

# LEVEL 1 OUTPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 1 programs typically provide professionally directed screening, evaluation, treatment, and ongoing recovery and disease management services in a wide variety of settings. Such services are provided in regularly scheduled sessions of (usually) fewer than nine contact hours a week for adults. The services follow a defined set of policies and procedures or clinical protocols.

## I SETTING (1 sub-service characteristic)

**I.1 Level 1 services may be offered in any appropriate setting that meets state licensure or certification criteria (*The ASAM Criteria, p 187*).**

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.

Consistent evidence of a variable length of stay based upon patient need. Patient materials should not refer to a fixed program length.

### I. Setting

#### Self Assessment Checklist

1. May be offered at any appropriate setting that meets state licensure or certification criteria.
2. Has a written policy or criteria for program entry/admission, transition, and exit.
3. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis.
4. Has consistent evidence of a variable length of stay based upon patient need. Patient material should not refer to a fixed program length.

## II. SUPPORT SYSTEMS (3 sub-service characteristics)

**II.1 Medical, psychiatric, psychological, laboratory, and toxicology services, are available on-site or through consultation or referral. Medical and psychiatric consultation is available within 24 hours by telephone or, if in person, within a time frame appropriate to the severity and urgency of the consultation requested (*The ASAM Criteria, p 187*).**

There are written procedures that the program has the availability of medical personnel (i.e physician, or nurse practitioner, or physician assistant in states where they may perform physician duties), to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.

There are written procedures that the program has the availability of appropriately licensed health professionals to provide psychiatric and psychological services to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.

Documentation of written relationships/agreements for laboratory and toxicology services.

The program has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.

**II.2 Direct affiliation with (or close coordination through referral to) more intensive levels of care and medication management (*The ASAM Criteria, p 187*).**

The program has written procedures for:

Referral including:

- Referral to other services, when applicable.
- Coordination when a patient is concurrently 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 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 the program and transition planning is not possible), including timely follow up and necessary notifications.

## II. Support Systems

### Self Assessment Checklist

1. Medical, psychiatric, psychological, laboratory, and toxicology services are available on-site or through consultation or referral.
2. Medical and psychiatric consultation is available within 24 hours by telephone or, if in person, within a time frame appropriate to the severity and urgency of the consultation requested.
3. Has written procedures that the program has the availability of medical personnel to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.
4. Has documentation of written relationships/agreements for laboratory and toxicology services.
5. Has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.
6. Has a direct affiliation with (or close coordination through referral to) more intensive levels of care and medication management.
7. Has written procedures for referral including referral to other services, when applicable, and coordination when a patient is concurrently served by another provider.
8. Has written procedures for transfer including identifying when transition planning will occur, identifying where transition planning summary is documented, documenting and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions, and inactive status if appropriate.
9. Has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).
10. Has written procedures for how it follows up with the patient and post transfer or referral source to ensure engagement in the next level of care.
11. Has written agreements that it has a network of affiliation to meet the needs of patients when they transfer to another level of care.
12. Has written procedures for unplanned discharges (e.g. AMA or patient abruptly leaves the program and transition planning is not possible), including timely follow up and necessary notifications.
13. Emergency services are available by telephone 24 hours a day, 7 days a week
14. Has written procedures that the program has the availability of clinical staff 24 hours a day, 7 days a week.
15. Has written procedures for patients on how to access emergency services by telephone 24 hours a day, 7 days a week.

### II.3 Emergency services are available by telephone 24 hours a day, 7 days a week (*The ASAM Criteria, p 187*).

The program has written procedures that the program has the availability of clinical staff (i.e. licensed or certified addiction counselors) 24 hours a day, 7 days a week.

The program has written procedures for patients on how to access emergency services by telephone 24 hours a day, 7 days a week.

## III. STAFF (3 sub-service characteristics)

**III.1 Certified and/or licensed addiction counselors offer much of the counseling in Level 1 services, but medication management (pharmacotherapy) services are Level 1 services and require the involvement of a licensed independent practitioner with prescribing authority as granted by state-based licensing boards (*The ASAM Criteria, p. 187*).**

### III. Staff

#### Self Assessment Checklist

1. Certified and/or licensed addiction counselors offer much of the counseling in this level of care, but medication management (pharmacotherapy) services are Level 1 services and require the involvement of a licensed independent practitioner with prescribing authority as granted by state-based licensing boards.
2. Has a written policy and procedures on clinical staff responsibility for treatment planning and counseling services.
3. Has a written policy on credentials of clinical staff.
4. Has a written job description and qualifications for the program director.
5. Office based nurses are often involved with medication management in support of prescribers. They provide patient education about medications and optimize patient adherence and treatment retention with outpatient medication management.
6. Has written policies and procedures on nursing staff responsibilities for patient education and support for medication management.
7. Addiction specialist physicians provide Level 1 services for medication management or integrated psychosocial services/ medication management in referral from generalist physicians, mental health professionals, or certified and/or licensed addiction counselors when the complexity of the case or problematic previous treatment response warrant the involvement of the most highly skilled clinician available.
8. Has a written positions description for the medical director.
9. There is evidence of the credentials of the medical director and other physicians working under the medical director's directions.

The program has a written policy and procedures on clinical staff responsibility for treatment planning and counseling services.

The program has a written policy on credentials of clinical staff.

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

**III.2 Office based nurses (RN's and LPN's) are often involved with medication management in support of prescribers. They provide patient education about medications and optimize patient adherence and treatment retention with outpatient medication management (*The ASAM Criteria*, p. 187 – 188).**

The program has written policies and procedures on nursing staff responsibilities for patient education and support for medication management.

**III.3 Addiction specialist physicians provide**

**Level 1 services for medication management or integrated psychosocial services/medication management in referral from generalist physicians, mental health professionals, or certified and/or licensed addiction counselors when the complexity of the case or problematic previous treatment response warrant the involvement of the most highly skilled clinician available (*The ASAM Criteria*, p. 188).**

The program has a written positions description for the medical director.

Evidence of the credentials of the medical director and other physicians working under the medical director's directions.

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### IV. THERAPIES (3 sub-service characteristics)

**IV.1 Level 1 services are skilled treatment services, which may include individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies.**

**Such services are provided in an amount, frequency, and intensity appropriate to the patient's multidimensional severity and level of functioning (*The ASAM Criteria*, p 188).**

The program has a description of skilled treatment services provided to patients and their objectives.

The program has a written policy of staff training on a range of evidence based cognitive and behavioral therapies on addiction, as well as psychiatric and addiction pharmacotherapies.

Evidence that skilled treatment services are provided in an amount, frequency, and intensity appropriate to the individualized treatment plan that is formulated on the patient's multidimensional assessment.

## IV.2 Motivational enhancement and engagement strategies are used in preference to confrontational therapies (*The ASAM Criteria, p. 188*).

The program has a written policy on staff training on motivational enhancement therapies, or other evidence based practices.

Evidence of a training program for staff related to offering motivational enhancement therapies or other evidence based practices.

## IV.3 For patients with mental health conditions, the issues of psychotropic medication, mental health treatment, and their relationship to substance use and addictive disorders are addressed as the need arises (*The ASAM Criteria, p. 188*).

The program has a written policy and procedures to provide clinical activities to enhance patients' understanding of their addiction and mental health disorders.

Evidence of the implementation of clinical activities that enhance patients' understanding of their addiction and mental health disorders.

## IV. Therapies

### Self Assessment Checklist

1. Skilled treatment services, which may include individual and group counseling, motivational enhancement, family therapy, educational groups, occupational and recreational therapy, psychotherapy, addiction pharmacotherapy, or other therapies.
2. Services are provided in an amount, frequency, and intensity appropriate to the patient's multidimensional severity and level of functioning.
3. Has a description of skilled treatment services provided to patients and their objectives.
4. Has a written policy of staff training on a range of evidence based cognitive and behavioral therapies on addiction, as well as psychiatric and addiction pharmacotherapies.
5. There is evidence that skilled treatment services are provided in an amount, frequency, and intensity appropriate to the individualized treatment plan that is formulated on the patient's multidimensional assessment.
6. Motivational enhancement and engagement strategies are used in preference to confrontational therapies.
7. Has a written policy on staff training on motivational enhancement therapies or other evidence based practices.
8. Has a training program for staff related to offering motivational enhancement therapies or other evidence based practice.
9. For patients with mental health conditions, the issues of psychotropic medication, mental health treatment, and their relationship to substance use and addictive disorders are addressed as the need arises.
10. Has a written policy and procedures to provide clinical activities to enhance patients' understanding of their addiction and mental health disorders.
11. Implements clinical activities that enhance a patient's understanding of their addiction and mental health disorder.

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

### V.1 Level 1 assessment and treatment plan review include an individual biopsychosocial assessment of each patient, which includes a comprehensive substance use and addictive disorders history obtained as part of the initial assessment and reviewed by a physician, if necessary (*The ASAM Criteria, p. 189*).

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 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.

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. Assessment/Treatment Plan Review

### Self Assessment Checklist

1. Includes an individual biopsychosocial assessment of each patient, which includes a comprehensive substance use and addictive disorder history obtained as part of the initial assessment and reviewed by a physician, if necessary.
2. Has a written policy that all patients receive an assessment that addresses the six dimensions of the ASAM Criteria.
3. Has an independent process for conducting the assessment.
4. Has written procedures on ASAM Criteria training for personnel doing assessments, and/or qualifications of personnel conducting the assessment.
5. Has written procedures identifying timeframes for reviewing and modifying treatment plans to ensure that the plan for each patient reflects current issues and maintains relevance.
6. Has a 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.
7. May include a physical examination performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible.
8. Has a written procedure that details when and how a physical examination is done.
9. Has a written contract with providers who can provide medical evaluations as appropriate and within the timeframe specified in the program's procedures, if medical personnel licensed to provide these services are not on the program staff.
10. Includes an individualized treatment plan which involves problems, needs, strengths, skills, and priority formulation. Short-term, measurable treatment goals and preferences are articulated along with activities designed to achieve those goals.
11. Plan is developed in collaboration with the patient and reflects the patient's personal goals.
12. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional.
13. 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, and assures patient consent for treatment.
14. Includes monitoring biomarkers and/or toxicology testing.
15. Implements written procedures that addresses drug testing practices.

**V.2 Level 1 assessment and treatment plan review may include a physical examination performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible. (In state where physician assistants or nurse practitioners are under physician supervision and are licensed as physician extenders, they may perform the duties designated here for a physician) (*The ASAM Criteria, p. 189*).**

The program has a written procedure that details when and how a physical examination is done.

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, if medical personnel licensed to provide these services are not on the program staff.

**V.3 Level 1 assessment and treatment plan review includes an individualized treatment plan, which involves problems, needs, strengths, skills and priority formulation. Short-term, measurable treatment goals and preferences are articulated along with activities designed to achieve those goals. The plan is developed in collaboration with the patient and reflects the patient's personal goals. Treatment plan reviews are conducted at specified times, as noted in the plan, or more frequently as determined by the appropriate credentialed professional (*The ASAM Criteria, p. 189*).**

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.
- Assures patient consent for treatment.

**V.4 Level 1 assessment and treatment plan review include monitoring biomarkers and/or toxicology testing (*The ASAM Criteria, p. 189*).**

The program implements written procedures that addresses 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 systems, and personnel.
- Who is qualified to order tests.

## VI. DOCUMENTATION (2 sub-service characteristic)

**VI. Documentation standards for Level 1 programs include individualized progress notes in the patient’s record that clearly reflect implementation of the treatment plan and the patient’s response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan (*The ASAM Criteria, p. 189*).**

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 intervention, 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 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. Includes individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan and the patient's response to therapeutic interventions for all disorders treated, as well as subsequent amendments to the plan.
2. Has written policies and procedures on progress note documentation.
3. There is evidence of personalized and individualized progress notes that meet policy and procedure.
4. Progress notes should document progress toward achievement of identified goals and objectives, significant events or changes in the life of the person served, the delivery of outcomes of specific interventions, modalities, and/or services that support the person centered plan, and changes in frequency of services and levels of care.
5. Progress notes are signed and dated.
6. Treatment plan reviews are conducted at specified times and are recorded in the treatment plan.
7. 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.