

LEVEL 3.1 CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

I. SETTING (1 sub-service characteristic)

I.1. Level 3.1 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting (*The ASAM Criteria*, p. 224).

The organization implements written procedures that address the handling of items brought into the program, including:

- Illegal substances
- Legal medication
- Prescription medication
- Weapons
- Tobacco products
- Gambling paraphernalia
- Pornography

The program implements procedures that reasonably ensure the safety of patients and staff, including but not limited to:

- Searches of persons served, of belongings, and of the physical facility. Searches will be done to preserve privacy and dignity, and will be sensitive to potential trauma of persons served.
- Communications, including mail, telephone use, and use of personal electronics.
- Visitation.
- Emergency evacuation.

The program has written descriptions that describes how a patient's individualized treatment plan incorporates participation in community and other services offered off-site (e.g., vocational services, outpatient services, mutual support meetings, etc.) and expectations about return to the Level 3.1 program in the course of the day.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.

Evidence of a written daily schedule of activities. Evidence of a 24-hour staff schedule. Consistent evidence of a variable length of stay based upon patient need. Conversely patient materials should not refer to a fixed program length.

I. Setting

Self Assessment Checklist

1. A freestanding, appropriately licensed facility.
2. Located in a community setting.
3. Has written procedures that address the handling of items brought into the program facility.
4. Implements procedures that ensure the safety of patients and staff.
5. Has written descriptions of how a patient's treatment plan incorporates participation in community and off-site clinical services.
6. Has a policy for program entry, transition, and exit.
7. Has a written schedule of daily events.
8. Has a 24-hour staff schedule.
9. Has consistent evidence of a variable length of stay based on patient needs but patient materials do not refer to a fixed program length.

II. SUPPORT SYSTEMS (4 sub-service characteristics)

II.1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week (*The ASAM Criteria* p.224).

There are written procedures that the program has availability of medical personnel (i.e. physician, or

nurse practitioner, or physician assistant in states where they may perform physician duties) to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week. There is a written agreement that details the contracted providers' responsibilities.

There are written procedures instructing staff on when and how to access medical personnel or to use 911.

II.2. Level 3.1 programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other clinical or support services (The ASAM Criteria P 224).

The program has written procedures for: Referral including

- Referral to other services, when applicable.
- Coordination when a patient is concurrently being served by another provider

Transfer including:

- Identifying when transition planning will occur
- Identifying where transition planning summary is documented.
- Documented and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions.
- Inactive status if appropriate

The program has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).

The program has written procedures for how it follows-up with the patient and the post transfer or referral source to ensure engagement in the next level of care.

The program has written agreements that it has a network of affiliations to meet the needs of patients when they transfer to another level of care.

The program has written procedures for unplanned discharges (e.g AMA or patient abruptly leaves and transition planning is not possible), including timely follow up and necessary notifications.

II.3. The program has the ability to arrange for needed procedures (including indicated laboratory and toxicology tests) as appropriate to the severity of the patient's condition (The ASAM Criteria p 224).

Documentation of written relationships/agreements for medical, testing and dental services. The agreements are specific about what is expected of each provider, as well as expectations for ongoing partnerships in treatment planning and collaborative monitoring.

The program has written procedures describing the referral process for:

II. Support Systems

Self Assessment Checklist

1. Telephone or in-person consultation with a physician and emergency services are available 24 hours a day, 7 days a week. ●
2. Has written procedures instructing staff on how and when to access medical personnel or to use 911. ●
3. Has direct affiliations with other levels of care or close coordination with other clinical and support services. ●
4. Has written procedures for referral and transfer to other services and levels of care. ●
5. Has written procedures for how it follows-up with patients. ●
6. Has written procedures for unplanned discharges including timely follow-up and necessary notifications. ●
7. Has the ability to arrange for needed "outside" procedures as appropriate to the patient's condition. ●
8. Has written procedures describing the referral process for medical services, standard medical laboratory services, dental services, and drug testing. ●

- Medical Services
- Standard Medical Laboratory services
- Dental services
- Drug testing with sufficient complexity to accurately determine the status of substance use disorders (SUDs) as they occur in the program’s given population.

II.4. The program has the ability to arrange for pharmacotherapy for psychiatric or anti-addiction medications (*The ASAM Criteria, p 224*).

The program has a written policy that identifies the process for persons served to obtain medications when needed, including safe storage and that access is limited to the patient who is prescribed the medication.

The program has a written policy supporting access (e.g. transportation) for patients who need regular clinician visits for medication review/updates or Opioid Treatment Services. (e.g. an Opioid Treatment Program (OTP) for methadone).

III. STAFF (3 sub-service characteristics)

III.1. Allied health professional staff, such as counselor aides or group living workers, are available on-site 24 hours a day or as required by the licensing regulations (*The ASAM Criteria, p. 224*).

Written policy on 24-hour staff coverage, including policy language on staff staying awake during night shifts and the activities to be performed during night shifts.

Evidence of staff schedules covering 24 hours/day, 7 days/week.

III. Staff

Self Assessment Checklist

1. Allied health professional staff (counselor aides, group living workers) are available on-site 24 hours a day or as required by licensing regulations.
2. Has a written policy on 24-hour staff coverage, including policy language regarding night shifts.
3. Has a staff schedule that covers 24 hours a day, 7 days a week.
4. Has clinical staff who are knowledgeable on all aspects of SUDs, as well as acute psychiatric conditions.
5. Has a written policy on staff training.
6. Has written procedures on when to contract medical personnel, addiction specialist physicians, or psychiatrists. Procedures should include personnel availability.
7. Has a list of clinical staff and their credentials.
8. Has a written job description and qualifications for the program director.
9. Has a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals.
10. Has evidence of clinician review of admission decisions and confirmation of clinical necessity, as well as evidence of clinician credentials.

III.2. Clinical staff who are knowledgeable about the biological and psychological dimensions of substance use disorders and their treatment, and are able to identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation (*The ASAM Criteria, p 224*).

The program has a written policy on staff training, at orientation and ongoing, on the competencies listed in the standard.

The program has written procedures on when to contract medical personnel (i.e., physician or NP/PA depending on the state), addiction specialist physician, or psychiatrist.

The program has a policy and procedure for availability of addiction specialist physician, psychiatrist, and general medical personnel.

List of clinical staff and their credentials.

The program has a written job description and qualifications for the program director.

III.3. The Level 3.1 program has a team comprised of appropriately trained and credentialed medical, addiction, and mental health professionals (*The ASAM Criteria*, p. 224).

The program has evidence of direct affiliation with credentialed medical providers (physician, NP/PA, addiction specialist physicians, and mental health professionals)

The program has evidence of clinician review of admission decisions and confirmation of clinical necessity. Evidence of the credentials (e.g. process of review of clinician's knowledge and skills to provide quality addiction assessment and treatment within the person's scope of practice and for the populations served) of the clinician who reviewed the admission with expectation that this clinician has knowledge and experience with addiction.

IV. THERAPIES (10 sub-service characteristics)

IV.1. Therapies are designed to improve the patient's ability to structure and organize the tasks of daily living and recovery (*The ASAM Criteria*, p. 225).

Evidence of a daily schedule of activities designed to improve patients' ability to structure and organize the activities of daily living (e.g. budgeting shopping, laundry) and to develop and practice prosocial behaviors.

Evidence of a program description describing services and the objective of those services.

IV.2. Planned clinical program activities (constituting at least 5 hours per week of professionally directed treatment) to stabilize and maintain the stability of the patient's substance use disorder symptoms, and to help him or her develop and apply recovery skills. Activities may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery (*The ASAM Criteria*, p. 225).

Evidence of a weekly schedule of activities that includes a full range of activities led by professional staff and designed to focus on improving the patient's readiness to change and/or functioning and coping skills.

Evidence of a program description of services and their objectives.

IV.3. Addiction pharmacotherapy (*The ASAM Criteria*, p.225).

Written program description about inclusion of addiction pharmacotherapies with Level 3.1 program. Evidence that the program maintains a file of resources that are used for referral to providers of addiction pharmacotherapies.

Evidence of transportation arrangements for patient appointments for addiction pharmacotherapies. Written procedures describing how patients get their prescriptions.

IV.4. Random drug screening to monitor and reinforce treatment gains, as appropriate to the patient's individual treatment plan (*The ASAM Criteria*, p.225).

The program implements written procedures that address drug testing practices, including:

- Frequency
- Randomization

- Provisions for individualization of tests.
- Interpretation of the results
- Action to be taken based on the results
- Collection methods
- Confidentiality and informed consent for sharing test results.
- Education for patients, family/support system, and personnel.
- Use when a patient leaves the premises for an offsite visit for an extended period of time.
- Who is qualified to order tests.

Documentation of training for personnel and family/support system members.

Documentation of procedures for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.

Written agreement with a laboratory.

IV.5. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness to change are used in preference to confrontational strategies (*The ASAM Criteria, p 225*).

Written policy on staff training on motivation enhancement or similar evidence based therapies. Evidence of a training program for staff related to offering motivational enhancement or similar evidence based therapies and strategies.

IV.6. Counseling and clinical monitoring to support successful initial involvement or re-involvement in regular, productive daily activity (such as work or school) and, as indicated ,successful reintegration into family living. Health education services are provided (*The ASAM Criteria, p 225*).

Evidence of a schedule of activities that includes patient skills for activities of daily living and health education (includes consideration of work and school schedules for patients).

Evidence of a program description of services and their objectives.

IV.7. Regular monitoring of the patient's medication adherence (*The ASAM Criteria, p.226*).

IV. Therapies

Self Assessment Checklist

1. Designed to improve the patient's ability to structure and organize recovery and the tasks of daily living.
2. Has a daily schedule of activities designed to improve patient's skills around the activities of daily life, as well as develop and practice prosocial behaviors.
3. Planned clinical activities have a goal to maintain the stability of the patient's SUD symptoms and to help them develop and apply recovery skills.
4. Has a full range of weekly activities led by professional staff designed to focus on improving the patient's readiness to change, functioning, and coping skills.
5. Offers addiction pharmacotherapies as a treatment option.
6. Maintains a file of resources used for referral to providers of addiction pharmacotherapies.
7. Has transportation arrangements for patient appointments for addiction pharmacotherapies.
8. Has written procedures describing how patients get their prescriptions.
9. Conducts random drug screening to monitor and reinforce treatment gains as appropriate to the patient's treatment plan.
10. Implements written procedures that address drug testing practices.
11. Has documentation of procedures for responding to positive drug test results.
12. Has a written agreement with a laboratory.
13. Has motivational enhancement and engagement strategies appropriate to the patient's stage of readiness to change.
14. Offers counseling and clinical monitoring to support successful initial involvement in productive daily activity.
15. Health education services are provided.
16. Has written policies and procedures to monitor patient adherence to prescribed medication or any permitted OTC medications or supplements.
17. Has written procedures for safe medication storage and policy to ensure standards a met for medication regulations.
18. Offers recovery support services.
19. Has a schedule that shows the range of recovery support services offered, as well as a program description of services and their objectives.
20. Offers services for the patient's family and significant others, as appropriate.
21. Provides opportunities for the patient to be introduced to the benefits of addiction pharmacotherapies as a tool to manage their SUD.
22. If not directly affiliated with the program, has affiliations with providers who can offer addiction pharmacotherapy education and prescription if appropriate.
23. Has a daily schedule of all the therapies, services, and activities the program offers.
24. Has documentation of training for personnel and family/support system members on all therapies.
25. Has a program description that outlines 5 hours per week of clinical services and their objectives.

The program implements written policies and procedures to monitor patient adherence to prescribed medications and/or any permitted OTC medications or supplements (i.e. policy ensures that patients take prescribed or dispensed medications, if appropriate and desired).

The program implements written procedures for safe medication storage.

The program implements a policy to ensure that standards for administration and storage of medications follow regulations and standard practices.

IV.8. Recovery support services (*The ASAM Criteria, p.226*).

Evidence of a schedule that shows the range of recovery support services offered. Evidence of a program description of services and their objectives

IV.9. Services for the patient's family and significant others, as appropriate (*The ASAM Criteria, p. 226*).

Evidence of a schedule from the program or affiliated provider that includes services for the patient's family and significant others.

Evidence of the program's or affiliated provider's description of services for the family and significant others, and their objectives.

IV.10. Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage his or her addictive disorder (*The ASAM Criteria, p. 226*).

Evidence of the schedule that shows the program offers education that covers the full range of addiction pharmacotherapies matched to the population served.

If not directly offered by the program, then evidence of affiliations with providers who can offer addiction pharmacotherapy education and prescription, if appropriate.

Written policy on staff training on addiction pharmacotherapies. Documentation that staff have been trained on addiction pharmacotherapies.

V. ASSESSMENT/TREATMENT PLAN REVIEW (*4 sub-service characteristics*)

V.1. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment This assessment is used to confirm the appropriateness of placement at Level 3.1 and to help guide the individualized treatment planning process, which is focused on the patient's strengths, needs, abilities, preferences, and desired goals (*The ASAM Criteria, p. 226*).

Written policy that all patients receive an assessment that addresses the six dimensions of The ASAM Criteria.

Evidence that there is an independent process for conducting the assessment.

Written procedures on ASAM Criteria training for personnel doing assessments, and/or other qualifications of personnel conducting the assessment.

Written procedures identifying timeframes for reviewing and modifying treatment plans to ensure that the plan for each patient:

- Reflects current issues
- Maintains relevance

The frequency of review pertains to the treatment level that is being done in conjunction with Level 3.1 (e.g., mental health or opioid treatment services). The Level 3.1 decisions should be made as part of the Dimension 6, Recovery Environment portion of the treatment plan.

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. Is conducted or updated by staff who are knowledgeable about addiction treatment.
2. Used to confirm appropriateness of placement and to help guide individualized treatment planning process.
3. Focused on the patient's strengths, needs, abilities, preferences, and desired goals.
4. Has a written policy that all patients receive an assessment that addresses the six dimensions of the ASAM Criteria.
5. Has an independent process for conducting the assessment.
6. Has written procedures on the ASAM Criteria training for personnel doing assessments.
7. Has written procedures identifying timeframes for reviewing and modifying treatment plans to ensure that the plan reflects current issues and maintains relevance for each patient.
8. Decisions are made as part of the Dimension 6 Recovery Environment portion of the treatment plan.
9. A Clinician reviews all admission decisions to confirm clinical necessity of services.
10. Developed in collaboration with the patient.
11. Has written procedures identifying timeframes for initial development of and review and modification of treatment plans.
12. Has a biopsychosocial assessment, treatment plan, and updates that reflect the patients clinical progress.
13. Performs a physical examination within a reasonable time, as defined in the policy and procedure manual, as determined by the patient's medical condition.
14. Has a written policy on which medical needs/conditions would prevent admission or would require placement in a more intense level of care.
15. Has a written procedure that details when and how a physical examination is done.
16. Has a written contract with providers who can provide medical evaluations as appropriate.

Written procedure that a clinician review all admission decisions to confirm clinical necessity of services and that the review is within the clinician's scope of practice.

V.2. An individualized treatment plan, which involves problems, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences, and activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. The treatment plan also reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services (provided concurrently); and the integration of services at this and other levels of care (*The ASAM Criteria, p.226*).

The program implements written procedures identifying timeframes for initial development of, and review and modification of treatment plans to ensure that the plan for each patient:

- Reflects current issues.
- Maintains relevance.
- Reflects a frequency of review that pertains to the treatment level that is being done in conjunction with Level 3.1 (e.g., mental health or opioid treatment services). The Level 3.1 decisions should be made as part of the Dimension 6, Recovery Environment portion of the treatment plan.
- Patient consent for treatment

V.3. A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress (*The ASAM Criteria, p. 226*).

The program implements written procedures identifying timeframes for initial development of, and review and modification of treatment plans to ensure that the plan for each patient:

- Reflects current issues.
- Maintains relevance.
- Reflects a frequency of review that pertains to the treatment level that is being done in conjunction

with Level 3.1.

- Patient consent for treatment

V.4. A physical examination, performed within a reasonable time, as defined in the program’s policy and procedure manual, and as determined by the patient’s medical condition (*The ASAM Criteria*, p. 226).

The program has a written policy on which medical needs/conditions would prevent admission to the program or would require placement in a more intensive level of care.

The program has a written procedure that details when and how a physical examination is done, including procedures when a patient is admitted on a weekend or holiday.

The program has a written contract with providers who can provide medical evaluations as appropriate and within the timeframe specified in the program’s procedures.

VI. DOCUMENTATION (2 sub-service characteristics)

VI. 1. There are individualized progress notes in the patient’s record that clearly reflect implementation of the treatment plan and the patient’s response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan (*The ASAM Criteria*, p. 227).

The program has written policies and procedures on progress note documentation.

Evidence of personalized and individualized progress notes that meet policy and procedure, including evidence that notes:

Document:

- Progress toward achievement of identified goals and objectives.
- Significant events or changes in the life of the person served.
- The delivery and outcomes of specific interventions, modalities, and/or services that support the person centered plan.
- Changes in frequency of services and levels of care.

Progress notes that are signed and dated.

VI.2. Treatment plan reviews are conducted at specified times and recorded in the treatment plan (*The ASAM Criteria*, p.227).

The program has written policies and procedures for recording, reviewing, and modifying the patient’s individualized treatment plan to ensure the plan reflects current issues and maintains relevance.

VI. Documentation
Self Assessment Checklist

1. Has individualized progress notes in the patient's record that reflect implementation of the treatment plan and the patient's response to therapeutic intervention.
2. Has written policies and procedures on progress note documentation.
3. Keeps individualized progress notes that meet policy and procedure.
4. Keeps documentation of progress toward achievement of identified goals and objectives.
5. Keeps documentation of significant events or changes in the life of the patient.
6. Keeps documentation of the delivery and outcomes of specific interventions, modalities, or services that support the person-centered plan.
7. Keeps documentation of changes in frequency of services and levels of care.
8. Progress notes are signed and dated.
9. Reviews are conducted at specified times and recorded in the treatment plan.

The frequency of review is coordinated with any treatment level that is being done in conjunction with Level 3.1 (e.g., if the patient were concurrently in mental health or opioid treatment services. The Level 3.1 decisions should be made as part of Dimension 6 Recovery Environment, portion of the treatment plan.
