

# 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).**

		CRITERIA																																												
<b>YES</b>	<b>NO</b>	<p><b>1. Diagnosis (please circle diagnoses)</b>            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:</p> <p><b><i>Alcohol-Related Disorders</i></b></p> <table border="1"> <tr> <td>Alcohol Use Disorder-Moderate</td> <td>303.90</td> </tr> <tr> <td>Alcohol Use Disorder-Severe</td> <td>303.90</td> </tr> </table> <p><b><i>Cannabis-Related Disorders</i></b></p> <table border="1"> <tr> <td>Cannabis Use Disorder-Moderate</td> <td>304.30</td> </tr> <tr> <td>Cannabis Use Disorder-Severe</td> <td>304.30</td> </tr> </table> <p><b><i>Hallucinogen-Related Disorders</i></b></p> <table border="1"> <tr> <td>Phencyclidine Use Disorder-Moderate</td> <td>304.60</td> </tr> <tr> <td>Phencyclidine Use Disorder-Severe</td> <td>304.60</td> </tr> <tr> <td>Other Phencyclidine Use Disorder-Moderate</td> <td>304.50</td> </tr> <tr> <td>Other Phencyclidine Use Disorder-Severe</td> <td>304.50</td> </tr> </table> <p><b><i>Inhalant-Related Disorders</i></b></p> <table border="1"> <tr> <td>Inhalant Use Disorder-Moderate</td> <td>304.60</td> </tr> <tr> <td>Inhalant Use Disorder-Severe</td> <td>304.60</td> </tr> </table> <p><b><i>Opioid-Related Disorders</i></b></p> <table border="1"> <tr> <td>Opioid Use Disorder-Moderate</td> <td>304.00</td> </tr> <tr> <td>Opioid Use Disorder-Severe</td> <td>304.00</td> </tr> </table> <p><b><i>Sedative-, Hypnotic-, or Anxiolytic-Related Disorders</i></b></p> <table border="1"> <tr> <td>Sedative, Hypnotic, or Anxiolytic Use Disorder-Moderate</td> <td>304.10</td> </tr> <tr> <td>Sedative, Hypnotic, or Anxiolytic Use Disorder-Severe</td> <td>304.10</td> </tr> </table> <p><b><i>Stimulant-Related Disorders</i></b></p> <table border="1"> <tr> <td>Amphetamine-type substance-Moderate</td> <td>304.40</td> </tr> <tr> <td>Cocaine-Moderate</td> <td>304.20</td> </tr> <tr> <td>Other or unspecified stimulant-Moderate</td> <td>304.40</td> </tr> <tr> <td>Amphetamine-type substance-Severe</td> <td>304.40</td> </tr> <tr> <td>Cocaine-Severe</td> <td>304.20</td> </tr> <tr> <td>Other or unspecified stimulant-Severe</td> <td>304.40</td> </tr> </table> <p><b><i>Other (or Unknown) Substance-Related Disorders</i></b></p> <table border="1"> <tr> <td>Other (or Unknown) Substance-Related Use Disorder-Moderate</td> <td>304.90</td> </tr> <tr> <td>Other (or Unknown) Substance-Related Use Disorder-Severe</td> <td>304.90</td> </tr> </table>	Alcohol Use Disorder-Moderate	303.90	Alcohol Use Disorder-Severe	303.90	Cannabis Use Disorder-Moderate	304.30	Cannabis Use Disorder-Severe	304.30	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 Use Disorder-Moderate	304.60	Inhalant Use Disorder-Severe	304.60	Opioid Use Disorder-Moderate	304.00	Opioid Use Disorder-Severe	304.00	Sedative, Hypnotic, or Anxiolytic Use Disorder-Moderate	304.10	Sedative, Hypnotic, or Anxiolytic Use Disorder-Severe	304.10	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 Use Disorder-Moderate	304.90	Other (or Unknown) Substance-Related Use Disorder-Severe	304.90
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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 \_\_\_\_\_