

Evidence-Based Linkage Treatment Policy Checklist

Required Levels of Care:

- ✓ All licensed drug and alcohol providers
- ✓ Crisis Response Centers (CRCs)

Minimum Elements of the Policy:

ΔΡΡΙ Ι CARI F TO: CRC s		

	How programs discuss medication-assisted treatment (MAT) options (to include buprenorphine, methadone, and naltrexone ER) with members for the treatment of opioid use disorder (OUD)		
	That the provider documents informed consent discussions with the members, to include the risks, benefits, and alternatives of evidence-based treatments, to include MAT		
	How members have access to and are quickly linked with evidence-based treatments, particularly medication-assisted treatment (MAT)		
	The process for tracking and aggregating the number of individuals with OUD who are receiving MAT; this should clearly be defined in the procedure of the policy, to include the platform for tracking this information, the person (title) responsible for tracking this information, and that this data will be submitted to CBH on a quarterly basis		
APPLICABLE TO: OUTPATIENT DRUG AND ALCOHOL TREATMENT PROVIDERS			
	Plan to promote access, including enhanced access avenues, including night or weekend hours, or dedicated open access hours		
	For providers offering methadone or buprenorphine, the process to track and report time from a member's first appointment (with any staff) to the time of induction		
APPLICABLE TO: RESIDENTIAL DRUG AND ALCOHOL PROVIDERS			
	How admissions are occurring during night and weekend hours		
	How admissions occurring across shifts are tracked, and this data is submitted to CBH quarterly		
APPL	ICABLE TO: CRCs		
	The process and protocols to promote aftercare linkages for members with substance use disorder (SUD) who are not authorized for residential level of care, including "warm handoff" and a plan to track and follow up		
	The tracking process for transition activities for members referred to community drug and alcohol providers, with data submitted to CBH quarterly		