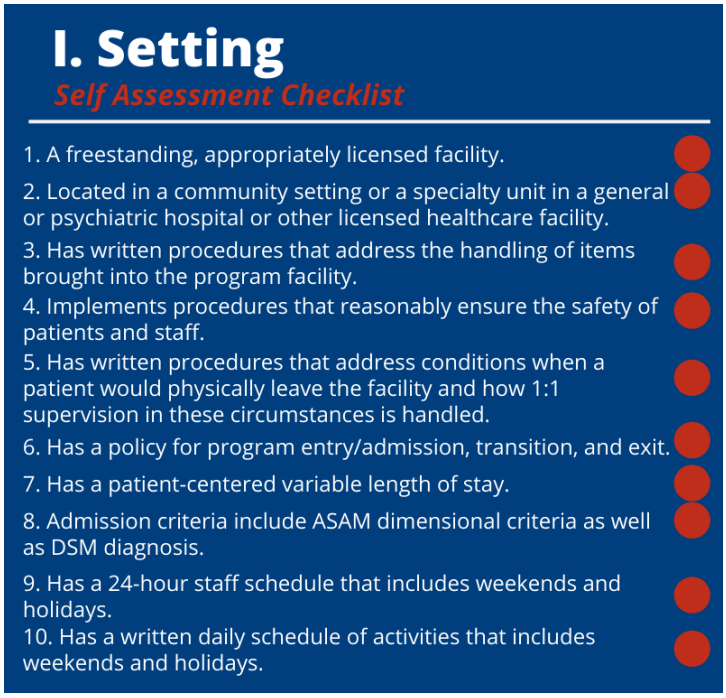
LEVEL 3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES BY SERVICE CHARACTERISTICS SELF ASSESSMENT CHECKLIST

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

I. Level 3.7 program services may be offered in a (usually) freestanding, appropriately licensed facility located in a community setting or in a specialty unit in a general or psychiatric hospital or other licensed healthcare facility *(The ASAM Criteria, p. 266).*



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 *(4 sub-service characteristics)*

II.1. Physician monitoring, nursing care, and observation are available. A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary (In states where physician assistants or nurse practitioners are licensed to provide such services, they may perform the duties designated here for a physician).

II. Support Systems

Self Assessment Checklist

1. Physician monitoring, nursing care, and observation are available.
2. A physician is available to assess the patient in person, within 24 hours of admission and thereafter as medically necessary.
3. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission.
4. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration.
5. Has written procedures that a nursing assessment is conducted by a registered nurse at admission and written procedures for ongoing nursing monitoring for 24 hours/day, 7 days/week.
6. Has written procedures for onsite or on-call availability of medical personnel to conduct medical assessments within 24 hours of admission and to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week.
7. Where the medical personnel are not on site, there is a current written agreement that details the contracted providers' responsibilites and availability.
8. Has written procedures instructing staff on when and how to access on-call medical personnel or to use 911.
9. Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff in the schedule.
10. Evidence of nursing and medical assessments in patient record.
11. Additional medical specialty consultation and psychological, laboratory, and toxicology services are available on-site, through consultation or referral.
12. Documentation of written relationships/agreements with medical specialty, laboratory/drug testing, psychological, and pharmacy services. Agreements are specific about what is expected of the provider, as well as expectation for ongoing partnership in treatment planning, collaborative monitoring, and transfer.
13. Has written procedures describing the utilization of a referral process for specialty medical services, pharmacy services, lab services, drug testing, and psychological services.
14. Has a written policy that identifies the process for patients to obtain medication when needed, including safe storage.
15. Has the ability to provide coordination of necessary services or other levels of care are available through direct affiliation or referral processes.
16. Has written procedures for referral, including to other services, when applicable and coordination when a patient is concurrently being served in another LoC (e.g., Opioid Treatment Services).
17. Transfer, including identifying when transition planning will occur, identifying where transition planning summary is documented, and documenting and reviewing the six ASAM Criteria dimensions as it related to transfer and consistent with chronic disease management.
18. Has written procedures for inactive status, if appropriate.
19. Has written procedures for how it coordinates with providers delivering concurrent care (e.g., when patient is receiving Opioid Treatment Services).
20. Has written procedures for how it follows up with the patient post-transfer or referral source to ensure engagement in the next level of care.
21. Documentation that the program has a network of affiliation to meet the needs of patients when they transfer to another level of care.
22. Has written procedures for unplanned discharges, including timely follow-up and necessary notifications.
23. Psychiatric services are available onsite, through consultation or referral, when a presenting issue could be attended to at a later time. Such services are available within 8 hours by telephone or 24 hours in person.
24. Has written procedures for onsite or on-call availability of psychiatric services including responding by phone within 8 hours, or in-person within 24 hours and sooner, if clinically indicated.
25. Where psychiatric services are unavailable onsite, there is a current written agreement that details the contracted providers responsibilities for telephone and in-person response.
26. Has written procedures for handling a psychiatric emergency, including an affiliation agreement with a Level 4 program for patient transfer.

A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration *(The ASAM Criteria, p. 266)*.

There are written procedures that a nursing assessment is conducted by a Registered Nurse at admission and written procedures for ongoing nursing monitoring 24 hours/day, 7 days/week.

There are written procedures for onsite or on-call availability of medical personnel (i.e., physician, or nurse practitioner or physician assistant in states where they may perform physician duties) to conduct medical assessments within 24 hours of admission and to respond to urgent medical or psychiatric situations 24 hours/day, 7 days/week.

Where the medical personnel are not onsite, there is a current written agreement that details the contracted providers' responsibilities and availability.

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

Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff in the schedule.

Evidence of nursing and medical assessments in the patient record.

II.2. Additional medical specialty consultation, and psychological, laboratory, and toxicology services, are available on-site, through consultation or referral *(The ASAM Criteria, p. 267).*

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

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

- Specialty medical services.
- Pharmacy services.
- Lab services.

- Drug testing.
- Psychological services.

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

II.3. ASAM Level 3.7 programs have the ability to provide coordination of necessary services, or other levels of care are available through direct affiliation or referral processes (such as step-down services for continuing care and/or medical follow-up services) *(The ASAM Criteria, p. 267)*.

The program has written procedures for:

- Referral, including:
  - Referral to other services, when applicable.
  - Coordination when a patient is concurrently being served in another level of care (e.g., Opioid Treatment Services).

- 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 and consistent with chronic disease management.

- 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 receiving Opioid Treatment Services).

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 (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.4. Psychiatric services are available on-site, through consultation or referral, when a presenting issue could be attended to at a later time. Such services are available within eight (8) hours by telephone or 24 hours in person *(The ASAM Criteria, p. 267)*.

There are written procedures for onsite or on-call availability of psychiatric services including responding by phone within 8 hours, or in-person within 24 hours and sooner, if clinically indicated.

Where psychiatric services are unavailable onsite, there is a current written agreement that details the contracted providers' responsibilities for telephone and in-person response.

Written procedures for handling a psychiatric emergency, including an affiliation agreement with a Level 4 program for patient transfer.

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

III.1. An interdisciplinary staff (including physicians, nurses, addiction counselors, and behavioral health specialists) who are able to assess and treat the patient and to obtain and interpret information regarding the patient's psychiatric and substance use or addictive disorders ***(The ASAM Criteria, p. 268)*****.**

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. Clinical staff knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training techniques and evidence-based practices. The staff is able to provide a planned regimen of 24-hour, professionally directed evaluation, care, and treatment services (including administration of prescribed medications) ***(The ASAM Criteria, p. 268).***

Evidence of a 24 hours/day, 7 days/week schedule of professionally directed evaluation, care, and treatment, including staff credentials.

Evidence of medication administration schedules.

III.3. A licensed physician to oversee the treatment process and assure the quality of care. Physicians perform physical examinations for all patients admitted to this level of care. Many states require that the physician serving as medical director for a Level 3.7 treatment program be a certified addiction medicine physician or addiction psychiatrist. These physicians have specialty training and/or experience in addiction medicine or addiction psychiatry and, if treating adolescents, experience with adolescent medicine.

III. Staff

Self Assessment Checklist

1. Has an interdisciplinary staff who are able to assess and treat information regarding the patient's psychiatric and substance use or 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 clinical staff.
4. Has a written job description and qualifications for the program director.
5. Clinical staff is knowledgeable about the biological and psychosocial dimensions of addiction and other behavioral health disorders, and with specialized training techniques and evidence-based practices.
6. Staff is able to provide a planned regimen of 24-hour, professionally directed evaluation care, and treatment services (including administration of prescribed medications).
7. Evidence of a 24 hours/day, 7 days/week schedule of professional directed evaluation care and treatment, including staff credentials.
8. Evidence of medication administration schedules.
9. Has a licensed physician to oversee the treatment process and assure the quality of care.
10. Physicians perform physical examination for all patients admitted to this level of care. Depending on the state, it may also be required that the physician serving as medical director be a certified addiction medicine physician or addiction psychiatrist.
11. The provider of addiction pharmacotherapy is a physician or physician assistant/other licensed independent practitioner with prescribing authority who is knowledgeable about addiction treatment, especially pharmacotherapies.
12. Has a position description for the medical director.
13. Evidence of the credentials of the medical director and other physicians working under the medical director's direction.

Many patients in this level of care receive addiction pharmacotherapy, integrated with psychosocial therapies. The provider of such care can be a physician assistant or other licensed independent practitioner with prescribing authority who is knowledgeable about addiction treatment, especially pharmacotherapies ***(The ASAM Criteria, p. 268)*****.**

Position description for the medical director.

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

Evidence that the medical director develops written treatment protocols. Credentials of clinicians prescribing pharmacotherapies.

IV. THERAPIES ***(10 sub-service characteristics)***

IV.1. Daily clinical services (provided by an interdisciplinary treatment team) to assess and address the patient's individual needs. Clinical services may involve appropriate medical and nursing services and individual, group, family, and activity services ***(The ASAM Criteria, p. 269)*****.**

Evidence of a daily schedule of activities that includes medical, nursing, and other clinical services.

Evidence of a staff schedule documenting interdisciplinary involvement in activities. Evidence of a program description describing services and objectives of services.

IV.2. Planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered to the patient on an individual and/or group basis. Such activities are adapted to the patient's level of comprehension ***(The ASAM Criteria, p. 269)*****.**

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 a range of evidence-based cognitive and behavioral therapies, on addiction, and on psychiatric pharmacotherapies.

Evidence of a program description of services and their objectives.

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.3. Counseling and clinical monitoring to promote successful initial involvement or re- involvement in, and skill building for, regular, productive daily activity (e.g., work or school) and, as indicated, successful reintegration into family living (The ASAM Criteria, p. 269).

Evidence of a schedule that includes patient skills for activities of daily living and offers 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. Evidence of educational materials or services 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.269)*****.**

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. Regular monitoring of the patient's adherence in taking any prescribed medications *(The ASAM Criteria, p. 269)*.

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.6. Planned clinical program activities designed to enhance the patient's understanding of his or her substance use and/or mental disorders *(The ASAM Criteria, p. 269).*

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.7. Health education services associated with the course of addiction and, as appropriate, other potential health-related risk factors (e.g., HIV, hepatitis C, sexually transmitted diseases) *(The ASAM Criteria, p. 269)*.

Evidence of a schedule of activities that includes health education sessions. Evidence of a program description of services and their objectives.

IV.8. Evidence-based practices, such as motivational enhancement strategies and interventions appropriate to the patient's stage of readiness to change, designed to facilitate the patient's

IV. Therapies
Self Assessment Checklist

1. Has daily clinical services to assess and address the patient's individual needs. Clinical services may involved appropriate medical and nursing services and individual, group, family, and activity services.
2. Has a daily schedule of activities that includes medical, nursing, and other clinical services.
3. Has a staff schedule documenting interdisciplinary involvement in activities.
4. Has a program description describing services and objectives of services.
5. Has planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive-behavioral, and other therapies administered to the patient on an individual and/or group basis. Such activities are adapted to the patient's level of comprehension.
6. Has a schedule that shows individual and group programs that cover the full range of therapies and educational activities matched to the population served.
7. Has a written policy on staff training on a range of evidence-based behavioral therapies, on addiction, and on psychiatric pharmacotherapies.
8. If prescribing providers are unavailable on staff, there is an affiliation with provider(s) who can offer the full range of addiction and psychiatric pharmacotherapies.
9. Counseling and clinical monitoring to promote successful initial involvement or re-involvement in, and skill building for, regular productive daily activity and successful reintegration into family living.
10. Has a schedule that includes patient skills for activities of daily living and offers counseling to improve patients' ability to reintegrate into family, work, and/or school, including family and couples therapy.
11. Has educational materials or services for families.
12. Has random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan.
13. Implements written procedures that address drug testing practices.
14. Has documentation of training for personnel and family/support system members.
15. Has documentation of procedures for responding to positive drug test results that include principles of re-assessment and modifications to the treatment plan.
16. Has written agreement with a laboratory.
17. Implements regular monitoring of the patient's adherence in taking any prescribed medications.
18. Implements written policies and procedures to monitor patient adherence to prescribed medication and/or any permitted OTC medication or supplements.
19. Implements written procedures for safe medication storage.
20. Has a policy to ensure that standards for administration and storage of medications follow regulations and standard practices.
21. Has a schedule of planned clinical program activities designed to enhance the patient's understanding of his or her substance use and/or mental disorders.
22. Has health education services associated with the course of addiction and, as appropriate, other potential health-related risk factors such as, HIV, hep C, and sexually transmitted diseases.
23. Uses evidence-based practices, such as motivational enhancement strategies and interventions appropriate to the patient's stage of readiness to change, designed to facilitate the patient's understanding of the relationship between their SUD and attendant life issues.
24. Has a written policy on staff training and a staff training program on motivational enhancement therapies or other evidence-based practices.
25. Has daily individualized treatment services to manage acute symptoms on the patient's biomedical, substance use, or mental disorder.
26. Offers supportive and educational services, as appropriate, for the patient's family and significant others.

understanding of the relationship between his or her substance use disorder and attendant life issues *(The ASAM Criteria, p. 269)*.

Documentation:
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 or other evidence based therapies and strategies.

IV.9. Daily treatment services to manage acute symptoms of the patient's biomedical, substance use, or mental disorder *(The ASAM Criteria, p. 269)*.

Evidence of a daily schedule of individualized treatment services to manage a patient's biomedical, substance use, or mental health disorder.

IV.10. Services, as appropriate, for the patient's family and significant others *(The ASAM Criteria, p. 269)*.

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.

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

V.1. A physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than seven (7) days prior to admission *(The ASAM Criteria, p. 270)*.

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.

Program has a written procedure that details when and how a physical exam is done.

Program has a written contract with physicians who can provide medical evaluations, as appropriate and within the timeframe specified in the program's procedures.

Observation:
Patient records include a copy of the medical evaluation completed within the timeframe specified in the program's procedures.

Treatment plan addresses and integrates co-occurring disorders/disabilities (should a patient have them) into the plan.

Treatment plan addresses how services will be provided to those patients who are medically fragile.

V.2. A comprehensive nursing assessment, performed at the time of admission *(The ASAM Criteria, p.270)*.

There are written procedures that a nursing assessment is conducted by a Registered Nurse at admission.

There are written procedures for ongoing nursing monitoring 24 hours/day, 7 days/week.

Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff in the schedule. Evidence of nursing assessments in the patient record.

V.3. An individualized, comprehensive biopsychosocial assessment of the patient's substance use disorder and co-occurring disorder, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement at Level 3.7 and to guide the individualized treatment planning process *(The ASAM Criteria, p. 270)*.

V. Assessment/Treatment Plan Review

Self Assessment Checklist

1. Includes a physical examination, performed by a physician within 24 hours of admission, or a review and update by a facility physician within 24 hours of admission of the record of a physical examination conducted no more than 7 days prior to admission.
2. 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.
3. Has a written procedure that details when and how a physical exam is down.
4. Has a written contract with physicians who can provide medical evaluations, as appropriate and within the time frame specified in the program's procedures.
5. Addresses and integrates co-occurring disorders/disabilities (should a patient have them) into the plan.
6. Addresses how services will be provided to those patients who are medically fragile.
7. A comprehensive nursing assessment is performed at the time of admission.
8. Has written procedures for ongoing nursing monitoring 24 hours/day, 7 days/week.
9. Evidence of a 24 hours/day, 7 days/week nursing schedule and credentials of the staff on schedule.
10. Has nursing assessments in the patient record.
11. Includes an individualized, comprehensive, biopsychosocial assessment of the patient's SUD and COD, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement at Level 3.7 and to guide the individualized treatment planning process.
12. Has a written policy that all patients receive an assessment that addresses the six dimensions of the ASAM Criteria.
13. Has an independent process for conducting assessment.
14. Has a written procedure on ASAM Criteria training for personnel doing assessment, and/or other qualifications of the personnel conducting the assessment.
15. Has written procedures identifying time frames for reviewing and modifying treatment plans to ensure that the plan for each patient served reflects current issues, maintains relevance, and is reviewed formally once a week, and more often if the person is quite unstable.
16. Has written procedures that a clinician reviews all admission decisions to confirm clinical necessity of services and the clinical necessity review is within the clinician's scope of practice for the population served.
17. Includes problem formulation and articulation of short-term, measurable treatment goals, and activities designed to achieve those goals.
18. Developed in collaboration with the patient, reflects the patient's goals, and incorporates the patient's strengths.
19. Reflects case management conducted by on-site staff; coordination of related addiction treatment, healthcare, mental health, social, vocational, or housing services; and the integration of services at this and other levels of care.
20. Implements written procedures identifying time frames for initial development of, and review and modification of, treatment plans to ensure that the plan for each person served reflects current issues, maintains relevance, is reviewed formally at least once a week, and more often if the person is quite unstable, and patient consent for treatment.

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

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

- Reflects current issues.
- Maintains relevance.
- Is reviewed formally once a week, and more often if the person is quite unstable.

Written procedures that a clinician reviews 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 populations served.

V.4. An individualized treatment plan that 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, reflects the patient's personal goals, and incorporates the patient's strengths. 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, pp.270-271).

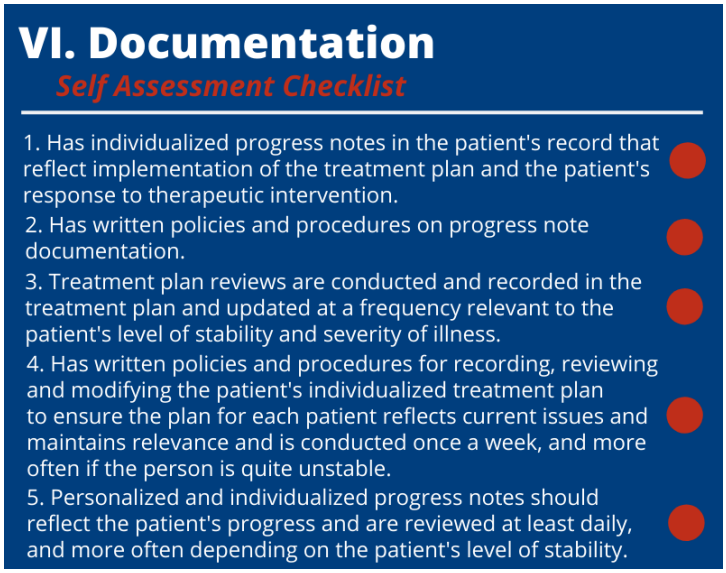
The program implements written procedures identifying timeframes for initial development of, and

review and modification of, treatment plans to ensure that the plan for each person served:

- 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.

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

VI.1. There are personalized and individualized progress notes in the patient's record that clearly reflect implementation of the treatment plan, the patient's response to therapeutic intervention for all disorders treated, as well as subsequent amendments to the plan ***(ASAM Criteria, p. 271)*****.**



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

VI.2.Treatment plan reviews are conducted and recorded in the treatment plan and updated at a frequency relevant to the patient's level of stability and severity of illness ***(The ASAM Criteria, p. 271).***

The program has written policies and procedures for recording, reviewing, and modifying the patient's individualized treatment plan to ensure the plan for each patient reflects current issues and maintains relevance and is conducted once a week, and more often if the person is quite unstable.

Personalized and individualized progress notes should reflect that patient progress is reviewed at least daily, and more often depending on the patient's level of stability.