

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 | |
| <input type="checkbox"/> | | Alcohol Use Disorder-Moderate | 303.90 |
| <input type="checkbox"/> | | Alcohol Use Disorder-Severe | 303.90 |
| | | Cannabis-Related Disorders | |
| <input type="checkbox"/> | | Cannabis Use Disorder-Moderate | 304.30 |
| <input type="checkbox"/> | | Cannabis Use Disorder-Severe | 304.30 |
| | | Hallucinogen-Related Disorders | |
| <input type="checkbox"/> | | Phencyclidine Use Disorder-Moderate | 304.60 |
| <input type="checkbox"/> | | Phencyclidine Use Disorder-Severe | 304.60 |
| <input type="checkbox"/> | | Other Phencyclidine Use Disorder-Moderate | 304.50 |
| <input type="checkbox"/> | | Other Phencyclidine Use Disorder-Severe | 304.50 |
| | | Inhalant-Related Disorders | |
| <input type="checkbox"/> | | Inhalant Use Disorder-Moderate | 304.60 |
| <input type="checkbox"/> | | Inhalant Use Disorder-Severe | 304.60 |
| | | Opioid-Related Disorders | |
| <input type="checkbox"/> | | Opioid Use Disorder-Moderate | 304.00 |
| <input type="checkbox"/> | | Opioid Use Disorder-Severe | 304.00 |
| | | Sedative, Hypnotic, or Anxiolytic-Related Disorders | |
| <input type="checkbox"/> | | Sedative, Hypnotic, or Anxiolytic Use Disorder-Moderate | 304.10 |
| <input type="checkbox"/> | | Sedative, Hypnotic, or Anxiolytic Use Disorder-Severe | 304.10 |
| | | Stimulant-Related Disorders | |
| <input type="checkbox"/> | | Amphetamine-type substance-Moderate | 304.40 |
| <input type="checkbox"/> | | Cocaine-Moderate | 304.20 |
| <input type="checkbox"/> | | Other or unspecified stimulant-Moderate | 304.40 |
| <input type="checkbox"/> | | Amphetamine-type substance-Severe | 304.40 |
| <input type="checkbox"/> | | Cocaine-Severe | 304.20 |
| <input type="checkbox"/> | | Other or unspecified stimulant-Severe | 304.40 |
| | | Other (or Unknown) Substance-Related Disorders | |
| <input type="checkbox"/> | | Other (or Unknown) Substance-Related Use Disorder-Moderate | 304.90 |
| <input type="checkbox"/> | | 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 _____