

**Substance Use Disorder Inpatient Withdrawal and Rehabilitation
Intensity of Service Questions
ASAM Levels 3.7 & 4**

Please circle YES or NO

Facility Name: _____

Name of Person Completing the Form: _____

Title: _____

Date Completed: _____

Ages treated for Inpatient Withdrawal Management: _____

Ages treated for Inpatient Rehabilitation: _____

Is your facility accredited for Withdrawal? YES NO

 If yes, by which organization: _____

Is your facility accredited for Rehabilitation? YES NO

 If yes, by which organization: _____

Please provide copy of program description and relevant policies supporting the below requirements for these levels of care.

1. Is the provider licensed by the appropriate state agency?

YES NO

 If Yes, Please provide state agency: _____

 Please provide copy of licensure

 If no, please explain:

2. Documentation that the member's history and physical examination with medical clearance is completed within 24 hours of admission?

YES NO

 If no, please explain:

3. Drug screens and relevant lab tests are completed and documented upon admission, as clinically indicated?

YES NO

 If no, please explain:

4. Attending physicians are psychiatrists or addictionologists and are responsible for completing diagnostic evaluation within 24 hours of admission?

YES NO

 If no, please explain:

5. If a co-occurring psychiatric condition is identified in the initial evaluation, a psychiatrist is available for a telephonic assessment within four hours of admission, and an in person assessment within 24 hours or sooner as appropriate, following admission.

YES NO

If no, please explain:

6. The physician or physician extender provides daily medical management and evaluation services with documentation. The physician must be available 24 hours a day, seven days per week?

YES NO

If no, please explain:

7. After a multidisciplinary assessment, and within 24 hours of admission, an individualized treatment plan using evidence-based concepts, where applicable, is developed and amended as needed for changes in the individual's clinical condition? YES NO

*Please note: this plan should reference the following to develop treatment and discharge plans focused on the member:

- | | | |
|---|-----|----|
| a. Precipitants to admission, including social determinants of health | YES | NO |
| b. Family/other support systems available after discharge | YES | NO |
| c. Community resources | YES | NO |
| d. Need for supportive living placement to continue recovery | YES | NO |
| e. Need for services for comorbid medical or psychiatric conditions | YES | NO |

Please cite relative policy reference supporting the above, and if the answer is no, please explain with further detail:

8. Members and/or family members are being made aware of FDA-approved Medication Assisted Treatments (MAT)?
MAT is defined as the provision of medications in any level of care and includes use of medicine in an ongoing care plan to reduce cravings and relapse.

YES NO

If no, please explain:

9. The facility documents informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT treatment?

YES NO

If no, please explain:

10. Members are evaluated on each program day by a licensed behavioral health practitioner?

YES NO

If no, please explain:

11. Mental health and medical services are available 24 hours per day, seven days per week, either on-site or off-site by arrangement?

YES NO

If no, please explain:

12. On-site registered nursing care is available 24 hours a day, seven days a week, with full capabilities for all appropriate interventions in medical and behavioral health emergencies that occur on the unit?

YES NO

If no, please explain:

13. On-site, medical management by physicians, nursing care, and observation are available 24 hours a day, seven days a week, and professional counseling services are available at least 16 hours per day?

YES NO

If no, please explain:

14. Recent treating providers are contacted by members of the treatment team to assist in the development and implementation of the initial individualized treatment plan within 24 hours of admission?

YES NO

If no, please explain:

15. Family participation:

- a. For adults: Family treatment is provided at an appropriate frequency. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy?

YES NO N/A

If no, please explain:

- b. For children/adolescents: Family treatment is provided as part of the treatment plan. If Family treatment is not held, the facility/provider specifically lists the contraindications to Family Therapy?

YES NO N/A

If no, please explain:

- c. For children/adolescents: The family/support system assessment is completed within 48 hours of admission with the expectation that family is involved in treatment decisions and discharge planning throughout the course of care. Family sessions will occur at least weekly or more often if clinically indicated?

YES NO N/A

If no, please explain:

- d. Family participation is conducted via telephonic sessions when there is a significant geographic or other limitation?

YES NO

If no, please explain:
