

LEVEL 2.5 PARTIAL HOSPITALIZATION SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 2.5 partial hospitalization programs (PHP), also known as “day treatment,” generally provide 20 or more hours of clinically intensive programming per week, as specified in the patient’s treatment plan. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical and laboratory services, and thus are better able than Level 2.1 programs to meet needs identified in Dimension 1, Acute intoxication and/withdrawal potential; Dimension 2, Biomedical conditions and complications; and Dimension 3, emotional, behavioral or cognitive conditions and complications; which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting.

I SETTING (1 sub-service characteristic)

I.1 Level 2.5 services may be offered in any appropriate setting that meets state licensure or certification criteria (*The ASAM Criteria, p 208*).

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. Offered in any appropriate setting that meets state licensure or certification criteria. ●
2. Evidence of 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. 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 8 hours by telephone and within 48 hours in person (*The ASAM Criteria, p 208*).

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 208*).

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 8 hours by telephone and within 48 hours in person.
3. There are 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. 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.
5. There is documentation of written relationships/agreements for laboratory and toxicology services.
6. Has written procedures describing the referral process for medical, psychiatric, psychological, laboratory, and toxicology services.
7. Emergency services are available by telephone 24 hours a day, 7 days a week when the treatment program is not in session.
8. Has written procedures for patients on how to access emergency services by telephone 24 hours a day, 7 days a week.
9. Has direct affiliation with (or close coordination through referral to) more and less intensive levels of care and supportive housing.
10. Has written procedures for referral, including referral to other services, when applicable, and coordination when a patient is concurrently served by another provider.
11. Has written procedures for transfer, including identifying when transition planning will occur, identifying when transition planning summary is documented, documented and reviewing the six ASAM Criteria dimensions as it relates to transfer decisions, and inactive status if appropriate.
12. Has written procedures for how it coordinates with providers delivering concurrent care (e.g. mental health or opioid treatment services).
13. 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.
14. Has written agreements that it has a network of affiliations to meet the needs of patients when they transfer into another level of care, including supportive housing.
15. 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.

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 208*).

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 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 2.5 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. 209*).

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 Program staff should have sufficient cross-training to understand the signs and symptoms of mental disorders, and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use disorders (*The ASAM Criteria*, p. 209).

The program has a written policy and procedure on cross-training clinical staff on the signs and symptoms of mental disorders and the interaction of psychotropic medications with substance use disorders.

Evidence of a training program offered for staff related to signs and symptoms of mental disorders and the interaction of psychotropic medications with substance use disorders.

III. Staff

Self Assessment Checklist

1. Staffed by an interdisciplinary team of appropriately credentialed addiction treatment professionals including addiction counselors, psychologists, social works, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders.
2. Has a written policy and procedures on clinical staff responsibility for treatment plan coordination.
3. Has a written policy on credentials of staff.
4. Has a written job description and qualification for the program director.
5. Program staff should have significant cross-training to understand the signs and symptoms of mental disorders, and to understand and be able to explain the uses of psychotropic medications and their interactions with substance use disorders.
6. Has a written policy and procedure on cross-training clinical staff on the signs and symptoms of mental disorders and the interactions of psychotropic medications with substance use disorders.
7. Evidence of a training program offered for staff related to signs and symptoms of mental disorders and the interaction of psychotropic medications with substance use disorders.

IV. THERAPIES (4 sub-service characteristics)

IV. Therapies

Self Assessment Checklist

1. Includes, at a minimum, 20 hours of skilled treatment services per week. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies.
2. Services are provided in an amount, frequency, and intensity appropriate to the objective of the treatment plan.
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. 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. Family therapy, which involves family members or significant others in assessment, treatment, and continuing care of the patient.
7. Has a description of family therapy services provided to patients and their objectives.
8. Has a written policy on staff training and credentialing for family therapy staff.
9. There is a planned format of therapies, delivered on an individual and group basis and adapted to the patient's developmental stage and comprehension level.
10. Has a written description and rationale for all therapies offered.
11. Evidence of a daily schedule that shows individual and group programs that cover the full range of therapies offered for patients.
12. Motivational enhancement and engagement strategies are used in preference to confrontational therapies.
13. Has a written policy on staff training on motivational enhancement and engagement strategies.
14. Evidence of a training program for staff related to offering motivational enhancement therapies and engagement strategies.

IV.1 Level 2.5 services are a minimum 20 hours of skilled treatment services per week. 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. 210).

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. 210).

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. 210).

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

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. 210).

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 *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.
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. 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.

V. ASSESSMENT/TREATMENT PLAN REVIEW (3 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. 211).

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 2.5 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. 212).

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.

VI. DOCUMENTATION (2 sub-service characteristics)

VI. Documentation standards for Level 2.5 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.212).

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.

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 interventions for all disorders treated, as well as subsequent amendments to the plan. ●
2. Has written policies and procedures on progress note documentation. ●
3. 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, and changes in frequency of services and levels of care. ●
4. Progress notes that are signed and dated. ●
5. Treatment plan reviews are conducted at specified times and recorded in the treatment plan. ●
6. 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. ●

- 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.
