

Facility Infrastructure

Residential Agency Infrastructure Review Tool					Instructions:				
Section 1	General Information.		General Information.		If cell is this shade, use drop down choices.				
Numbering	Question		Response		If cell is this shade, answers will auto populate.				
1.00	Level of Care (LOC):		Level of Care (LOC):		If cell has no shading, either requires freeform response or no answer.				
1.01	Facility Name:		Facility Name:						
1.02	Facility ID Number:		Facility ID Number:						
1.03	Facility Address:		Facility Address:						
1.08	Number of Beds:		Number of Beds:						
1.09	Facility is Accepting New Residents:		Facility is Accepting New Residents:						
1.11	Facility Manager Name:		Facility Manager Name:						
1.12	Facility Manager Phone Number:		Facility Manager Phone Number:						
1.13	Review Date:		Review Date:		MM/DD/YYYY				
1.14	Documentation Reviewed:		Documentation Reviewed:						
1.15	Documentation Received Date:		Documentation Received Date:		MM/DD/YYYY				
1.16	Documentation Request Date:		Documentation Request Date:		MM/DD/YYYY				
1.17	Review Team Members:		Review Team Members:						
1.18	Name of any other individuals present during review and relationship:		Name of any other individuals present during review and relationship:						
1.19	Follow-up required from previous review(s)?		Follow-up required from previous review(s)?						
1.21	Documentation regarding follow-up notations made during previous		Documentation regarding follow-up notations made during previous review(s):						
1.22	Oversight responsibility (DDAP, OMHSAS, etc.):		Oversight responsibility (DDAP, OMHSAS, etc.):						
Section 2	Infrastructure Review Summary Rating								
Numbering	Question		Rating/ Narrative						
2.1	What is the summary rating for this Infrastructure?								
2.2	Describe the justification of the summary rating, immediate action taken, and follow-up needed.		1 = Substantial alignment: Follow-up in 3 years 2 = Not aligned in minor areas: Follow-up in 1 -2 years 3 = Not aligned in primary areas: Follow-up in 6 months - 1 year 4 = Not aligned in significant key areas: Follow-up in 3-6 months						
2.3	Follow-up date required:								
Numbering	LOC	Question		Scoring Finding	Documentation Source	Notes and/or describe any deviations from the requirements and document support for any findings - link to information found in Policies and Procedures or submitted documents	Source (Add Any Other Sources to the Notes in Column F)	Critical Ranking	
Section 3	Provider Assessment: Purpose is to determine if provider is using correct ASAM criteria for admission and continued stay review for each LOC through policy and procedure review (P&P review). (The minimum requirements for licensure are found in 709.51 and 711.51 regulations.) Is the provider using the correct criteria?			Yes - 0 No - 0		Scoring Results Section 3			
3.1	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Admission Criteria		The facility has documentation that the admission criteria utilized by the program matches the ASAM admission criteria for the identified LOC.					ASAM p.165-173, 228-234, 254-264, 272-279 See separate Admission Criteria tab Document Review Item #1	4
3.2a	ASAM 3.1 & ASAM 3.5: Biopsychosocial Assessment		The facility has documentation requiring:					ASAM (2013) Criteria, p 226 & 252-253	
			1. An individualized, comprehensive biopsychosocial assessment of the patient's SUD						4
			2. The biopsychosocial assessment is conducted or updated by staff who are knowledgeable about addiction treatment.						4
			The facility has documentation requiring that the biopsychosocial assessment is focused on the patient's:						

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3.2b	ASAM 3.1 & ASAM 3.5: Biopsychosocial Assessment	1. Strengths				ASAM (2013) Criteria, p 252-253	4
		2. Needs					4
		3. Abilities					4
		4. Preferences					4
		5. Desired goals.					4
3.2.c	ASAM 3.7: Biopsychosocial Assessment	The facility has documentation requiring:				ASAM (2013), p 270	
		1. An individualized, comprehensive biopsychosocial assessment of the patient's SUD,					4
		2. Biopsychosocial assessment is conducted or updated by staff who are knowledgeable about addiction treatment.					4
		3. Biopsychosocial assessment is used to confirm the appropriateness of the placement at Level 3.7 and 4. Biopsychosocial assessment is used to guide the individualized treatment planning process.					4
3.2.d	ASAM 3.7WM: Biopsychosocial Assessment	The facility has documentation requiring sufficient biopsychosocial screening assessments to determine:				ASAM (2013) p. 140	
		1. The level of care in which the patient should be placed 2. Treatment priorities to be addressed in the individualized care plan in Dimensions 2-6.					4
3.2.e	ASASAM 3.1, ASAM 3.5 & ASAM 3.7: Six Dimensions of ASAM	The facility has documentation requiring that the biopsychosocial assessment addresses the six dimensions of the ASAM Criteria.				ASAM (2013), p 226, 253, 272	4
3.3.a	ASAM 3.1, ASAM 3.5, ASAM 3.7: Biopsychosocial Assessment	The facility has documentation that the Biopsychosocial assessment is used to help guide the individualized treatment planning process.				ASAM (2013) p 226, 252-253, 270	4
3.3.b	ASAM 3.1, ASAM 3.5, and ASAM 3.7: Treatment Plan	The facility has documentation that the treatment plan is developed in collaboration with the patient and reflects the patient's personal goals.				ASAM (2013) p226, 253, 270	4
3.3.c	ASAM 3.7WM: Treatment Plan	The facility has documentation requiring individualized treatment plans which include:				ASAM (2013) p 140	
		1. Problem identification in Dimensions 2-6, 2. Development of treatment goals and measurable treatment objectives 3. Activities designed to meet those objectives.					4
							4
3.3.d	ASAM 3.1: Treatment Plan	The facility has documentation that the treatment plan addresses:				ASAM (2013) p226	
		1. Problems 2. Needs 3. Strengths 4. Skills					4
							4
							4
3.3.e	ASAM 3.1: Treatment Plan	The facility has documentation that the treatment plan includes:				ASAM (2013) p226	
		1. Priority problem formation 2. Articulation of short-term, measurable treatment goals 3. Activities designed to achieve those goals.					4
							4
3.3.f	ASAM 3.5 and ASAM 3.7: Treatment Plan	The facility has documentation that the treatment plan includes:				ASAM (2013) p253 & 270	
		1. Problem formation 2. Articulation of short-term, measurable treatment goals 3. Activities designed to achieve those goals.					4
							4
3.4.a	ASAM 3.1 and ASAM 3.5: Physical Exam	The program has a policy that reflects the reasonable time period a physical examination is performed, as determined by the patient's medical condition.				ASAM (2013) p 226 & 253	2
3.4.b	ASAM 3.7: Physical Exam	The program has a policy that reflects that:				ASAM (2013), p. 270	
		1. A physical examination must be performed by a physician within 24 hours of admission, 2. Within 24 hours of admission, the facility physician must review and update the record of a physical examination conducted no more than seven days prior to admission					3
3.4.c	ASAM 3.7 WM: Physical Exam	The program has a policy that reflects:				The ASAM (2013), p. 140	
		1. A physical examination is conducted by a physician, physician assistant, or nurse practitioner within 24 hours of admission 2. The physical examination includes appropriate laboratory and toxicology tests. 3. If Level 3.7 WM withdrawal management services are step-down services from Level 4-WM, records of a physical examination within the preceding 7 days are evaluated by a physician within 24 hours of admission.					3
							2
3.5	ASAM 3.7-WM: Initial Assessment	The facility has documentation reflecting that an addiction focused history obtained as part of the initial assessment and reviewed by the physician or physician extender during the admission process.				The ASAM Criteria, p. 140	3

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Section 4		Utilization Review, Continued Services		Yes - 0	Scoring Results Section 4 (Totals will add Question 4.1 #1 based on: an answer of "Yes" count as a "No" and an answer of "No" counts as a "Yes")			
				No - 0				
				N/A - 0				
4.1	ASAM 3.1, ASAM 3.5, ASAM 3.7: Service Reviews	The provider has a process in place to conduct continued service reviews that are individualized, person centered, and based on the clinical assessment and needs of the client.				Continued Service and Transfer/Discharge Criteria The ASAM Criteria, p. 299-306 Document Review Item #6		
		1. The documents indicate a fixed length of stay (such as a 3-day detox or 28-day rehab stay).					Answer should be a No	4
		2. There is a protocol for completing continued stay reviews based on patient progress.						1
		3. The continued stay protocol incorporates the 6 dimensions of ASAM.						1
4.2	ASAM 3.7-WM: Initial Assessment: WM Length of Service, Continued Stay, Discharge Criteria	WM Length of Service, Continued Stay, Discharge Criteria:				The ASAM Criteria, p. 141		
		1. Does the withdrawal management program have discharge criteria?						1
		2. Is there a protocol for referrals to a higher LOC if the 3.7-WM program if patients are not responding to treatment or symptoms are intensifying?						3
Section 5		Interventions are appropriate to diagnosis and LOC — UM approaches have been implemented to ensure that interventions are appropriate to the diagnosis and LOC. Facilities have written documentation that outlines a standard being utilized for UM/continued stay criteria by the provider for admission is incorporated into routine clinical reviews/supervisor reviews of progress notes and treatment plans as outlined in 4.2. At a minimum, the facilities must review with individualized frequency not to exceed the requirements at 709.52 and 711.52. Are the interventions appropriate once the individual is placed in the correct LOC?		Yes - 0	Scoring Results Section 5			
				No - 0				
				N/A - 0				
5.1								
5.1.a	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Documentation Standards	Does the facility have documentation standards that address documentation of progress toward achieving identified goals and objectives?				ASAM (2013) p140, 226, 253, 270-271 Document Review Item #8	2	
5.1.b	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Evidence Based Interventions	Do the documentation requirements include documentation of evidence-based interventions used and the patient's response to those interventions?				ASAM (2013) p140-141, 227, 254, 271 Document Review Item #8	2	
5.1.c	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Treatment Plan Reviews	Do the documentation requirements require regular review and amendments to the treatment plan where indicated?				ASAM (2013) p141, 227, 254, 271 Document Review Item #8	3	
5.2								
5.2.a	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan Reviews	Do the documentation requirements specify timeframes for review of the treatment plan?				The ASAM Criteria, p. 141, 227, 254, 271 Document Review Item #3	2	
5.2.b	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan	Do the documentation requirements specify how the patient is included in the treatment planning process?				The ASAM Criteria, p. 140, 226, 253, 270 Document Review Item #3	2	
5.2.c	ASAM 3.1, ASAM 3.5, ASAM 3.7-WM, ASAM 3.7: Treatment Plan	Do the documentation requirements specify a process for updating treatment plan to reflect current issues and maintain relevance to patient's current status?				The ASAM Criteria, p. 141, 227, 254, 271 Document Review Item #3	2	
5.2.d	ASAM 3.7WM: ASAM Criteria Use	Do the documentation requirements specify application of the ASAM criteria daily to patient to determine continued appropriateness of the 3.7WM level of care?				The ASAM Criteria, p. 140 Document Review Item #3	2	
5.3	ASAM 3.7-WM: Withdrawal	Do the documentation requirements specify withdrawal scales and/or flow sheets to be used to measure any withdrawal symptoms?				The ASAM Criteria p. 141	3	
Section 7		Types of services — Purpose is to ensure that policy, procedures, and practices includes activities each day that meets the needs of the patient as defined in their individual treatment plan.		Yes - 0	Scoring Results Section 7			
				No - 0				
				N/A - 0				
7.01	ASAM 3.1: Therapies	Therapies — a schedule of 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. 225,	2	
7.02	ASAM 3.1: Therapies	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.222-224, 225	3	
7.03	ASAM 3.1: Drug Screening	Random drug screening to shape behavior and reinforce treatment gains, as appropriate to the patient's individual treatment plan. NOTE: If the facility has the other chemotherapy license (715), which are narcotic treatment programs, the licensure staff will review urine testing under 715.14 regulations. Applies to: ASAM 3.1.				The ASAM Criteria, p. 225 Document Review # 3, 9 & 12	3	

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7.04	ASAM 3.1: Motivational Therapies	Motivational enhancement and engagement strategies appropriate to the patients stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies. There is documentation to support the facility utilizes motivational enhancement techniques in preference to confrontation strategies. Applies to: ASAM 3.1				The ASAM Criteria, p. 225 Document Review Item #4	3
7.05	ASAM 3.1: Counseling and Clinical Monitoring	ASAM 3.1: Counseling and clinical monitoring to support successful initial involvement or reinvolverment in regular, productive daily activity (such as work or school) and, as indicated, successful reintegration into family living. Health education services are provided. There is documentation to support the facility offers rehabilitative activities.				The ASAM Criteria, p. 225-226 Document Review Item #12	3
7.06	ASAM 3.1: Medication Adherence	Monitoring of the patient's adherence in taking any medications.				The ASAM Criteria, p. 226 Document Review Item #17	
		1. Program has documentation describing how to monitor patient adherence to prescribed medications and/or any permitted OTC medications or supplements.					2
		2. Program has documentation describing methods for safe medication storage.					2
		3. Program has documentation describing standards for administration and storage of medications follow regulations and standard practices.					2
7.07	ASAM 3.1; Recovery Support Services	ASAM 3.1: Recovery Support Services. Documentation supports access to and scheduled activities and interventions supporting recovery support services.				The ASAM Criteria, p. 226 Document Review #12 & 22	2
7.08	ASAM 3.1: Family Services	ASAM 3.1: Services for the patient's family and significant others, as appropriate. There is documentation describing services the facility provides to family and significant others.				The ASAM Criteria, p. 226 Document Review Item #13	3
		There is documentation describing when and how services are offered to families and significant others					3
		There is documentation describing how family services are provided if accepted					3
7.09	ASAM 3.1: Care Coordination	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 program has documentation for how it coordinates with providers delivering concurrent care (e.g., when a patient is also in Opioid Treatment Services).				The ASAM Criteria, p. 224 Document Review Item #14	2
7.10	ASAM 3.1: Documentation	The program has documentation describing the utilization of and referral process for:				The ASAM Criteria, p. 224 Document Review Item #16	
		1. Lab services					1
		2. Drug testing					1
7.11	ASAM 3.1: Pharmacology	Introduction to pharmacotherapy: Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage his or her addictive disorder. There is documentation related to how the facility addresses pharmacotherapy resources to the patients enrolled in the facility.				The ASAM Criteria, p. 226	4
7.12	ASAM 3.5: Daily Clinical Services	Therapies — Is there evidence of daily clinical services that improve the patient's ability to structure and organize the tasks of daily living and recovery (such as personal responsibility, personal appearance, and punctuality)?				The ASAM Criteria, p. 251 Document Review Item #9, 10 & 22	3
		Is there evidence of daily clinical services that improve the patient's ability to develop and practice prosocial behaviors?					2
7.13	ASAM 3.5: Clinical Program Activities	1. Is there evidence of planned clinical program activities that stabilize and maintain stabilization of the patient's addiction symptoms?				The ASAM Criteria, p. 251 Document Review Item #11	3
		2. Is there evidence of planned clinical program activities that help them develop and apply recovery skills?					3
		Activities may include relapse prevention, exploring interpersonal choices and development of a social network supportive of recovery					3
7.13.a	ASAM 3.5: Reinvolverment	Is there evidence of counseling and clinical monitoring to promote successful initial involvement of reinvolverment in regular, productive daily activity, such as work or school?				The ASAM Criteria, p. 251	3
7.14	ASAM 3.5: Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patients' individual treatment plan.				The ASAM Criteria, p. 251 Document Review #3, 9, & 12	3
7.15	ASAM 3.5: Evidence Based Services	1. Is there evidence of a range of evidence-based cognitive, behavioral and other therapies administered on an individual basis? (including medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities)				The ASAM Criteria, p. 251 Document Review #11	3
		2. Is there evidence of a range of evidence-based cognitive, behavioral and other therapies administered on a group basis? (including medication education and management, addiction pharmacotherapy, educational skill building groups, and occupational or recreational activities)					3
		3. Is there evidence of how programming is adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities?					3
7.16	ASAM 3.5: Motivational and Engagement Strategies	1. Is there evidence that motivational enhancement and engagement strategies are used?				The ASAM Criteria, p. 251 Document Review #4	3
		2. Is there evidence that strategies are appropriate to the patient's stage of readiness and desire to change?					3
		3. Is there evidence of confrontational strategies?			Answer should be a No		3
7.17	ASAM 3.5: Counseling and Clinical Interventions	1. Is there evidence that counseling and clinical interventions facilitate teaching the patient the skills needed for productive daily activity?				The ASAM Criteria, p. 251 Document Review #12	3
		2. Is there evidence that counseling and clinical interventions facilitate teaching the patient the skills needed for successful reintegration into family living?					2
		3. Is there evidence that health education services are provided?					2
7.18	ASAM 3.5: Prescription Drug Adherence	Evidence of regular monitoring of the patient's adherence in taking any prescribed medications.				The ASAM Criteria, p. 252 Document Review #17	2

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7.19	ASAM 3.5: Clinical Activities	Is there evidence of planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorders?				The ASAM Criteria, p. 252 Document Review #22	3
7.20	ASAM 3.5: Recovery Skills	Is there evidence of daily scheduled professional services, including interdisciplinary assessments and treatment, designed to develop and apply recovery skills? (Services include relapse prevention, exploring interpersonal choices, development of a social network supportive of recovery, 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 Document Review #22	3
7.21	ASAM 3.5: Planned Community Reinforcement	Is there documentation that supports planned community reinforcement? (evidenced by: programming designed to foster prosocial values, a prosocial milieu and community living skills)				The ASAM Criteria, p. 252 Document Review #12 & 22	2
7.22	ASAM 3.5: Family Services	Does the programming include services for the patient's family and significant others?				The ASAM Criteria, p. 252 Document Review #13	3
		There is documentation describing when and how services are offered to families and significant others					3
		There is documentation describing how family services are provided if accepted					3
7.23	ASAM 3.5: Professional Services	Does the program have telephone or in-person consultation with a physician, or a physician assistant, or nurse practitioner; emergency services available 24 hours per day, 7 days per week?				The ASAM Criteria, p. 249 Document Review #15	2
7.24	ASAM 3.5: Appropriate Care	1. Is there documentation that demonstrates medical care appropriate to the severity of the patient's condition?				The ASAM Criteria, p. 249, 251 Document Review #16	3
		2. Is there documentation that demonstrates psychiatric care appropriate to the severity of the patient's condition?					3
		3. Is there documentation that demonstrates psychological care appropriate to the severity of the patient's condition?					3
		4. Is there documentation that demonstrates laboratory and toxicology services appropriate to the severity of the patient's condition?					2
7.25	ASAM 3.5: Addiction Pharmacology	Is there documentation that demonstrates inclusion of addiction pharmacotherapy?				The ASAM Criteria, p. 251	3
7.26	ASAM 3.7: Clinical Services	Evidence of daily clinical services (provided by an interdisciplinary treatment team) to assess and address the patients' individual needs. These services may involve appropriate medical and nursing services, individual, group, family and activity services				The ASAM Criteria, p. 269	2
7.27	ASAM 3.7: Clinical Services	Evidence of planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. Activities may include pharmacological, cognitive- behavior and other therapies administered on an individual or group basis and should be adapted to the patients' level				The ASAM Criteria, p. 269	3
7.28	ASAM 3.7: Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patients' individual treatment plan.				The ASAM Criteria, p. 269	2
7.29	ASAM 3.7: Counseling and Clinical Monitoring	Evidence that there is counseling and clinical monitoring to promote successful initial involvement or re-involvement in and skill building for regular, productive daily activity (such as work or school) and; as indicated, successful reintegration into family living.				The ASAM Criteria, p. 269	3
7.30	ASAM 3.7: Evidence Based Practices	Evidence that evidence-based practices (e.g.: motivational enhancement strategies) and interventions are appropriate to the patients' state of readiness to change or are designed to facilitate the patients understanding of the relationship between his/her substance use disorder and attendant life issues.				The ASAM Criteria, p. 269	2
7.31	ASAM 3.7: Prescribed Medications	Evidence of regular monitoring of the patient's adherence in taking any prescribed medications.				The ASAM Criteria, p. 269	2
7.32	ASAM 3.7: Nursing	Evidence that there is an appropriately credentialed and licensed nurse responsible for monitoring the patients' progress and medication administration.				The ASAM Criteria, p. 267	2
7.33	ASAM 3.7: Clinical Activities	Evidence that there are planned clinical program activities designed to enhance the patients understanding of his/her substance use and/or mental disorder.				The ASAM Criteria, p. 269	2
7.34	ASAM 3.7: Assessments	Evidence of an alcohol or other drug-focused nursing assessment completed at time of admission.				The ASAM Criteria, p. 266-267	2
7.35	ASAM 3.7: Family Services	1. Evidence that there are services for patients family and significant others, when applicable.				The ASAM Criteria, p. 269	3
		2. There is documentation describing when and how services are offered to families and significant others					3
		3. There is documentation describing how family services are provided if accepted					3
7.36	ASAM 3.7: Specialty Services	Evidence that there are additional medical specialty consultations, psychological, laboratory and toxicology services available onsite, through consultation or referral.				The ASAM Criteria, p. 267	1
7.37	ASAM 3.7-WM: Therapies	Therapies — daily clinical services assess and address the needs of each patient. Such clinical services may include appropriate medical services, individual and group therapies, and withdrawal support.				The ASAM Criteria, p. 140 Document Review Item #9 & 10 & 22	
		1. Does the facility have documentation standards that require assessing* for the need for and documentation of the following therapies as clinically necessary, depending on the patient's progress through withdrawal management, and the assessed needs in Dimensions 2-6: Hourly nurse monitoring of the patient's progress and medication administration?					3
		2. A range of cognitive, behavioral, medical, mental health, and other therapies designed to enhance the patient's understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment and delivered on an individual and/or group basis?					2
		3. Multidisciplinary individualized assessment and treatment?					3
		4. Health and education services?					2
5. Services to families and significant others?				2			
7.38	ASAM 3.7-WM: Assessments	Evidence of documentation that the program required an alcohol or other drug-focused nursing assessment completed at time of admission.				The ASAM Criteria, p. 140 Document Review Item #9 & 10, 15 & 16	3

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7.39	ASAM 3.7-WM: Documentation	Documentation Evidence of documentation that the program required documentation in progress notes in the patient record that clearly reflect implementation of the treatment plan.				The ASAM Criteria, p. 141	2
7.40	ASAM 3.7-WM: Documentation	Evidence of documentation that the program required documentation in progress notes in the patient record that reflect the patient's response to treatment.				The ASAM Criteria, p. 141	2
7.41	ASAM 3.7-WM: Documentation	Evidence of documentation that the program required documentation in progress notes in the patient record that reflect and subsequent amendments to the treatment plan				The ASAM Criteria, p. 141	2
7.42	ASAM 3.7-WM: Support Systems	Support systems need to be readily available to the program through affiliation or contract. ASAM 3.7-WM: Evidence of documentation requiring the Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. Referral arrangements made as needed.				The ASAM Criteria, p. 139	2
7.43	ASAM 3.7-WM: Documentation	Evidence of documentation requiring the availability of medical nursing care as warranted, based on clinical judgment				The ASAM Criteria, p. 139	2
7.44	ASAM 3.7-WM: Documentation	The program has arranged for medical, laboratory, and toxicology services, as appropriate to the severity of the patient's condition. Evidence of documentation requiring that the program have the ability to conduct or arrange for appropriate laboratory and toxicology tests.				The ASAM Criteria, p. 139-140	2

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Section 8	Staffing: hours of clinical care — policy and procedures that reflect the delivery of individualized service hours.	Yes - 0	Scoring Results Section 8				
		No - 0					
		N/A - 0					
8.1.a	ASAM 3.1, ASAM 3.5, ASAM 3.7: Documentation - Clinician Availability	The provider has documentation that one or more clinicians with competence in the treatment of SUDs are available onsite or by telephone 24 hours day.				The ASAM Criteria, p. 139–140, 224, 250, 268 Document Review Item #20 & 21	3
8.1.b	ASAM 3.1: Documentation - Availability	The provider has documentation of:				The ASAM Criteria, p. 224	3
		1. Allied health professional staff, such as counselor aides or group living workers, are available on-site 24 hours a day or as required by the licensing regulations.					3
8.1.c	ASAM 3.7: Documentation - Professional Services	The provider has documentation of 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	3
8.1.d	ASAM 3.7-WM: Documentation - Licensed, Certified, or Registered Clinicians	The provider has documentation of a team of Licensed, certified, or registered clinicians who:				The ASAM Criteria, p. 140	3
		1. Provide planned regimen of 24 hour professionally directed evaluation, care, and treatment services for patients and their families. Interdisciplinary team of appropriately trained clinicians (physicians, physician extenders, nurses, counselors, social workers, and psychologists).					3
		2. Are available to assess and treat the patient and to obtain and interpret information regarding patient needs					3
8.2.a	ASAM 3.7-WM: Documentation - Clinician Availability	3. The number and disciplines of team members are appropriate to the range and severity of the individual patient's problems.				The ASAM Criteria, p. 139	3
		The facility has documentation that Physician or Physician Extenders (including physician's assistants and nurse practitioners):					3
		1. Are available 24 hours a day by telephone.					3
8.2.b	ASAM 3.1, 3.5: Documentation - Clinician Availability	2. Are available to assess the patient within 24 hours of admission or earlier.				The ASAM Criteria, p. 224, 249	3
		3. Are available to provide on-site monitoring of care and further evaluation daily.					3
		The facility has documentation of:					3
8.2.c	ASAM 3.7-WM: Documentation - Nursing	1. Physician or Physician Extenders (including physician's assistants and nurse practitioners) are available 24 hours a day, 7 days per week by telephone or in person.				The ASAM Criteria, p. 139-140	3
		2. Emergency services, available 24 hours a day, 7 days per week.					3
		The facility has documentation that Registered Nurses or other licensed and credentialed nurses:					3
8.3.a	ASAM 3.5: Documentation - Psychiatric Services	1. Oversee the monitoring of patient's progress and medication administration				The ASAM Criteria, p. 249-250	3
		2. Can do so on an hourly basis, if needed.					3
		3. Level of nursing care is appropriate to the severity of individual patient needs.					3
8.3.b	ASAM 3.7: Psychiatric Services Availability	The facility has evidence that: Psychiatric services are available through consultation or referral .				The ASAM Criteria, p. 267-268	3
		The facility has evidence that:					3
		1. Psychiatric services are available on-site, through consultation or referral, when a presenting issue could be attended to at a later time.					3
		2. Such services are available within eight hours by telephone or 24 hours in person.					3
		3. The facility has an available licensed physician who has specialty training and/or experience in addiction medicine or addiction psychiatry.					3

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Section 11	Care Coordination — purpose is to ensure the facility has policies and procedures to address how an individuals clinical and non-clinical needs are met. Care coordination starts as soon as the client seeks treatment services and done throughout the entire treatment stay.	Yes - 0	Scoring Results Section 11				
		No - 0					
		N/A - 0					
11.1.a	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The facility has documentation standards regarding Case Management (CM).				The ASAM Criteria, p. 226, 253, and 270-271 Document Review Item #19	1
11.1.b	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program has documentation that shows that CM is conducted by on-site staff.				The ASAM Criteria, p. 226, 253, & 270-271 Document Review Item #19	1
11.1.c	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program has documentation standards outlining the activities of the CM, including coordination of:				The ASAM Criteria, p. 226, 253, & 270-271	
		1. Related addiction treatment					2
		2. Health care					2
		3. Mental health					2
		4. Social, vocational, and housing services					2
11.2	ASAM 3.1, 3.5, 3.7: Documentation - Coordination of Care	The program's documentation standards indicate that coordination of care is provided concurrently with treatment.				The ASAM Criteria, p. 226, 253, & 270-271	2
11.3	ASAM 3.1, 3.5, 3.7: Documentation - Case Management	The program's documentation standards indicate that CM activities are reflected in the treatment plan.				The ASAM Criteria, p. 226, 253, & 270-271	2
11.4	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Transfer/Discharge aftercare planning includes:					
11.4.a	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Review of the six ASAM Criteria dimensions as it relates to transfer and/or discharge decisions.				The ASAM Criteria, p. 224, 226, 246, 267, 300 Document Review Item #7	3
11.4.b	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Identifying when transition planning will occur.				The ASAM Criteria, p. 224, 226, 246, 267, 300 Document Review Item #7	3
11.4.c	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Discharge/transfer planning, beginning at admission.				The ASAM Criteria, p. 141, 299-306 Document Review Item #7	3
11.4.d	ASAM 3.1, 3.5, 3.7, 3.7-WM: Transfer/Discharge Aftercare	Identifying how transition planning is documented.				The ASAM Criteria, p. 224, 246, 267, 300 Document Review Item #7	3

General Comments

Facility Infrastructure

