Reset Form

AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) RESIDENTIAL DESIGNATION APPLICATION

State Form 56503 (3-18)

FAMILY AND SOCIAL SERVICES ADMINISTRATION
Division of Mental Health and Addiction
402 West Washington Street, Room W353
Indianapolis, IN 46204-2739
Telephone: 317-232-7800
Fax: 317-233-3472

Please fill out completely, sign, and mail to the Certification Department at the address above.

GENERAL INFORMATION		
Program / Facility Name		
Physical Address of Facility *(number and street)*		County
City, State and ZIP code		
Telephone Number	Fax Number	Bed Capacity

SETTING	
(1)	☐ The program is a DMHA certified addiction treatment provider with sub-acute certification.

SERVICES	
(1)	Are twenty-four (24) hour supportive services available to residents? ☐ Yes ☐ No
	Does the program provide the following counseling services?
(2)	☐ Individual Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	☐ Group Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	☐ Educational Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	☐ Co-Occurring (CO) and Mental Health (MH) Treatment Services - If yes, on average, how many hours per resident per week? _____ hours

(3) Please indicate program staff conducting each service. *Check all that apply.*

License or Certification/ Registration	Individual Counseling Sessions	Group Counseling Sessions	Educational Counseling Sessions	CO/MH Treatment Services
LCAC	☐	☐	☐	☐
LCACa	☐	☐	☐	☐
LSW	☐	☐	☐	☐
LCSW	☐	☐	☐	☐
LMHC	☐	☐	☐	☐
LMFT	☐	☐	☐	☐
Psychologist	☐	☐	☐	☐
Physician	☐	☐	☐	☐
RN, APN, CNS, NP	☐	☐	☐	☐
LACa	☐	☐	☐	☐
LMHCa	☐	☐	☐	☐
LAC	☐	☐	☐	☐
Recovery Coach	☐	☐	☐	☐
CADAC IV	☐	☐	☐	☐
CADAC II	☐	☐	☐	☐
ICAC II	☐	☐	☐	☐
Other, *specify*:	☐	☐	☐	☐
Other, *specify*:	☐	☐	☐	☐

(4) *Please attach a weekly schedule of services with the individual, group, educational and/or other treatment services labeled, in order to validate the service hours listed above.*

(5) Name and licensure of the person providing clinical supervision.

POPULATION SERVED

Please identify the percentage of population served in each category. Total must equal 100%

(1) On average, over the past ninety (90) days, what percentage of residents were treated for moderate or severe substance use and addictive disorder without a co-occurring mental health disorder?

Percentage: _____

(2) On average, over the past ninety (90) days, what percentage of residents were treated for moderate or severe substance use and addictive disorder combined with a co- occurring mental disorder?

Percentage: _____

(3) On average, over the past ninety (90) days, what percentage of residents were treated for a substance use disorder combined with functional limitations that were primarily cognitive in nature? For example: Traumatic Brain Injury, Amnesia, Dementia, and Delirium.

Percentage: _____

SUPPORT SYSTEM	
(1)	Does the program offer telephone or in-person consultation with physicians and emergency services, twenty-four (24) hours per day, seven (7) days per week? ☐ Yes ☐ No
(2)	Does the program have a direct affiliation or coordination with other ASAM levels of care, or close coordination through referral to more/less intensive levels of care and other services? *Please check all that apply:* ☐ 0.5 ☐ 1 ☐ 2.1 ☐ 2.5 ☐ 3.1 ☐ 3.3 ☐ 3.5 ☐ 3.7 ☐ 4 ☐ Opioid Treatment Program (OTP)
(3)	Does the program have referral procedures in place for residents in need of pharmacotherapy for psychiatric or anti-addiction medications? ☐ Yes ☐ No If yes, how many referrals were made in the last ninety (90) days? _____
(4)	Please check the services offered **on-site and/or co-located** in the last ninety (90) days: ☐ Medical Services ☐ Psychiatric Services ☐ Psychological Services ☐ Laboratory Services ☐ Toxicology Services
(5)	Please check the services offered **through referrals** in the last ninety (90) days: ☐ Medical Services ☐ Psychiatric Services ☐ Psychological Services ☐ Laboratory Services ☐ Toxicology Services
ASSESSMENT / TREATMENT PLAN REVIEW	
	Does the program's assessment and treatment plan review include:
(1)	An individualized, comprehensive bio-psychosocial assessment of the resident's substance use disorder, conducted or updated by staff who are knowledgeable about addiction? ☐ Yes ☐ No ☐ I don't know
(2)	An individualized treatment plan, which involves problems, needs, strengths, skills, short-term measurable goals, preferences and activities designed to achieve those goals? ☐ Yes ☐ No ☐ I don't know
(3)	Updates made to the bio-psychosocial assessment and treatment plan that reflect clinical progress? ☐ Yes ☐ No ☐ I don't know
(4)	Physical examination and/or Health Questionnaire? ☐ Yes ☐ No ☐ I don't know
(5)	Ongoing transition / continuing care planning? ☐ Yes ☐ No ☐ I don't know

Staff	
(1)	Are staff members' available and on-site twenty-four (24) hours per day, seven (7) days per week? ☐ Yes ☐ No
(2)	Is there at least one individual who is a Licensed Professional trained in the treatment of substance use disorder available on-site or by telephone twenty-four (24) hours per day, seven (7) days per week? ☐ Yes ☐ No
(3)	Does the program have a Medical Doctor on staff or on contract? ☐ Yes ☐ No

I attest that the information contained in this application is accurate, true, and complete in all material aspects.

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE *(month, day, year)*

Please enter contact information of the person that can be reached for a follow-up phone conversation.

NAME	TITLE	E-MAIL	TELEPHONE

ASAM LEVELS OF CARE

ASAM Level of Care	Title	Description
0.5	Early Intervention	Services for individuals who are at risk of developing substance-related disorders
1.0	Outpatient Services	Outpatient treatment (usually less than nine (9) hours a week), including counseling, evaluations, and interventions
2.1	Intensive Outpatient Services	Nine (9) to nineteen (19) hours of structured programming per week (counseling and education about addiction-related and mental health programs)
2.5	Partial Hospitalization Services	Twenty (20) or more hours of clinically intensive programming per week
3.1	Clinically Managed Low-Intensity Residential Services	Twenty-four (24) hour supportive living environment; at least five (5) hours of low-intensity treatment per week
3.5	Clinically Managed High-Intensity Residential Services	Twenty-four (24) hour living environment, more high-intensity treatment (level 3.7 without intensive medical and nursing component)
3.7	Medically Monitored Intensive Inpatient Services	Twenty-four (24) hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting
4.0	Medically Managed Intensive Inpatient Services	Twenty-four (24) hour inpatient treatment requiring the full resources of an acute care or psychiatric hospital
OTP	Opioid Treatment Program	Pharmacological and non-pharmacological treatment in an office-based setting (methadone)

GLOSSARY

Medical Services – Highly skilled specialists prescribing medicine and providing medical treatment or any other necessary services to prevent, alleviate, or heal physical illness or injury.

Psychiatric and Psychological Services – Highly skilled specialists providing expert assessment and care to individuals who have mental, addictive and emotional disorders.

Laboratory Services – General and advanced techniques used to examine blood and tissue samples to help physicians diagnose diseases and conditions.

Toxicology Services – Analysis of urine or blood to detect the presence of chemicals.