



ALL MAT Providers

1. 01 ALL Program Licensing & Scope: Does the provider hold a valid Florida DCF substance abuse treatment license?
2. 02 OTP Program Licensing & Scope: Does the provider have SAMHSA certification and DEA OTP registration for methadone services?
3. 03 Program Licensing & Scope: Does the provider operate any mobile unit as an extension of a licensed office-based program (not standalone)?
4. 04 OTP (42 CFR 8.11) Program Licensing & Scope: If the mobile unit dispenses methadone, does it maintain OTP registration under the parent program?
5. 05 ALL Policies & Procedures: Does the provider have written policies for MAT service delivery (initiation, stabilization, maintenance)?
6. 06 ALL Policies & Procedures: Does the provider have written policies ensuring supportive rehabilitation (counseling, therapy, vocational support) is offered?
7. 07 ALL Policies & Procedures: Does the provider have written policies for medication storage, security, and dispensing?
8. 08 ALL Policies & Procedures: Does the provider have written take-home dosing policies for all MAT types aligned with federal/state rules and contract requirements?
9. 09 ALL Policies & Procedures: Does the provider have written policies for diversion prevention (staff supervision, dispensing, storage)?
10. 10 ALL (42 CFR 8.12(f)(4); 65D-30.0047) Intake & Screening: Does the chart contain a completed comprehensive intake assessment prior to initiating MAT?
11. 11 ALL (65D-30.0047) Intake & Screening: Does the individuals chart contain a comprehensive evaluation documenting history, medical/psychiatric, psychosocial, and risk factors?
12. 12 ALL Intake & Screening: Does the provider document a medical exam within 14 days of admission?
13. 13 ALL Intake & Screening: Does the individuals chart include a licensed clinician review/signature if screening was performed by non-licensed staff?
14. 14 ALL Intake & Screening: Does the individuals chart document risk assessment for intoxication, withdrawal, or medical instability completed at intake?
15. 15 ALL (42 CFR 8.12(f)(4)) Intake & Screening: Does the chart document pregnancy status for individuals of childbearing potential?
16. 16 ALL Treatment Planning & Consent: Does the chart contain an individualized treatment plan including medications, counseling, and measurable goals?



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17. 17 ALL Treatment Planning & Consent: Does the chart document informed consent for MAT (medication risks, benefits, alternatives)?
18. 18 ALL Treatment Planning & Consent: Does the chart document individuals consent or refusal for each medication prescribed (methadone, buprenorphine, naltrexone)?
19. 19 ALL Treatment Planning & Consent: Does the chart document individuals counseling and prenatal counseling or referral if pregnant?
20. 20 ALL Treatment Planning & Consent: Is the treatment plan reviewed and updated every 30 days during first 90 days, then every 90 days?
21. 21 ALL Counseling/Supportive Rehabilitation: Does the chart show that counseling was offered?
22. 22 ALL Counseling/Supportive Rehabilitation: If counseling was declined, does the individuals chart document the refusal, reason, staff response, and follow-up plan?
23. 23 ALL Counseling/Supportive Rehabilitation: If counseling was accepted, does the individuals chart document counseling sessions (date, provider, modality)?
24. 24 ALL Medication Management & Appropriateness: Does the individuals chart contain a valid prescription/order (drug, dose, route, prescriber, DEA # if controlled)? (All if buprenorphine) Note: No X-waiver required post-2022; MATE Act training still applies.
25. 25 ALL (DEA 21 USC 823) Medication Management & Appropriateness: Does the provider ensure that prescribers are DEA-registered for Schedule III (buprenorphine) where applicable?
26. 26 ALL (42 CFR 8.11) Medication Management & Appropriateness: For individual's receiving methadone does the chart confirm OTP admission with DEA/SAMHSA ID?
27. 27 ALL (42 CFR 8.12(f)(6)) Medication Management & Appropriateness: Does the individuals chart document regular medication monitoring (toxicology, observed dosing as required)?
28. 28 ALL (DSM-5 Criteria) Medication Management & Appropriateness: Does the chart document that the individuals meet diagnostic criteria for OUD before MAT initiation?
29. 29 ALL Medication Management & Appropriateness: Does the individuals chart document that the medication choice was clinically appropriate for the individuals?
30. 30 OTP Medication Management & Appropriateness: For individuals receiving methadone, does the chart document initial dosing and titration per clinical/federal standards? (OTP)
31. 31 OTP Medication Management & Appropriateness: Does the chart document take-home dose decisions based on clinical judgment, including rationale for increases or revocations?
32. 32 ALL Medication Management & Appropriateness: For office-based or mobile buprenorphine/naltrexone, does the individuals chart document extended supply prescriptions with clinical justification?



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33. 33 ALL Toxicology Monitoring & Response: Is a baseline drug screen documented at admission?
34. 34 ALL Toxicology Monitoring & Response: Does the chart document regular toxicology testing consistent with program policy?
35. 35 ALL Toxicology Monitoring & Response: Does the individuals chart document clinical response if an individual tests positive for non-prescribed substances (counseling, medication adjustment, referral)?
36. 36 ALL Toxicology Monitoring & Response: Does the chart document follow-up if an individual tests negative for prescribed MAT when expected?
37. 37 OTP Toxicology Monitoring & Response: For methadone individuals, does the individuals chart document review/revocation of take-home privileges in response to toxicology results?
38. 38 ALL Toxicology Monitoring & Response: Does the chart document explanations for missed or inconsistent toxicology results?
39. 39 ALL Take-Home Dosing & Dispensing: Does the chart document supervision/protocol when staff other than prescriber dispenses medication?
40. 40 ALL (FS 893.055) PDMP & Safety: Does the chart document that prescribers checked the Florida PDMP (E-FORCSE) as required?
41. 41 ALL PDMP & Safety: Does the chart document naloxone education offered or refusal?
42. 42 ALL Risk Management & Referrals: Does the chart document overdose risk assessment?
43. 43 ALL Risk Management & Referrals: Does the chart document referrals or coordination with medical/psychiatric services when indicated?
44. 44 ALL Diversion Prevention: Does the provider have written diversion prevention policies (storage, dispensing, staff supervision)?
45. 45 ALL Diversion Prevention: Does the chart document education on diversion risks (selling/sharing medications)?
46. 46 ALL Diversion Prevention: Does the chart include a signed agreement acknowledging diversion risks?
47. 47 ALL Diversion Prevention: Does the individuals chart document regular medication counts, reconciliation, or audits to detect discrepancies?
48. 48 ALL Diversion Prevention: Does the chart document follow-up when suspected diversion occurs?



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49. 49 ALL Diversion Prevention: Does the chart show review of unusual toxicology results for potential diversion?
50. 50 ALL Diversion Prevention: Does the provider use electronic medication logs or PDMP checks to detect potential diversion?
51. 51 ALL Pregnancy Considerations: Does the chart document prenatal medical referral if the individual is pregnant?
52. 52 ALL Pregnancy Considerations: Does the chart document MAT medication choice and dosing adjusted for pregnancy per clinical guidelines?
53. 53 ALL Pregnancy Considerations: Does the chart document risk/benefit counseling for individuals and fetus?
54. 54 ALL Pregnancy Considerations: Does the chart document behavioral/psychosocial pregnancy-related risks in the treatment plan?
55. 55 ALL Pregnancy Considerations: Does the chart document enhanced monitoring for maternal-fetal safety?
56. 56 ALL Pregnancy Considerations: Does the individuals chart document delivery and postpartum follow-up plans?
57. 57 OTP Pregnancy Considerations: For individuals receiving methadone, does the chart document daily observed dosing during pregnancy?
58. 58 SOR SOR Funding-Specific Requirements: Does the chart document SOR individuals' eligibility (uninsured, underinsured, indigent) and diagnosis/drug-of-choice?
59. 59 SOR SOR Funding-Specific Requirements: Does the provider document SOR eligibility data (uninsured, underinsured, indigent) and diagnosis/drug-of-choice in FASAMS
60. 60 SOR SOR Funding-Specific Requirements: Does the chart document enrollment in a SOR-funded program?
61. 61 SOR SOR Funding-Specific Requirements: Does the chart document rationale for MAT medication selection for SOR-funded individuals?
62. 62 SOR SOR Funding-Specific Requirements: Does the chart document the completion of all required DCF data collection reporting at intake, 6 months, and discharge?
63. 63 SOR SOR Funding-Specific Requirements: Does the provider maintain documentation of required training and credentials for SOR-funded services?
64. 64 SOR SOR Funding-Specific Requirements: Low-barrier buprenorphine access and bridge program participation documented.



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65. 65 SOR SOR Funding-Specific Requirements: Does the chart document that SOR expenditures are aligned with allowable services (MAT, counseling, prevention)?