Core Solutions' SUD EHR Readiness Checklist

A Practical Guide for Addiction Treatment Operators Evaluating Their EHR

Substance use disorder treatment organizations operate in one of the most complex care environments in healthcare. Clinical acuity, regulatory scrutiny, payer requirements, and staff burnout all collide in daily operations. Yet many EHRs were not designed specifically for the realities of SUD and addiction treatment and care.

This checklist, developed by Core Solutions, is designed to empower today's SUD and addiction treatment operators to better evaluate whether their current EHR, or a new platform they are considering, can truly support high-quality, compliant, sustainable, and client-focused care. The resource does not prescribe clinical decisions; rather it focuses on whether technology meaningfully supports evidence-based clinical work without increasing cognitive or administrative burden.

You do not need every capability on day one. But if too many of these are missing, your team will likely compensate with manual work, workarounds, or unnecessary care and financial risk.

1 Intake, Assessment, and Level-of-Care Decision Support

Yes   No   Does the EHR natively support Level of Care assessments, rather than treating them as static forms?

Yes   No   Can the system guide clinicians from assessment to level-of-care recommendations, instead of leaving decisions disconnected from documentation?

Yes   No   Are assessment results clearly tied to downstream workflows like treatment planning, authorizations, and care coordination?

Yes   No   Does the system reduce cognitive load on staff by standardizing how decisions are supported, while still allowing clinical judgment?

Yes   No   Can level-of-care decisions be reviewed, justified, and defended using system data during audits or payer reviews?

Why this matters: Intake and level-of-care determination set the tone for the entire episode of care. When assessments live in isolation, staff are forced to mentally connect clinical decisions to operational steps, increasing inconsistency and risk. Systems that guide this process help protect clinical integrity while improving efficiency, audit defensibility, and staff confidence.

2 Risk Identification and Escalation Workflows

Yes   No   Can the system identify high-risk clients automatically based on assessment data or clinical indicators?

Yes   No   Are there built-in workflows to escalate high-risk cases to supervisors, care teams, or additional services in real time?

Yes   No   Can risk-related actions be tracked and audited, including who was notified, when, and what happened next?

Yes   No   Does the EHR support rapid care coordination without relying on emails, sticky notes, or memory?

Yes   No   Can the system leverage advanced analytics or AI, where appropriate, to identify elevated risk patterns and support timely escalation workflows?

Why this matters: SUD organizations routinely work with high-risk populations where delays or missed handoffs can have serious consequences. Relying on manual escalation processes increases the likelihood of breakdowns under pressure. Embedded risk workflows help ensure the right people are involved at the right time and create a clear record of clinical response.

3

Group Therapy Management Across Programs and Locations

Yes No   Can the EHR manage multiple groups across multiple programs and locations without unnecessary complexity?

Yes No   Is it easy to enroll clients, manage waitlists, and assign multiple facilitators to a group?

Yes No   Can clinicians complete group documentation on a single page without jumping between individual charts?

Yes No   Is group documentation directly tied to encounters and billing, rather than requiring duplicate steps?

Yes No   Can group attendance, documentation, and billing be reconciled without manual cross-checking?

Why this matters: Group therapy is central to SUD and addiction treatment, yet many EHRs handle it poorly. Inefficient group workflows waste staff time, introduce documentation errors, and create billing gaps. Purpose-built group management supports clinical flow, improves accuracy, and reduces administrative friction for both clinicians and billing teams.

4

Treatment Planning That Aligns With Clinical Reality

Yes No   Are treatment plans clearly aligned with assessed level of care and clinical need?

Yes No   Does the system support evidence-based treatment planning rather than relying solely on blank templates?

Yes No   Can treatment plans be updated easily as clients transition between levels of care?

Yes No   Does the EHR help clinicians work faster without sacrificing clinical quality, decision-making, or compliance?

Yes No   Does the system use AI-driven guidance to assist clinicians in developing treatment plans aligned with assessed level of care?

Why this matters: Treatment plans that are disconnected from assessments or level-of-care decisions create compliance and quality risks. Clinicians often feel pressure to document quickly, which can lead to generic or misaligned plans. Systems that support evidence-based, structured planning help maintain clinical rigor while respecting time constraints.

5 Measurement-Based Care and Outcomes Tracking

Yes   No   Can assessments be administered electronically, including through a client portal?

Yes   No   Is it easy to track outcomes over time, not just at intake or discharge?

Yes   No   Can leadership view trends and changes through dashboards or visualizations without exporting data?

Yes   No   Are outcomes and quality metrics accessible for reporting to payers, regulators, and accrediting bodies?

Yes   No   Can AI-driven intelligence help synthesize assessment data and highlight clinically meaningful changes or trends over time?

Why this matters: Outcomes data is increasingly tied to reimbursement, accreditation, and organizational credibility. When data is difficult to collect or interpret, organizations struggle to demonstrate effectiveness. Measurement-based care tools help teams move beyond anecdotal success and toward continuous improvement grounded in data. When used well, measurement-based care also supports shared decision-making and earlier course correction within treatment.

6 Episodes of Care Without Duplicate Client Records

Yes   No   Can the EHR track multiple episodes of care for the same client over time?

Yes   No   Does the system prevent or flag duplicate client charts automatically?

Yes   No   Can staff easily understand a client's full treatment history in one place?

Yes   No   Are admissions, discharges, and readmissions clearly defined and reportable?

Why this matters: Clients with substance use disorders often enter and exit treatment multiple times. Systems that create duplicate records fragment clinical history and undermine reporting accuracy. A longitudinal client record with clearly defined episodes of care supports continuity, data integrity, and informed clinical decision-making.

7

Documentation Efficiency and Data Re-Use

Yes   No   Does the system pull forward known information and minimize duplicate data entry across documentation?

Yes   No   Is documentation structured enough to support reporting while remaining flexible for clinical nuance?

Yes   No   Does the EHR help reduce documentation time without increasing compliance risk?

Why this matters: Duplicate data entry is one of the most common sources of clinician frustration and burnout. Re-entering information also increases the likelihood of errors and inconsistencies. Systems that intelligently reuse data allow clinicians to focus more time on care and less on administrative tasks.
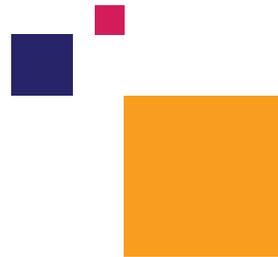
8

Integrated Revenue Cycle and Financial Visibility

Yes   No   Are authorizations, billing, and claims integrated into clinical workflows rather than handled in separate systems?

Yes   No   Can billing be tied directly to documented services, including group therapy?

Yes   No   Is it easy to identify denied or at-risk claims before they impact cash flow?

Yes   No   Can leadership see financial performance alongside clinical operations?

Why this matters: In SUD treatment, revenue cycle challenges are often rooted in documentation and workflow gaps. Disconnected systems delay billing and increase denials. Integrated financial visibility helps organizations identify issues earlier and align clinical and financial performance.

9 Compliance, Audit Readiness, and Data Security

Yes	No	Does the EHR support documentation standards aligned with SAMHSA, CARF, and state regulations?
Yes	No	Can you easily demonstrate compliance during audits without scrambling for information?
Yes	No	Are user permissions role-based, protecting sensitive client data?
Yes	No	Is access to client data clearly controlled and auditable?

Why this matters: Compliance should be a byproduct of daily work and not a last-minute effort. When systems are not designed with regulatory requirements in mind, audits become stressful and disruptive. Strong access controls and built-in compliance support reduce organizational risk and protect client trust.

10 AI-Driven Intelligence, Insights, and Decision Support

Yes	No	Can staff and leaders explore data without relying on IT or external reporting tools?
Yes	No	Does the system use AI to help surface insights across clinical, operational, and financial data?
Yes	No	Can the EHR grow with your organization as care models, regulations, and expectations change?

Why this matters: An EHR should do more than store information. As expectations around outcomes, efficiency, and accountability increase, organizations need systems that help them learn and adapt. AI-powered platforms that surface insights and reduce friction are better positioned to support long-term sustainability and growth.

Turning Insight Into Action

If you found yourself checking "no" more often than expected, your EHR may be creating more friction than you realize. Many SUD and addiction treatment organizations adapt their workflows to fit their systems, rather than the other way around.

Over time, these workarounds compound. They affect staff satisfaction, consistency of care, audit readiness, financial performance, and ultimately the client experience. An EHR should not require constant compensation by your team — it should actively support the way SUD treatment is delivered.

If you would like to see how leading SUD organizations are operationalizing these capabilities in practice, explore how the AI-driven Cx360 Intelligence EHR from Core Solutions supports the full continuum of SUD and addiction treatment.