



CORE

1. 01 MIH/CP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Access & EMS/MIH/CP Programs: Does EMS, Fire, or MIH/CP connect individuals in crisis to 24/7 access points for immediate stabilization and treatment?
2. 02 MIH/CP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Access & EMS/MIH/CP Programs: Do EMS or MIH-CP Programs provide bridge doses of buprenorphine while awaiting handoff, consistent with CORE guidance?
3. 03 MIH/CP Access & EMS/MIH/CP Programs: Does the Mobile Integrated Health/Community Paramedicine (MIH/CP) program follow CORE-approved emergency protocols for overdose and acute withdrawal, including buprenorphine induction?
4. 04 MIH/CP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Access & EMS/MIH/CP Programs: Do EMS or MIH/CP facilitate and document warm handoffs and patient follow-up in accordance with CORE standards?
5. 05 MIH/CP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Access & EMS/MIH/CP Programs: Do EMS/Fire/MIH-CP Programs document all overdose follow-up and patient tracking activities in accordance with CORE standards?
6. 06 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE partners allow individualized dosing of buprenorphine without arbitrary dose limits, consistent with CORE standards?
7. 07 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics and 24/7 access points provide immediate MAT, including buprenorphine induction, without requiring inpatient admission?
8. 08 CRPS (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Do receiving clinics and 24/7 access points connect individuals with a peer to facilitate a warm hand off and document recovery support services and follow up?
9. 09 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics provide long-term MAT management, therapy (individual & group), psychiatric services, care coordination, and wraparound social services in accordance with CORE standards?
10. 10 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics administer and document outcome measures and submit required CORE data reporting, including BAM results every 30 days for core participants?
11. 11 ALL (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Do all CORE partners maintain naloxone availability at all points of care in compliance with CORE requirements?
12. 12 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE partners provide evidence-based pregnancy specialized care and appropriate referrals for pregnant women at all levels of care, including buprenorphine/methadone treatment, coordinated with obstetric providers?



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13. 13 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Do receiving clinics ensure individualized dosing of buprenorphine, with clinical decisions based on withdrawal severity?
14. 14 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics conduct infectious disease screenings (HIV, hepatitis panel, syphilis, TB) as part of CORE intake requirements?
15. 15 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE partners ensure licensed therapists are available to provide group and individual therapy services, either on-site or through partnerships?
16. 16 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics/providers have an established intake and assessment process that includes a doctor's visit to start substance use treatment and a biopsychosocial completed or countersigned by a qualified professional?
17. 17 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE partners designate a medical champion (MD/DO certified in addiction medicine or psychiatry) for CORE oversight?
18. 18 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics provide access to all FDA-approved MAT options (methadone, buprenorphine, naltrexone)?
19. 19 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do receiving clinics maintain MAT for a minimum of two years of continuous stability before tapering, consistent with national guidelines?
20. 20 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE entry points prioritize adults aged 18 or older who experience a suspected or confirmed opioid overdose requiring naloxone administration? Including: Suspected or confirmed opioid overdose requiring naloxone administration?
Severe substance use withdrawal?
Acute withdrawal as a chief complaint?
Individuals seeking support for substance use disorder within the CORE Network?
21. 21 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Receiving Clinics & 24/7 Access Points: Do CORE entry points document all intake and eligibility determinations in compliance with CORE standards?
22. 22 ALL (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Referral & Continuum of Care: Has your team worked towards establishing relationships with law enforcement to include community activities that build trust, foster relationships, and educate the public about available support systems?
23. 23 ALL (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Referral & Continuum of Care: Do CORE partners maintain functional referral relationships to detox, residential, partial hospitalization, intensive outpatient, and outpatient programs to ensure a full continuum of care?



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24. 24 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Referral & Continuum of Care: Are patients being linked to FQHCs or Community Behavioral Health Centers that provide comprehensive, long-term care to include: medication assisted treatment, substance use therapy, psychiatry, and primary care?
25. 25 ALL (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Referral & Continuum of Care: Do CORE partners maintain referral relationships with higher-level or specialty care providers for patients needing more intensive or specialized treatment?
26. 26 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Protocols & Reporting: Do receiving clinics follow high-dose and low-dose buprenorphine induction protocols, with preference for high-dose induction per CORE guidance?
27. 27 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Protocols & Reporting: Is the CORE network reporting every visit through E-Force and providing drug panels in receiving clinics and 24/7 access points?
28. 28 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Do receiving clinics provide treatment for comorbid alcohol and benzodiazepine use disorders in line with national best practices and CORE expectations? Treatment should not be withheld for individuals using sedative-hypnotics.
29. 29 NSP (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Do receiving clinics coordinate wraparound health and social services to address identified patient needs?
30. 30 NSP (Section 394.9082, F.S. C-1.2.3.25, DCF Guidance 41) Do receiving clinics provide individualized care coordination in accordance with CORE requirements?
31. 31 ALL (Section 394.9082, F.S. C-1.2.3.25, Guidance 41) Is buprenorphine (MAT) available 24/7 via emergency department, receiving facility/long term medication assisted treatment provider, or emergency medical services?