

Record Review 1

Medical Record Review Form			Instructions:			
Section 1	General Information.		If cell is this shade, use drop down choices.			
1.00	LOC:		If cell is this shade, answers will auto populate.			
1.01	Facility Name:		If cell is this shading, data will be populated from the Facility Infrastructure sheet.			
1.02	Facility ID Number:		If cell has no shading, either requires freeform response or no answer.			
1.03	Facility Address:					
1.19	Follow-up required from previous review(s)?					
1.21	Documentation regarding follow-up notations made during previous review(s):					
1.22	Oversight responsibility (DDAP, OMHSAS, etc.):					
1.23	Entrance Conference review Column K — Findings from Desk Review on the onsite tab					
1.24	Exit Conference — review No findings from Column E and Narrative Columns G and H from onsite reviews and any findings noted on the onsite tab:					
1.26	Patient ID Number (deidentified):					
1.31	Medical Record Review Date:	MM/DD/YYYY				
1.32	Medical Record Dates of Service Start:	MM/DD/YYYY				
1.33	Medical Record Dates of Service End:	MM/DD/YYYY				
Section 2	Visit Summary Rating.					
2.1	What is the summary rating for this chart review?		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			
2.2	Describe the justification of the summary rating, immediate action taken, and follow-up needed:					
Numbering	LOC:	Question:	Finding	Notes and/or describe any deviations from ASAM and document finding from the Record Review — linking the ASAM dimension requirements to information found in the treatment and progress notes	Source/Criteria	Critical Ranking
Section 3	Provider Assessment: Purpose to determine if provider is using correct ASAM criteria for admission and continued stay review for each LOC provided.		Yes - 0 No - 0 N/A - 0	Scoring Results Section 3		
3.1	ASAM 3.1, ASAM 3.5, ASAM 3.7, ASAM 3.7-WM: Admission Criteria	Evidence in the medical record shows that: The admission criteria utilized by the program matches the admission criteria.			ASAM p.165–173, 228–234, 254–264, 272–279 See separate Admission Criteria tab	4
3.2.a	ASAM 3.1, 3.5, 3.7: Biopsychosocial Assessment	Evidence of a biopsychosocial assessment that:			ASAM Criteria p. 226, 253, 270	
		1. in individualized				4
		2. is comprehensive				4
		3. reflects relevant information related to each of the six dimensions		Examples of relevant information related to each dimension can be found on the Dimensional Criteria Tab		4
3.2.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Six Dimensions Assessment	Evidence that risk rating and rationale for the risk rating is present for each of the six dimensions.			ASAM Criteria p. 57, 58	4
3.2.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Biopsychosocial Assessment	The biopsychosocial assessment:			ASAM Criteria p. 140, 226, 252–253, 270–271	
		1. is used to confirm the appropriateness of the LOC placement				4
		2. is used to guide the individualized treatment planning process.				4
3.2.d	ASAM 3.1, 3.5, 3.7, 3.7WM: Biopsychosocial Assessment	The biopsychosocial assessment reflects the patient's:			ASAM Criteria p. 57, 58, 226, 252-253, 270	
		1. strengths				4
		2. needs				4
		3. abilities				4
		4. preferences				4
		5. desired goals.				4

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3.2.e	ASAM 3.1, 3.5, 3.7, 3.7WM: Assessment Completed by Appropriate Staff	Evidence of a credentialed counselor or clinician, a certified addiction registered nurse, a psychologist, or a physician conducted the assessment		ASAM Criteria p. 42	4
3.2.f	ASAM 3.1, 3.5, 3.7, 3.7WM: Interdisciplinary Team	If the counselor conducting the assessment identifies that any information gathered is outside of the scope of practice or expertise, the interdisciplinary team was consulted while interpreting data and information while formulating the assessment.		ASAM Criteria p. 42	4
3.2.g	ASAM 3.7WM: Biopsychosocial Assessment	The biopsychosocial screening assessment was used to determine: 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.		ASAM Criteria p. 140	4 4
3.3.a	ASAM 3.1, 3.5, 3.7: Biopsychosocial Assessment	There is evidence in the record that the biopsychosocial assessment is used to help guide the individualized treatment planning process.		ASAM (2013) p 226, 253, 270	4
3.3.b	ASAM 3.1, 3.5, 3.7: Treatment Plan	There is evidence in the record that the treatment plan is developed in collaboration with the patient and reflects the patient's personal goals.		ASAM (2013) p 226, 253, 270	4
3.3.c	ASAM 3.7WM: Treatment plan	The treatment plan includes: 1. Problem identification in Dimensions 2-6. 2. Development of treatment goals and measurable treatment objectives 3. Activities designed to meet those objectives.		ASAM (2013) p 140	4 4 4
3.3.d	ASAM 3.1: Treatment Plan	There is evidence in the record that the treatment plan addresses the patient's 1. problems 2. needs 3. strengths 4. skills.		ASAM (2013) p226	4 4 4 4
3.3.e	ASAM 3.1: Treatment Plan	There is evidence in the record that the treatment plan includes: 1. priority problem formation 2. articulation of short-term, measurable treatment goals 3. activities designed to achieve those goals.		ASAM (2013) p226	4 4 4
3.3.f	ASAM 3.5, 3.7: Treatment Plan	There is evidence in the record that the treatment plan includes: 1. problem formation 2. articulation of short-term, measurable treatment goals 3. activities designed to achieve those goals.		ASAM (2013) p253 & 270	4 4 4
3.4.a	ASAM 3.1, 3.5: Physical Examinations	Evidence in the medical record shows that a physical examination was performed within a reasonable time, as determined by the patient's medical condition and consistent with facility policy or legal requirements.		The ASAM Criteria, p. 226, 253	2
3.4.b	ASAM 3.7: Physical Examinations	Evidence in the medical record shows that a physical examination was 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 days prior to admission.		The ASAM Criteria, p. 270	3
3.4.c	ASAM 3.7WM: Physical Examinations	Evidence in the medical record shows that either: 1. A physical examination is conducted by a physician, physician assistant, or nurse practitioner within 24 hours of admission AND 2. The physical examination includes appropriate laboratory and toxicology tests. OR, 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.		The ASAM Criteria, p. 140	3 3 2
Section 4	Utilization Review — UM approaches have been implemented to ensure that beneficiaries have access to the appropriate levels of care.		Yes - 0 No - 0 N/A - 0	Notes and/or Deviations from Criteria	Source/Criteria
4.1	ASAM 3.1, 3.5, 3.7, 3.7WM: LOC Determination	Evidence in the medical record shows whether or not an individual remains appropriate for the current LOC as determined by the assessment process noted and whether the needs identified in the treatment plan have adequately been accomplished or can continue to be addressed at that intensity of service. 1. Is there a fixed length of stay (such as 3-day detox or 28-day rehab stay) written in the chart? 2. Is there a continued stay ASAM form completed? 3. Does the continued stay ASAM form address all six dimensions?		Continued Service and Transfer/Discharge Criteria The ASAM Criteria, p. 299-306	4 2 2
4.2	ASAM 3.7WM only: Withdrawal Resolution	Evidence in the medical record shows that: Signs and symptoms of withdrawal are sufficiently resolved so the patient can sufficiently be managed at a less intensive LOC or signs and symptoms of withdrawal are not responding to treatment and intensifying. 1. Does the nursing note indicate the monitoring of withdrawal signs and symptoms? 2. Does the nursing note indicate that the patient's response to withdrawal protocols?		The ASAM Criteria, p. 139-141	3 3

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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.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
5.1.a	ASAM 3.1, 3.5, 3.7, 3.7WM: Patient's Progress	Evidence in the medical record shows that there are individualized notes in the patient record that clearly indicate patient's progress toward identified treatment plan goals and objectives.			The ASAM Criteria, p140, 226-227, 253, 271	2
5.1.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Interventions	Evidence in the medical record shows that evidence-based interventions were used and documents patient's response to those interventions.			The ASAM Criteria, p140, 227, 253, 271	2
5.1.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Evidence in the medical record shows that the treatment plan was regularly reviewed and significant events or changes that occurred were documented and the treatment plan was adjusted accordingly.			The ASAM Criteria, p140-141, 226-227, 253-254, 270-271	3
5.1.d	ASAM 3.1, 3.5, 3.7, 3.7WM: Group/Individual Sessions Interventions	Evidence in the medical record shows that interventions used in group or individual sessions tie back to the goals in the patient's treatment plan.			The ASAM Criteria, p140, 227, 253, 271	2
5.1.e	ASAM 3.1, 3.5, 3.7, 3.7WM: Prescribed Medication	Evidence in the medical record shows how the patient adhered to and responded to any prescribed medications.			The ASAM Criteria p140, 226, 252, 269	2
5.2.a	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plans - Review	Were treatment plan reviews documented in the clinical record within specified timeframes?			The ASAM Criteria, p140-141, 226-227, 253-254, 271	2
5.2.b	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Did the treatment plan review reflect evidence that the patient was involved in reviewing the plan (i.e., written in patient's own words, incorporated patient's strengths, abilities, needs, and preferences, etc.)?			The ASAM Criteria, p140, 226, 253, 270	2
5.2.c	ASAM 3.1, 3.5, 3.7, 3.7WM: Treatment Plan	Was the treatment plan updated to reflect new issues presenting in the course of treatment to remain relevant to patient's current status?			The ASAM Criteria, p140, 227, 253-254, 270-271	2
5.2.d	ASAM 3.7WM: Appropriateness of ASAM 3.7 Care	Does the patient record contain documentation of at least daily application of the ASAM criteria documenting patient's continued appropriateness in the 3.7 level of care.			The ASAM Criteria, p140	2
5.3	ASAM 3.7WM: Withdrawal Symptoms	Is there documentation in the patient's record of application of withdrawal scales or flow sheets detailing changes in withdrawal symptoms?			The ASAM Criteria, p141	3
Section 7	Types of Services.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
7.01	ASAM 3.1: Services assist patient to structure and organize	Evidence in the medical record shows that: 3.1: Services designed to improve the patients ability to structure and organize the tasks of daily living and recovery.			The ASAM Criteria, p. 225	2
7.02	ASAM 3.1: Minimum clinical activities	Evidence in the medical record shows: 3.1: At least five hours per week of planned clinical program activities to stabilize and maintain the stability of the patients SUD 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.		If structured clinical intervention per week is less than 5 hours, you must mark No.	The ASAM Criteria p. 225,	3
7.03	ASAM 3.1: Random Drug Screenings	Evidence in the medical record shows that: random drug screenings were done in accordance with the patient's individual treatment plan.		If there is no evidence of randomized drug screening the answer is no. This is a relevant intervention regardless of substances used.	The ASAM Criteria, p. 225 Document 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	3
7.04	ASAM 3.1: Personal Responsibility Services	Evidence in the medical record shows that: individual and group therapies, family therapy, medication management and psychoeducation are provided in order to facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. The services promote personal responsibility and reintegration of the individual into the network systems of work, education and family life.		Yes if all of the services identified by the individual needs of the patient are provided. No if individual needs are not specifically addressed by the indicated intervention.	The ASAM Criteria, p. 222,	3
7.05	ASAM 3.1: Motivational Enhancement and Engagement	Evidence in the medical record shows that: Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.			The ASAM Criteria, p. 225,	3
7.06	ASAM 3.1: Counseling and Clinical Monitoring	Evidence in the medical record shows that: Counseling and clinical monitoring to support successful initial involvement or re-involvement in regular, productive daily activity (such as work or school) and successful reintegration into family living. Health education services are also provided.		Reviewer would be looking for interventions with rehabilitative goals	The ASAM Criteria, p. 225 226,	3
7.07	ASAM 3.1: Medication Adherence Monitoring	Evidence in the medical record shows that: Monitoring of the patient's adherence in taking any prescribed medications and/or any permitted over the counter medications or supplements.			The ASAM Criteria, p. 226	2
7.08	ASAM 3.1: Medical Records Appropriateness	1. Evidence in the medical record shows that: Services for the patient's family and significant others were offered as appropriate.			The ASAM Criteria, p. 226	3
		2. Evidence in the medical record shows that: Services for the patient's family and significant others were provided if accepted as offered.				3
7.09	ASAM 3.5: Daily Clinical Services	1. Is there documentation of a daily clinical service for each date the patient was in treatment 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	3
		2. Is there evidence that demonstrates the clinical services help a patient develop and practice prosocial behaviors?				2

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7.10	ASAM 3.5: Addiction Symptoms Services	3. Is there evidence in the chart that shows participation in planned clinical program activities stabilize and maintain stabilization of the patient's addiction symptoms? Activities may include: relapse prevention, exploring interpersonal choices, and development of a social network supportive of recovery.			The ASAM Criteria, p. 251	3
		4. Is there evidence in the chart that shows participation in planned clinical program activities help them develop and apply recovery skills?				3
		5. Did the patient participate in counseling and clinical monitoring to promote successful initial involvement of reinvolved in regular, productive daily activity, such as work or school?				3
		6. Is successful reintegration into family living indicated? <i>If #6 is Yes, then answer Yes/No. If #4 if No, answer N/A.</i>		Answer of No is not considered negative.		N/A
		7. Did successful reintegration into family living occur?				2
7.11	ASAM 3.5: Evidence in the medical record shows that: random drug screenings were done in accordance with the patient's individual treatment plan.	1. Did random drug screenings occur?			The ASAM Criteria, p. 251	3
		2. Were drug screenings included in the treatment plan?				3
7.12	ASAM 3.5: Evidence in the medical record shows that: therapies were conducted that meets the patient's developmental and physical abilities.	1. Did the patient participate in evidence-based therapies on an individual basis?			The ASAM Criteria, p. 251	3
		2. Did the patient participate in evidence-based therapies on a group basis?				3
		3. Were therapies administered adapted to the patient's developmental stage and level of comprehension, understanding, and physical abilities?				3
7.13	ASAM 3.5: Evidence in the medical record shows that: Motivational enhancement and engagement strategies appropriate to the patient's stage of readiness and desire to change. Motivational therapies and other evidence-based practices are used in preference to confrontational strategies.	1. Is the patient's stage of change identified?			The ASAM Criteria, p. 251	3
		2. Are motivational enhancement and engagement strategies appropriate to identified stage of change?				3
		3. Is there evidence of confrontational strategies? (we want this scored as a no).				3
7.14	ASAM 3.5 Evidence in the medical record shows that: Counseling and clinical interventions were done to facilitate teaching the patient skills needed for productive daily activity and successful reintegration into family living.	1. Do counseling and clinical interventions facilitated teach skills for productive daily activity?			The ASAM Criteria, p. 251	3
		2. Do counseling and clinical interventions facilitated teach skills for successful reintegration to family living?				2
		3. Is there evidence that health education service is provided?				2
7.15	ASAM 3.5 Evidence in the medical record shows that: Monitoring of the patient's adherence in taking any prescribed medications and/or any permitted over the counter medications or supplements.	Evidence of regular monitoring of the patient's adherence in taking prescribed medications.			The ASAM Criteria, p. 252	2
7.16	ASAM 3.5 Evidence in the medical record shows that: Planned clinical activities to enhance the patient's understanding of their substance use and/or mental disorders.	Does the chart have documentation that shows the patient participated in activities that enhance the understanding of substance use and/or mental disorders?			The ASAM Criteria, p. 252	3
7.17	ASAM 3.5: Daily Professional Services	Is there documentation for a daily professional service during the treatment episode? (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	3
7.18	ASAM 3.5: Planned Community Reinforcement	Does the medical record demonstrate participation in planned community reinforcement? (evidenced by: programming designed to foster prosocial values, a prosocial milieu and community living skills)			The ASAM Criteria, p. 252	2
7.19	ASAM 3.5: Family Services	1. Does the medical record include services for the patient's family and significant others?			The ASAM Criteria, p. 252	3
		2. Evidence in the medical record shows that services for the patient's family and significant others were provided if accepted as offered				3
		1. Did the patient require consultation/emergency services?				N/A

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7.20	ASAM 3.5: Consultation/Emergency Services	2. Was the patient able to access consultation/emergency services?		Scoring is only impacted if Y is selected for the first question and N is selected for the second. Formula above indicates Met or Not Met.	The ASAM Criteria, p.249	3
7.21	ASAM 3.5: Appropriate Services	1. Does the medical record demonstrate medical services appropriate to the severity of the patient's condition?			The ASAM Criteria, p. 249	3
		2. Does the medical record demonstrate psychiatric services appropriate to the severity of the patient's condition?				3
		3. Does the medical record demonstrate psychological services appropriate to the severity of the patient's condition?				3
		4. Does the medical record demonstrate laboratory and toxicology services appropriate to the severity of the patient's condition?				2
7.22	ASAM 3.5: Addiction Pharmacology	1. Was the patient a candidate for addiction pharmacotherapy? If Yes, answer #2 with Yes/No. If No, answer #2 with N/A.			The ASAM Criteria, p. 251	N/A
		2. Was the person offered addiction pharmacotherapy?				4
7.23	ASAM 3.7: Daily Clinical Services	Evidence of daily clinical services provided by an interdisciplinary treatment team to assess and address the patient's individual needs. (May involve appropriate medical and nursing services, individual, group, family and activity services).			The ASAM Criteria p. 269	2
7.24	ASAM 3.7: Planned Clinical Programs	1. Evidence of planned clinical program activities to stabilize the acute addictive and/or psychiatric symptoms. (May include pharmacological, cognitive behavior and other therapies administered on an individual or group			The ASAM Criteria p. 269	3
		2. Evidence that the activities are adapted to the patient's level of comprehension.				3
7.25	ASAM 3.7: Random Drug Screening	Evidence of random drug screening to monitor drug use and reinforce treatment gains as appropriate to the patient's individual treatment plan.			The ASAM Criteria p. 269	2
7.26	ASAM 3.7: Counseling and Clinical Monitoring	1. Evidence that there is counseling and clinical monitoring to promote successful initial involvement or reinvolved in and skill building for regular productive daily activity (such as work or school).			The ASAM Criteria p. 269	3
		2. Evidence that there is successful reintegration into family living.				2
7.27	ASAM 3.7: Evidence Based Practices	Evidence that evidence based practices and interventions are appropriate to the patient's state of readiness to change or are designed to facilitate the patient's understanding of the relationship between his/her substance use disorder and attendant life issues.			The ASAM Criteria p. 269	2
7.28	ASAM 3.7: Prescribed Medication Adherence	Evidence of regular monitoring of the patient's adherence in taking prescribed medications.			The ASAM Criteria p. 269	2
7.29	ASAM 3.7: Nursing Care	Evidence that there is an appropriate credentialed and licensed nurse responsible for monitoring the patient's progress and medication administration.			The ASAM Criteria p. 267	2
7.30	ASAM 3.7: Education Programs on Patient's Disorder(s)	Evidence that there are planned clinical program activities designed to enhance the patient's understanding of his/her substance use and/or mental disorder.			The ASAM Criteria p. 269	2
7.31	ASAM 3.7: Drug/Alcohol Nursing Assessment	Evidence of an alcohol or other drug-focused nursing assessment completed at time of admission.			The ASAM Criteria p. 266-267	2
7.32	ASAM 3.7: Family Services	1. Evidence that there are services for patient's family/significant others (when applicable).			The ASAM Criteria p. 269	3
		2. Evidence in the medical record shows that: Services for the patient's family and significant others were provided if accepted as offered.				3
7.33	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
7.34	ASAM 3.7WM: Appropriate Treatment and Services	Evidence exists in the patient record of the following therapies occurring:			The ASAM Criteria, p. 140	
		1. 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 were				3
		2. A Multidisciplinary individualized assessment and treatment occurred.				2
		3. Health and education services were provided (E.g. HIV, HEP C, TB education or testing given, medication education, etc.).				3
		4. Services to families and significant others were provided if assessed as needed and written into the treatment plan.				2
7.35	ASAM 3.7WM: Physician Assessment	Evidence in the patient record demonstrates daily monitoring and evaluation by a physician .			The ASAM Criteria, p. 139-140	3
7.36	ASAM 3.7WM: Nursing Assessment	Evidence in the patient record shows an assessment completed by a registered, licensed, or credentialed nurse at time of admission.			The ASAM Criteria, p. 139-140	3
7.37	ASAM 3.7WM: Nursing Oversight	Evidence in the patient record shows nursing oversight of medication administration and patient progress monitoring hourly or as needed.			The ASAM Criteria, p. 139-140	2
7.38	ASAM 3.7WM: Progress Notes (Treatment Implementation)	Evidence in the patient record indicates progress notes reflect implementation of the treatment plan.			The ASAM Criteria, p. 141	2
7.39	ASAM 3.7WM: Progress Notes (Treatment Response)	Evidence in the patient record indicates that progress notes document patient's response to treatment.			The ASAM Criteria, p. 141	2

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7.40	ASAM 3.7WM: Record of Specialty Services	Evidence in the patient record indicates referrals were made for specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive problems. Referral arrangements made if needed.		The ASAM Criteria, p. 139	2
7.41	ASAM 3.7WM: Clinical Testing	Evidence in the clinical record that appropriate toxicology and laboratory tests were conducted if needed		The ASAM Criteria, p. 139	2

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Section 11	Care Coordination.		Yes - 0	Notes and/or Deviations from Criteria	Source/Criteria	
			No - 0			
			N/A - 0			
11.1	ASAM 3.1, 3.5, 3.7: Treatment Plan - Case Management	Evidence that CM activities are reflected in the treatment plan			The ASAM Criteria, p. 226, 253, and 270-271	2
11.2	ASAM 3.1, 3.5, 3.7: Service Coordination	Evidence of coordination during the treatment episode of:			The ASAM Criteria, p. 226, 253, and 271	
		1. Related addiction treatment				2
		2. Health care				2
		3. Mental health				2
		4. Social				2
		5. Vocational				2
11.3	ASAM 3.1, 3.5, 3.7, 3.7WM: Transfer/Aftercare Planning	Evidence in the medical record shows that Transfer/Aftercare planning occurred, which includes:			The ASAM Criteria, p. 141, 224, 226, 246, 267, 300	
		1. Evidence of active discharge planning throughout the treatment episode.				3
		2. Referrals to more and less intensive LOC were done when indicated.				3
		3. Documentation of communication with other level(s) of care and referred services is present.				3
		4. Documentation of the review of all six ASAM Criteria dimensions as it relates to discharge/transfer decisions.				3
11.3.e	ASAM 3.1, 3.5, 3.7: Discharge/Aftercare	Evidence that the patient was connected with the following at the time of discharge/transfer, if applicable, based on the review of all six ASAM Criteria dimensions and the treatment plan:			The ASAM Criteria, p. 224, 226, 253, 267, 300	
		1. Related addiction treatment				2
		2. Health care				2
		3. Mental health				2
		4. Social				2
		5. Vocational				2
11.4	ASAM 3.1, 3.5, 3.7: Support Systems	Evidence that the provider assessed the patient for the following non-treatment services:			The ASAM Criteria, p. 224, 226, 246, 267, 300	
		1. vocational assessment and training				2
		2. literacy training				2
		3. adult education				2
		4. If the provider DID assess but none of the above services were needed, stop here and answer N/A to the remaining questions.		If did not assess, please mark questions 11.4.2 - 11.4.7 with N/A.		N/A
11.4.1	ASAM 3.1, 3.5, 3.7: Provider Assessment	If the provider DID assess and the person had a need, answer the following questions: a. Were the services provided at the facility?				N/A
11.4.2	ASAM 3.1, 3.5, 3.7: Provider Assessment	b. If the services were provided at the facility, did the record include individualized notes to document patient progress and the patient's response to the support services? If yes, then answer 11.8.3 If no, then answer 11.8.4-11.8.7			The ASAM Criteria, p. 224, 226, 246, 267, 300	2
11.4.3	ASAM 3.1, 3.5, 3.7: Provider Assessment	c. If the services were not provided at the facility, did the member receive an outside referral for the services?				2
11.4.4	ASAM 3.1, 3.5, 3.7: Provider Assessment	d. If the services were not provided at the facility, was there evidence of coordination of care with external providers for the assessed need during the treatment stay?				2
11.4.5	ASAM 3.1, 3.5, 3.7: Provider Assessment	e. If referrals were not made for the patient to receive services concurrently, were referrals made at the time of discharge/transfer?				2
11.4.6	ASAM 3.1, 3.5, 3.7: Provider Assessment	f. Did the record include signed releases of information for the external support services or providers listed in the referrals?				1

General Comments

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