address the following areas. *Please include policies and job descriptions.*

- The process for briefly screening for appropriateness for the program and level of care prior to scheduling clients for admission
 - The process for initial assessment of level of care needs across all six ASAM dimensions including who completes the assessment and the timeframe for completion
 - The process for conducting ongoing assessments of level of care and how often you are conducting level of care reviews
 - The policy or process for ensuring that clients have a warm hand-off to a higher or lower level of care as needed
 - The position(s) responsible for initial assessment and continuing review of level of care
- 4b. Do you have a dedicated utilization management team, or an individual assigned to complete utilization management activities?**
- Yes
 - No

- 4c. Would you like assistance developing or enhancing a utilization management process?** *If yes, please describe the assistance that would be beneficial.*

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 4.

Provider section

- All relevant questions are answered and documents are attached*

Colorado Access Review Staff section

- Provider passed Standard 4*
- Needs remediation*

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 5: The organization/program emphasizes the importance of recovery supports.

Rationale: Ongoing social support is one of the strongest predictors of sustained recovery from substance use disorders (HHS, 2016). Effective programs communicate to clients that recovery happens in life, rather than in treatment and that the non-clinical activities and relationships are essential for lasting recovery. This includes developing supportive social relationships, healthy recreational activities, and safe housing. High-quality programs encourage participation in self-help groups or other mutual aid groups and may use recovery coaches or peer specialists as a part of the treatment team. Programs committed to building long-term recovery support encourage clients to involve family, partners, and other supporters in treatment.

Providers offering high-quality services for people with substance use disorders routinely engage clients in structured relapse prevention activities that help the client identify risky settings and develop a plan to manage these settings to avoid relapse.

Specific criteria:

- **Program materials address the following areas:**
 - Family, partners, and other supporters are routinely involved in treatment (with the client’s consent)
 - Relapse prevention planning is an essential component of the program and includes identifying social and recreational activities to support and sustain recovery
 - Clients are exposed to, or encouraged to attend, social support groups such as 12-step programs or other group support

Documents that might be used to demonstrate adherence to these criteria:

- Program descriptions or materials
- Client information

Resources

- Substance Abuse and Mental Health Services Administration. (2019). Enhancing Motivation for Change in Substance Use Disorder Treatment. TIP 35. <https://store.samhsa.gov/product/TIP-35-Enhancing-Motivation-for-Change-in-Substance-Use-Disorder-Treatment/PEP19-02-01-003>
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington DC: HHS. <https://addiction.surgeongeneral.gov/>
- U.S. Department of Veterans Affairs. (2020). Management of Substance Use Disorders. VA/DoD Clinical Practice Guidelines. <https://www.healthquality.va.gov/guidelines/MH/sud/>
- Substance Abuse and Mental Health Services Administration. (2021). The Importance of Family Therapy in Substance Use Disorder Treatment. Advisory. <https://store.samhsa.gov/product/importance-family-therapy-substance-use-disorder-treatment/pep20-02-02-016>
- Substance Abuse and Mental Health Services Administration. (2020). Substance Use Disorder Treatment and Family Therapy TIP 39. <https://store.samhsa.gov/product/treatment-improvement-protocol-tip-39-substance-use-disorder-treatment-and-family-therapy/PEP20-02-02-012>

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 5

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

5a. Program materials address the following areas. *Please include program descriptions or client information.*

- Family, partners, and other supporters are routinely involved in treatment (with the client's consent)
- Relapse prevention planning is an essential component of the program and includes identifying social and recreational activities to support and sustain recovery
- Clients are exposed to, or encouraged to attend, social support groups, such as 12-step programs or other group support

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 5.

Provider section

- All relevant questions are answered and documents are attached*

Colorado Access Review Staff section

- Provider passed Standard 5*
- Needs remediation*

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 6: Treatment and recovery support needs are consistently monitored in partnership with the client.

Rationale: High-quality providers determine the mix of therapeutic interventions following an assessment of the strengths and needs of the client and the client's preferences. Although group treatment can be a powerful therapeutic tool for many people, for some individuals, requirements to participate in group treatment will discourage participation in any treatment. Sensitive issues of abuse, trauma, guilt and shame may be more effectively addressed in individual sessions or be more effectively addressed in group sessions after individual counseling. High-quality treatment programs, at a minimum, will hold regular individual counseling sessions as a standard course of treatment to discuss treatment progress and check in on sensitive issues that may not be effectively addressed in group treatment.

Regardless of treatment philosophy or level of care, programs that rely on evidence-based approaches, do not discourage the use of FDA-approved medications for the treatment of opioid and alcohol use disorders, and educate clients on the potential value of medications in treatment. Programs providing medication assisted treatment encourage clients to participate in counseling and support activities in conjunction with medication.

It is estimated that 20% - 50% of individuals entering treatment for substance use disorders also have another mental health disorder (NIDA, 2022). As a result, experts suggest that programs have the capability to provide integrated treatment. Recognizing that not all programs are able to provide integrated treatment, they recommend that, at a minimum, programs are able to screen for mental health disorders and provide or refer for medication evaluation and mental health treatment. Because of the high prevalence of other mental health disorders among people with substance use disorders, quality providers must be able to accept individuals with mild or moderate mental health disorders in their programs and have staff who are capable to provide basic care. Programs should also provide support for clients to continue any medications that have been prescribed for treatment of mental health diagnoses.

Specific criteria:

- **Programs have materials that are shared with clients that describe the following items:**
 - How individual counseling/check-in sessions are regularly available and their frequency
 - That length of stay determination is based on individual needs rather than a fixed program length
 - How and when level of care is continually assessed and the process for transfers to higher or lower levels of care as an individual's needs change
 - That relapse is viewed as an indication of the need for modification of treatment rather than a reason
- **The organization/program has policies that describe the following processes:**
 - A process for mental health screening, evaluation and treatment and/or how referrals for evaluation and treatment are completed
 - A process for screening clients for appropriateness for addiction medications, communicating potential benefits with clients and the approach to providing or referring for addiction medicines

Documents that might be used to demonstrate adherence to these criteria:

- Program descriptions or materials
- Policies on screening and referral for mental health evaluation or addiction medication
- Client information

Resources

- Lo Coco, G., et. Al., (2019). Group treatment for substance use disorder in adults: A systematic review and meta-analysis of randomized-controlled trials. *Journal of Substance Abuse Treatment*, 99, 104-116. doi: <https://doi.org/10.1016/j.jsat.2019.01.016>
- National Institute on Drug Abuse (NIDA). 2022. The Connection Between Substance Use Disorders and Mental Illness.
- NIDA principles of effective treatment: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>
- Substance Abuse and Mental Health Services Administration. (2021). Group Therapy in Substance Use Treatment. Advisory <https://store.samhsa.gov/product/group-therapy-substance-use-treatment/pep20-02-01-020>
- Substance Abuse and Mental Health Services Administration. (2021). Prescribing Pharmacotherapies for Patients with Alcohol Use Disorder. Advisory. <https://store.samhsa.gov/product/prescribing-pharmacotherapies-patients-with-alcohol-use-disorder/pep20-02-02-015>
- Substance Abuse and Mental Health Service Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Executive Summary. Publication No. PEP20-02-01-005. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020. <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Executive-Summary/PEP20-02-01-005>
- Substance Abuse and Mental Health Services Administration. (2019). Medications to Treat Opioid Use Disorder During Pregnancy <https://store.samhsa.gov/product/medications-to-treat-opioid-use-during-pregnancy-an-info-sheet-for-providers/SMA19-5094-IS>
- U.S. Department of Health and Human Services (HHS) Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington DC: HHS. <https://addiction.surgeongeneral.gov/>

QUALITY STANDARDS FOR SUBSTANCE USE DISORDER SERVICES GUIDANCE FOR PROVIDERS

Standard 6

Please respond to the following statements with yes, no, or not applicable, and provide documentation as requested.

6a. Programs have materials that are shared with clients that describe the following items. Please include program materials or other client information.

- How individual counseling/check-in sessions are regularly available and their frequency
- Length of stay determination is based on individual needs rather than a fixed program length
- How and when level of care is continually assessed and the process for transfers to higher or lower levels of care as an individual's needs change
- Relapse is viewed as an indication of the need for modification of treatment rather than a reason for discharge from treatment

6b. The organization/program has policies that describe the following processes. Please include policies.

- A process for mental health screening, evaluation, and treatment and/or how referrals for evaluation and treatment are completed
- A process for screening clients for appropriateness for addiction medications, communicating potential benefits with clients, and the approach to providing or referring for addiction medicines

Please include additional information, if any, that will assist us in providing training, support, or technical assistance to help you meet Standard 6.

Provider section

- All relevant questions are answered and documents are attached*

Colorado Access Review Staff section

- Provider passed Standard 6*
- Needs remediation*