

Kentucky Checklist for the Identification of Moderate to Severe Substance Use

Individual's Name _____

Identification Number _____

Diagnostic Code(s) _____

The following table illustrates the criteria that shall be met for an individual to receive targeted case management for Substance Use Disorder (Moderate, Severe).

YES	NO	CRITERIA
		1. Diagnosis (please circle diagnoses)
		Individual meets criteria for one or more of the specific Substance Use Disorder diagnoses listed below, as designated in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition:
		Alcohol-Related Disorders
		Alcohol Use Disorder-Moderate 303.90
		Alcohol Use Disorder-Severe 303.90
		Cannabis-Related Disorders
		Cannabis Use Disorder-Moderate 304.30
		Cannabis Use Disorder-Severe 304.30
		Hallucinogen-Related Disorders
		Phencyclidine Use Disorder-Moderate 304.60
		Phencyclidine Use Disorder-Severe 304.60
		Other Phencyclidine Use Disorder-Moderate 304.50
		Other Phencyclidine Use Disorder-Severe 304.50
		Inhalant-Related Disorders
		Inhalant Use Disorder-Moderate 304.60
		Inhalant Use Disorder-Severe 304.60
		Opioid-Related Disorders
		Opioid Use Disorder-Moderate 304.00
		Opioid Use Disorder-Severe 304.00
		Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
		Sedative, Hypnotic, or Anxiolytic Use Disorder-Moderate 304.10
		Sedative, Hypnotic, or Anxiolytic Use Disorder-Severe 304.10
		Stimulant-Related Disorders
		Amphetamine-type substance-Moderate 304.40
		Cocaine-Moderate 304.20
		Other or unspecified stimulant-Moderate 304.40
		Amphetamine-type substance-Severe 304.40
		Cocaine-Severe 304.20
		Other or unspecified stimulant-Severe 304.40
		Other (or Unknown) Substance-Related Disorders
		Other (or Unknown) Substance-Related Use Disorder-Moderate 304.90
		Other (or Unknown) Substance-Related Use Disorder-Severe 304.90

This individual meets the criteria for the status of Substance Use Disorder (Moderate, Severe). Documentation of the existence of these criteria is present in the individual's medical record and assessment has been conducted by a qualified, licensed behavioral health professional.

Print Name/Credentials _____

Signature _____

Date _____