LEVEL 3.5 CLINICALLY MANAGED
HIGH INTENSITY RESIDENTIAL SERVICES
BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

Level 3.5 programs assist patients whose addiction is currently so out of control that they need a 24 hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. (The ASAM Criteria, p. 244)

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

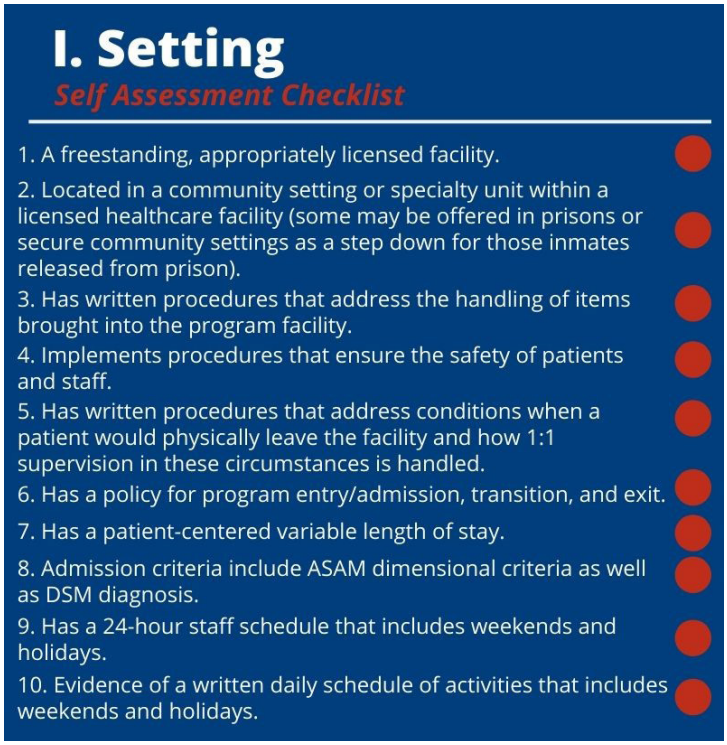
I.1. Level 3.5 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or a specialty unit within a licensed healthcare facility. Some Level 3.5 programs are offered in prisons or secure community settings as a step down for those inmates released from prison *(The ASAM Criteria, p.249)*.

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 procedures that address conditions when a patient would physically leave the facility (e.g., for a doctor's appointment) and how 1:1 supervision in these circumstances is handled.

Evidence of a written policy or criteria for program entry/admission, transition, and exit. Patient- centered variable length of stay. Admission criteria include ASAM dimensional criteria as well as DSM diagnosis. Evidence of a 24-hour staff schedule that includes weekends and holidays.

Evidence of a written daily schedule of activities that includes weekends and holidays.

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

II.1. Telephone or in-person consultation with a physician, or a physician assistant, or a nurse practitioner in states where they are licensed as nurse extenders, and may perform the duties designated there for a physician; emergency services, available 24 hours a day, 7 days a week ***(The ASAM Criteria, p.249).***

There are written procedures that the program has on-call availability of medical personnel (i.e physician, or nurse practitioner, or physician assistant with appropriate physician supervision in states where they may perform physician duties) to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/ week. Where on-call staff is not program personnel, there is a current written agreement that details the contracted providers' responsibilities.

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

II.2. Level 3.5 programs have direct affiliations with other levels of care, or close coordination through referral to more and less intensive levels of care and other services (e.g., vocational assessment and training, literacy training, and adult education ***(The ASAM Criteria, p. 249)*****.**

The program has written procedures for: Referral including:

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

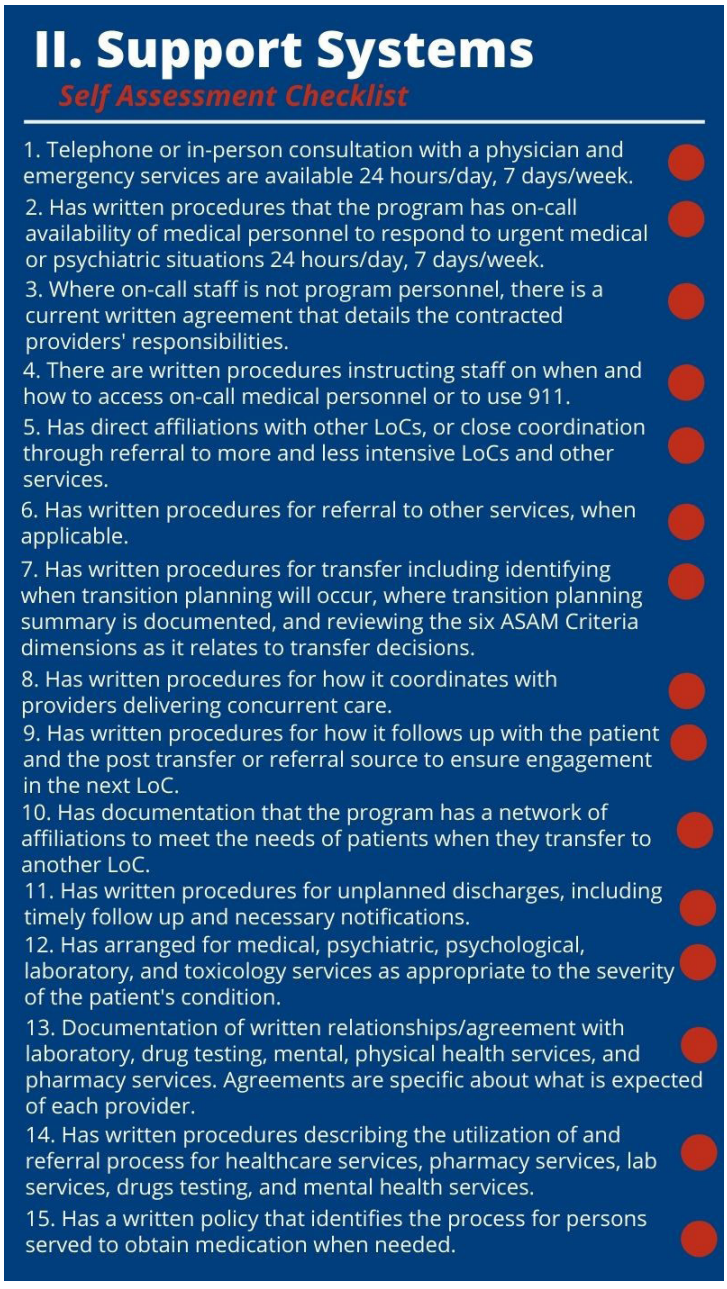
Transfer including:

- 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. when a patient is also in 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 (i.e., procedures to secure patient consent to engage with follow-up providers).

Documentation that the program 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 (i.e., when the patient chooses to abruptly leave the program and transition planning is not possible), including timely follow up and necessary notifications.

II.3.The program has arranged for medical, psychiatric, psychological, laboratory, and toxicology services, as appropriate to the severity of the patient's condition *(The ASAM Criteria, p. 249)*.

Documentation of written relationships/agreement (contract, MOU etc.) with laboratory, drug testing, mental, physical health services, and pharmacy services. The agreements are specific about what is expected of each provider as well as the expectations for ongoing partnership in treatment planning, collaborative monitoring, and transfer.

The program has written procedures describing the utilization of and referral process for:

- Healthcare services
- Pharmacy services
- Lab services
- Drug testing
- Mental health services

Written policy that identifies the process for persons served to obtain medications when needed, including safe storage.

III. Staff

Self Assessment Checklist

1. Has licensed or credentialed clinical staff who work with the allied health professional staff in an interdisciplinary team approach.
2. Has a written policy and procedures on clinical staff responsibility for treatment plan coordination.
3. Has written policy on credentials of clinical staff.
4. Has written job description and qualifications for the program director.
5. Has allied health professional staff on-site 24 hours/day or as required by licensing regulations. One or more clinicians with competence in the treatment SUDs are available on-site or by telephone 24 hours/day.
6. Has a written policy on 24-hour staff coverage, including policy language on staff staying awake during night shifts and activities to be performed during night shifts.
7. Has policies and procedures for 24 hours/day, 7 days/week availability of clinicians knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment.
8. Has staff schedules covering 24 hours/day, 7 days/week. Schedule includes credentials of all staff.
9. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They can identify the signs and symptoms of acute psychiatric conditions.
10. Staff have specialized training in behavior management techniques.
11. Has written policy on staff training at orientation, and on an ongoing basis, on the competencies listed in the standard.
12. Has written procedures on when to call on-call medical personnel, addiction specialist physicians, psychiatrists, and general medical personnel.

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

III.1. Licensed or credentialed clinical staff, such as addiction counselors, social workers, and licensed professional counselors (LPCs), who work with the allied health professional staff in an interdisciplinary team approach *(The ASAM Criteria, p. 250)*.

Program has a written policy and procedures on clinical staff responsibility for treatment plan coordination.
Program has a written policy on credentials of clinical staff.

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

III.2. Allied health professional staff, such as counselor aides or group living workers, on-site 24 hours a day or as required by licensing regulations. One or more clinicians with competence in the treatment of substance use disorders are available on-site or by telephone 24 hours day (The ASAM Criteria, p. 250).

Written policy on 24-hour staff coverage, includ-

ing policy language on staff staying awake during night shifts and activities to be performed during night shifts.

Policy and procedures for 24 hours/day, 7 days/week availability of clinicians knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment including medications. The policy specifies the required credentials for clinicians with competence in SUD.

Evidence of staff schedules covering 24 hours/day, 7 days/week. Schedule includes credentials of staff listed.

III.3. Clinical staff knowledgeable about the biological and psychosocial dimensions of substance use and mental health disorders and their treatment. They can identify the signs and symptoms of acute psychiatric conditions, including psychiatric decompensation. Staff have specialized training in behavior management techniques *(The ASAM Criteria, pp.250-251).*

Program has a written policy on staff training at orientation, and on an ongoing basis, on the competencies listed in the standard.

Program has written procedures on when to contact on-call medical personnel (i.e., physician, or nurse practitioner or physician assistant, depending on the state), addiction specialist physicians, and psychiatrists.

Policy and procedure for availability of addiction specialist physicians, psychiatrists, and general medical personnel.

IV. THERAPIES (12 sub-service characteristics)

IV.1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery (e.g., personal responsibility, personal appearance, and punctuality) and to develop and practice prosocial behaviors *(The ASAM Criteria, p. 251).*

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 to stabilize and maintain stabilization of the patient's addiction 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. 251).*

Evidence of a daily schedule of activities designed to focus on applying recovery skills. Evidence of a program description of services and their objectives.

IV.3. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living *(The ASAM Criteria, p. 251)*.

Evidence of a schedule that includes offering counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy.

Evidence of a program description of services and their objectives. Educational materials for families.

IV.4. Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan *(ASAM Criteria, p.251)*.

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

- Frequency
- Randomization
- Provisions for individualization of tests
- Interpretation of the results
- Actions 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
- 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.A range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis, medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities, adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities *(The ASAM Criteria, p. 251)*.

Evidence of a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.

Written policy on staff training on cognitive and behavioral therapies and addiction pharmacotherapies. If prescribing providers unavailable on staff, evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.

IV. Therapies

Self Assessment Checklist

1. Has daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and to develop and practice prosocial behaviors.
2. Has a daily schedule of activities designed to improve patients' ability to structure and organize the activities of daily living, to practice prosocial behaviors, and to focus on applying recovery skills.
3. Has a program description describing services and the objective of those services.
4. Has planned clinical program activities to stabilize and maintain stabilization of the patient's addiction symptoms, and to help them develop and apply recovery skills.
5. Offers counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity and successful reintegration into family living.
6. Schedule includes counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy.
7. Offers educational materials for families.
8. Has random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan.
9. Implements written procedures that address drug testing practices.
10. Has documentation of training for personnel and family/support system members.
11. Has documentation of procedure for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.
12. Has a written agreement with a laboratory.
13. Has a range of evidence-based cognitive, behavioral, and other therapies administered on an individual and group basis adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities.
14. Has a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.
15. Has a written policy on staff training on cognitive and behavioral therapies and addiction pharmacotherapies.
16. If prescribing providers on staff are unavailable, there is evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
17. If prescribing providers on staff are unavailable, there is evidence of an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
18. Has motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desires to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.
19. Has a written policy on staff training and a training program on motivational enhancement therapies or other evidence-based practice.
20. Has counseling and clinical interventions to facilitate teaching patient the skills needed for productive daily activity and successful reintegration into family living.
21. Provides monitoring of the patient's adherence in taking any prescribed medications, and/or any permitted OTC medications.
22. Implements written policies to monitor patient adherence to prescribed medications or permitted OTC medications.
23. Implements written procedure for safe medication storage.
24. Implements a policy to ensure that standards for administration and storage of medications follow regulations and standard practices.
25. Has planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorder.
26. Has daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills.
27. Individual and group programs cover the full range of professional services matched to the population served.
28. Planned community reinforcement is designed to foster prosocial values, a prosocial milieu, and community living skills.
29. Evidence shows community reinforcement activities including community meetings and problem solving.
30. Services for the patient's family and significant others.
31. Requires patient consent for family involvment.
32. Has personalized and individualized progress notes in the chart documenting patients' family participation in, and response to, services offered.

IV.6. Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies *(The ASAM Criteria, p. 251)*.

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.7. Counseling and clinical interventions to facilitate teaching the patient the skills needed for productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living. Health education services are also provided *(The ASAM Criteria, p. 251)*.

Evidence of a daily schedule of activities that includes patient skills for activities of daily living (e.g., budgeting, shopping, laundry) and health education.

Evidence of a program description of services and their objectives.

IV.8. Monitoring of the patient's adherence in taking any prescribed medications, and/or any permitted over-the-counter (OTC) medications or supplements *(The ASAM Criteria, p. 252)*.

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

Program implements written procedures for safe medication storage.

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

IV.9.Planned clinical activities to enhance the patient's understanding of his or her substance use and/or mental disorders *(The ASAM Criteria, p. 252)*.

Evidence of a schedule of clinical activities to enhance patients' understanding of their addiction and mental health disorders.

Evidence of a program description of services and their objectives.

IV.10. Daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills. Such services may include relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery. Such services may also include medical services; nursing services; individual and group counseling; psychotherapy; family therapy; educational and skill building groups; occupational and recreational therapies; art, music, or movement therapies; physical therapy; and vocational rehabilitation activities *(The ASAM Criteria, p. 252)*.

Evidence of a schedule that shows individual and group programs that cover the full range of professional services matched to the population served.

Evidence of a program description of services and their objectives.

IV.11. Planned community reinforcement designed to foster prosocial values, a prosocial milieu, and community living skills *(The ASAM Criteria, p. 252)*.

Evidence that shows community reinforcement activities, including community meetings and problem solving.

Evidence of a program description of services and their objectives

IV.12. Services for the patient's family and significant others *(The ASAM Criteria, p.252)*.

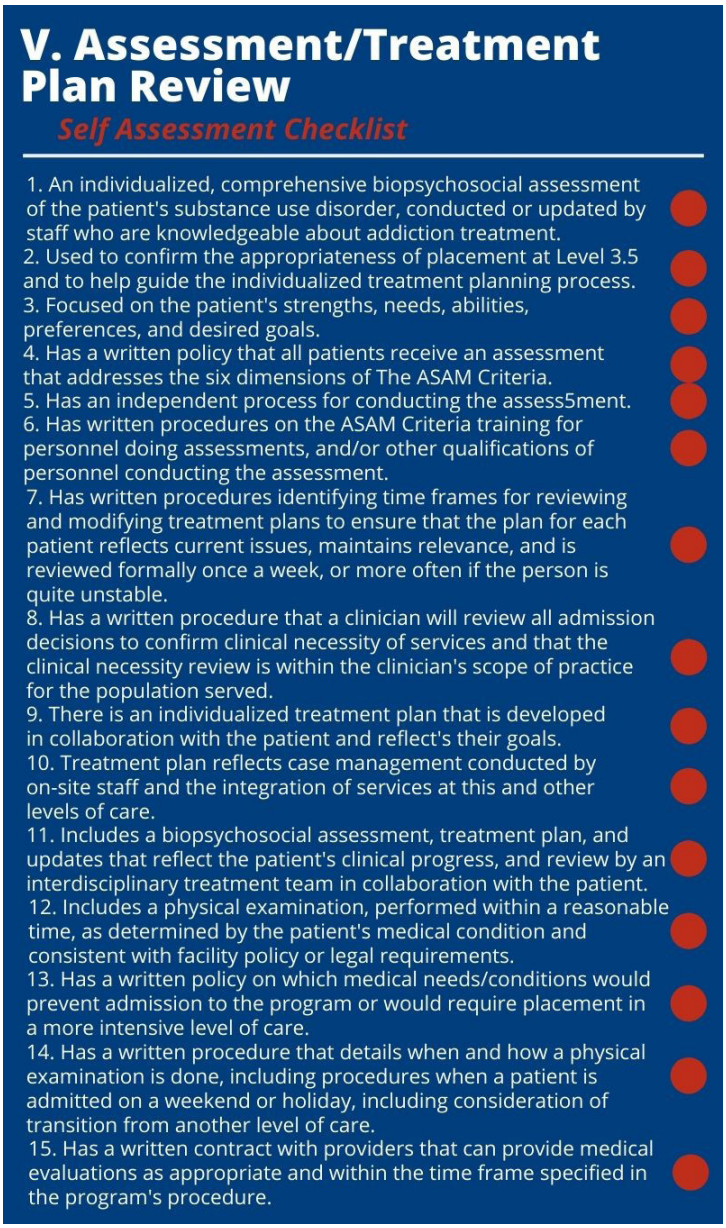
Evidence of a schedule that includes offering services for the patient's family and significant others.

Evidence of a program description of services and their objectives.

Observation:

- Evidence of patient consent for family involvement.
- Personalized and individualized progress notes in the chart documenting patients' family participation in, and response to, services offered.

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 3.5 and to help guide the individualized treatment planning process, which is focused on the patient's strengths, needs, abilities, preferences, and desired goals *(ASAM Criteria, p. 252-253)*.

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.
- Is reviewed formally once a week, and more often if the person is quite unstable.

Written procedure that a clinician review all admission decisions to confirm clinical necessity of services and that the clinical necessity review is within

the clinician's scope of practice for the population served.

V.2.An individualized treatment plan, which includes problem formulation and articulation of short-term, measurable treatment goals and activities designed to achieve those goals. The plan is developed in collaboration with the patient, and reflects the patient's personal goals, while considering the capabilities and resources available to achieve 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. 253).***

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.
- Is reviewed formally at least once a week, and more often if the person is quite unstable. Patient consent for treatment.

V.3.A biopsychosocial assessment, treatment plan, and updates that reflect the patient's clinical progress, as reviewed by an interdisciplinary treatment team in collaboration with the patient ***(The ASAM Criteria, p. 253)*****.**

The program implements written procedures identifying timeframes for reviewing and modifying treatment plans to ensure that the plan for each patient:

- Reflects current issues.
- Maintains relevance.
- Reflects patient participation.
- Reflects integration and coordination of the treatment team.

V.4. A physical examination, performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements ***(The ASAM Criteria, p. 253).***

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 including consideration of transition from another level of care (e.g., if a step down from another residential setting, within 7 days preceding the admission).

The program has a written contract with providers that can provide medical evaluations as appropriate and within the timeframe specified in the program's procedure

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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 ***(ASAM Criteria, p. 254)*****.**

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

VI.2.Treatment plan reviews are conducted at specified times and recorded in the treatment plan *(The ASAM Criteria, p. 254)*.

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 and is conducted formally once a week, and more often if the person is quite unstable.