

**Substance Use Disorder Intensive Outpatient Rehabilitation
Intensity of Service Questions
ASAM Level 2.1**

Facility Name: _____

Name of Person Completing the Form: _____

Title: _____

Date Completed: _____

Ages treated: _____

Is your facility accredited? YES NO

If yes, by which organization: _____

Please review the American Society of Addiction Medicine (ASAM) Criteria documentation at the link below and attest that you meet the criteria as defined here.

[ASAM Criteria](#)

I attest that I've reviewed the ASAM Criteria for this level of service and meet the requirements as defined.

YES NO

If no, please explain:

Please provide copy of program description and relevant policies supporting the below requirements for this level 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. Drug screens and relevant lab tests are completed and documented upon admission, as clinically indicated.

YES NO

If no, please explain:

3. After a multidisciplinary assessment, and within 5 days 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 |

If no, please explain:

4. Treatment programming includes and documents one individual counseling session weekly or more as clinically indicated.

YES NO

If no, please explain:

5. Members and/or family members are be 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:

6. Members and/or family members are provided 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:

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

YES NO

If no, please explain:

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

YES NO

If no, please explain:

9. A multidisciplinary treatment program that occurs two days a week and provides at least nine hours of weekly clinical services for adults or at least six hours of clinical services for adolescents to comprehensively address the needs identified in the member's treatment plan.

Note: The intent of the standard for hours of weekly treatment program (groups, activities, and psychotherapies) is that they are evidenced based and are explicitly focused on the alleviation of the current condition as opposed to providing general recreation activities, watching videos, etc. and other facility offerings that are not tied back directly to the treatment plan.

YES NO

If no, please explain:

10. Members are receiving boarding services, during non-program hours the member are allowed the opportunity to function independently and develop and practice new recovery skills in the real world to prepare for community re-integration and sustained, community-based recovery.

YES NO N/A

If no, please explain:

11. Safety plan including access for the member and/or family/support system to professional supports outside of program hours are made and documented.

YES NO

If no, please explain:

12. 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 are 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 72 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:

13. 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 5 days of admission.

YES NO

If no, please explain:
