Substance Use Disorder Partial Day Rehabilitation
Intensity of Service Questions
ASAM Level 2.5

Facility Name: ____
Name of Person Completing the Form: _____________________________________
Title: ____
Date Completed: ____
Ages treated: _________________________
Is your facility accredited? YES☐ NO ☐
If yes, by which organization: ____

Is your facility licensed by the appropriate state agency?
YES☐ NO ☐
If yes, please provide state agency: ____
Please provide copy of licensure
If no, please explain:
____
____

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 ASAM and requirements below for this level of care.

1. Drug screens and relevant lab tests are completed and documented upon admission, as clinically indicated?
YES☐ NO ☐
If no, please explain:
____
____

2. 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:
   ____
   ____

3. Attending physicians are psychiatrists or addictionologists and are responsible for completing diagnostic evaluation within 48 hours of admission?
   YES☐ NO ☐
   If no, please explain:
   ____
   ____

4. The physician or physician extender provides evaluations with documentation as indicated, but no less than weekly?
   YES☐ NO ☐
   If no, please explain:
   ____
   ____

5. 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:
   ____
   ____

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. Treatment programing includes and documents one individual counseling session weekly or more as clinically indicated.
   YES☐ NO ☐
   If no, please explain:
   ____
   ____

8. Licensed behavioral health practitioners supervise all treatment.
   YES☐ NO ☐
   If no, please explain:
   ____
   ____

9. Members are evaluated on each program day by a licensed behavioral health practitioner.
   YES☐ NO ☐
   If no, please explain:
   ____
   ____

10. 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:
    ____
    ____

11. Your program is a multidisciplinary treatment program that provides at least twenty hours of weekly clinical services to comprehensively address the needs identified in the member's treatment plan.
    Note: *The intent of the standard for twenty 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:
    ____
    ____

12. For Members receiving boarding services, during non-program hours the member is 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:
    ____
    ____

13. 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:
____
____

14. 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 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:
    ____
    ____

15. 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:
____
____