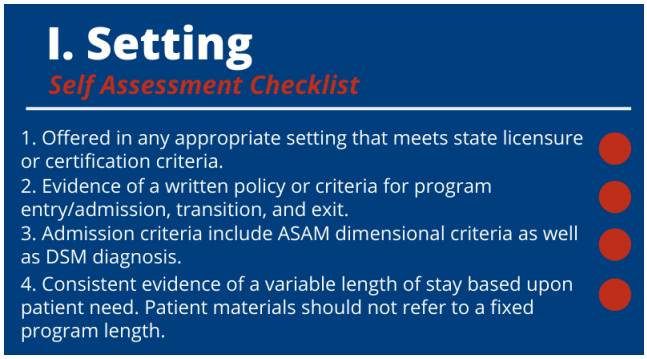
LEVEL 2.1 INTENSIVE OUTPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 2.1 intensive outpatient programs (IOP) for adults generally provide 9 – 19 hours of structured professionally directed programming per week. The program of services consists primarily of counseling and education about addiction-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring of these conditions.

I. SETTING *(1 sub-service characteristic)*

I.1 Level 2.1 services may be offered in any appropriate setting that meets state licensure or certification criteria *(The ASAM Criteria, p 198)*.



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.

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 and within 72 hours in person *(The ASAM Criteria, p 198)*.

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.

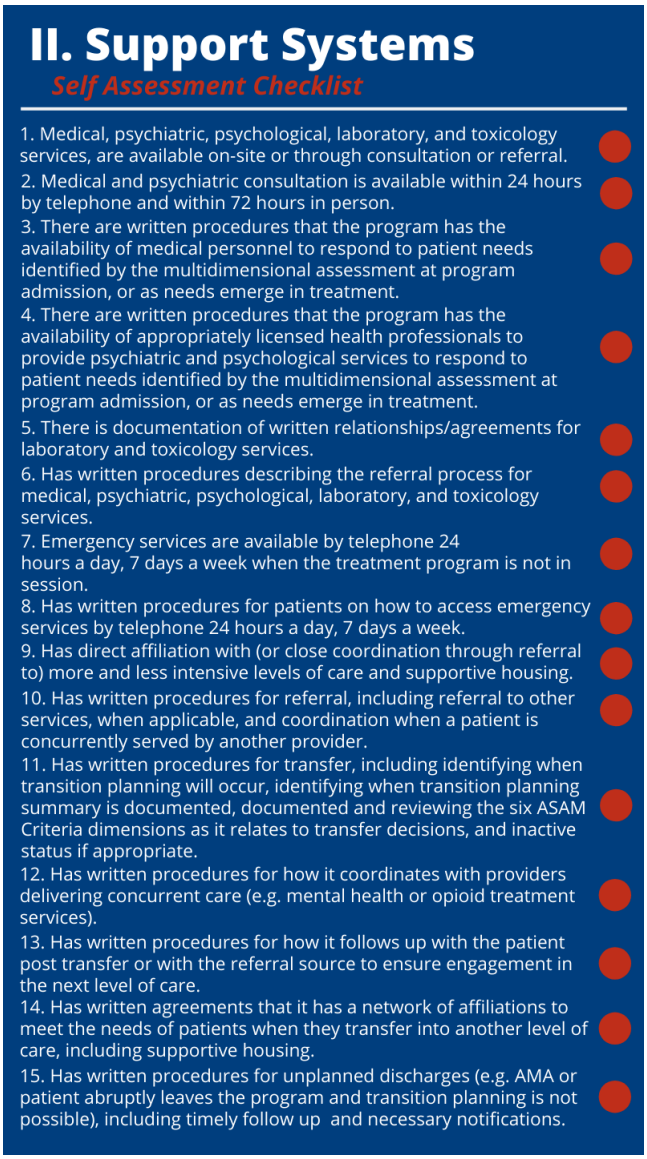
There are written procedures that the program has the availability of appropriately licensed health professionals to provide psychiatric and psychological services to respond to patient needs identified by the multidimensional assessment at program admission, or as needs emerge in treatment.

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 Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session *(The ASAM Criteria, p 198)*.

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.

II.3 Direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing *(The ASAM Criteria, p 198)*.

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.
- Documenting and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions.
- Documenting 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 post transfer or with the 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, including supportive housing.

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.

III. STAFF *(2 sub-service characteristics)*

III.1 Level 2.1 programs are staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals including addiction counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders *(The ASAM Criteria, p. 198 - 199)*.

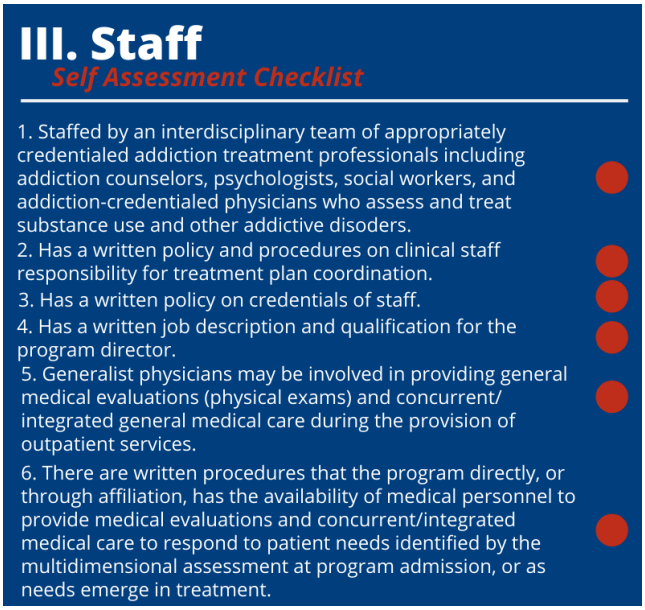
The program has a written policy and procedures on clinical staff responsibility for treatment plan coordination.

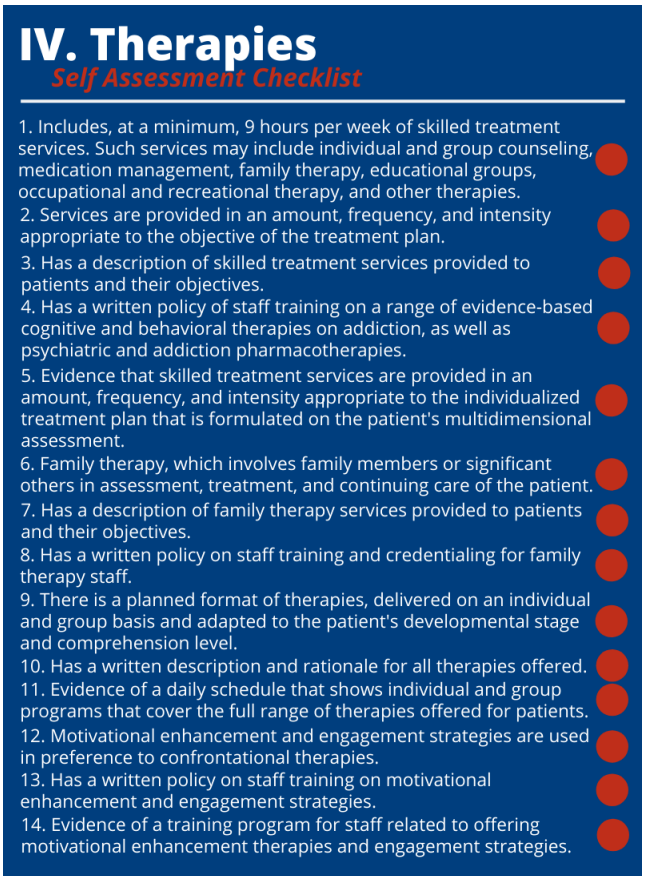
The program has a written policy on credentials of clinical staff.

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

III.2 Generalist physicians may be involved in providing general medical evaluations (physical exams) and concurrent/integrated general medical care (eg, services for hepatitis, HIV disease, tuberculosis, or other co-occurring infectious diseases) during the provision of Level 2.1 intensive outpatient service *(The ASAM Criteria, p. 199)*.

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





IV. THERAPIES *(4 sub-service characteristics)*

IV.1 Level 2.1 services include at a minimum 9 hours per week of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies (e.g. art therapy, movement therapy).

Such services are provided in an amount, frequency, and intensity appropriate to the objective of the treatment plan *(The ASAM Criteria, p. 199)*.

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 Family therapy, which involves family members or significant others in assessment, treatment, and continuing care of the patient *(The ASAM Criteria, p. 199)*.

The program has a description of family therapy services (e.g. couples, conjoint, multiple family groups)

provided to patients and their objectives.

The program has a written policy on staff training and credentialing for family therapy staff.

IV.3 A planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level *(The ASAM Criteria, p. 199)*.

The program has a written description and rationale for all therapies offered.

Evidence of a daily schedule that shows individual and group programs that cover the full range of therapies offered for patients.

IV.4 Motivational enhancement and engagement strategies are used in preference to confrontational therapies *(The ASAM Criteria, p. 199 - 200)*.

The program has a written policy on staff training on motivational enhancement and engagement strategies.

Evidence of a training program for staff related to offering motivational enhancement therapies and engagement strategies.

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

V.1 An individual biopsychosocial assessment of each patient is performed, which includes a comprehensive substance use and addictive behaviors history obtained as part of the initial assessment and reviewed by a physician, if necessary as part of the assessment and treatment plan review *(The ASAM Criteria, p. 200)*.

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.2 A physical examination may be 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 states 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. 200).*

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 2.1 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 these 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. 200)*.

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 Assessment and treatment plan review include monitoring biomarkers and/or toxicology testing *(The ASAM Criteria, p. 200).*

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 systems, and personnel.
- Who is qualified to order tests.

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. An individual biopsychosocial assessment of each patient is performed, which includes a comprehensive substance use and addictive behaviors history obtained as part of the initial assessment and reviewed by a physician, if necessary as part of the assessment and treatment plan review.
2. Has a written policy that all patients receive an assessment that addresses the six dimensions of The ASAM Criteria.
3. Evidence that there is an independent process for conducting the assessment.
4. Has written procedures on ASAM Criteria training for personnel doing assessment, and/or qualifications of personnel conducting the assessment.
5. Has written procedures identifying time frames 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.
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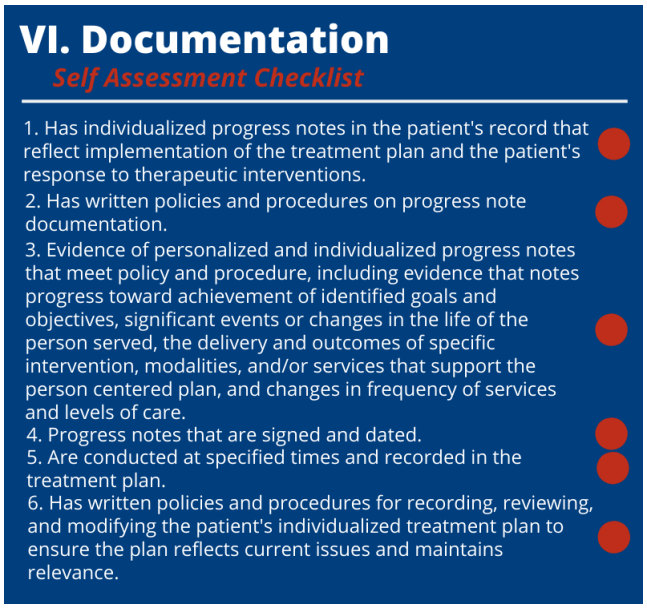
7. A physical examination may be performed within a reasonable time, as determined by the patient's medical condition. Such determinations are made according to established protocols, which include reliance on the patient's personal physician whenever possible.
8. Has a written procedure that details 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 time frame 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. 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.
12. Implements written procedures identifying time frames 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.
13. Includes monitoring biomarkers and/or toxicology testing.
14. 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 systems, and personnel, and who is qualified to order tests.

VI. DOCUMENTATION *(2 sub-service characteristics)*

VI. Documentation standards for Level 2.1 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.201)*.

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:

- 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.