



# Office of Addiction Services and Supports

## Impaired Driver Services

### Self-Assessment Review Form for Private Practitioners

#### INSTRUCTIONS

*This self -assessment tool addresses OASAS requirements for providing clinical Impaired Driver Services, as described in the “Standards for Clinical Services Provided to Individuals Arrested for an Impaired Driving Offense.” See: <file:///standards-clinical-service-impaired-driving>*

*Providers are required to adhere to the Provider Capability Standards at all times. Providers who do not maintain compliance with the Standards shall, at OASAS’ discretion, be placed on probation, suspended or removed from the OASAS-approved Clinica Provider List.*

*This tool is designed to serve as a voluntary, risk -management tool for approved practitioners to assess the effectiveness and compliance of their impaired driver clinical services and related documentation. **Practitioners are strongly encouraged to regularly complete self -assessments as an integral part of their quality improvement and compliance programs in order to minimize the risk of non -compliance with OASAS standards.***

#### Sample Size

Determine the total number of individuals who received impaired driver services following their arrest for an impaired driving offense over a given period [this may be one month, one quarter or another longer timeframe]. If treatment services are also provided by your practice, make sure to include a time period which allows for completed treatment episodes and discharges. Select a long enough period to provide a sufficient sample size.  <b>The sample should include a minimum of 10 individuals;</b> the assessment form is designed to accept up to 30 individuals per sheet.	Time period to be sampled:
	Total # served in period =
Multiply the total number served times 10% to calculate # of cases to include in the sample.	<b>Sample size =</b>

#### Selection

Randomly select a range of service dates during the sampling period, and select a number of individuals who received impaired driver services (screening, assessment, treatment) on each of those dates. Pick as many different individuals as possible. If there are several practitioners in your practice, select cases from as many different counselors as possible.

## Assessment/Data Entry

- Review the *Self-Assessment Review Form* in conjunction with the detailed “*Standards for Clinical Services Provided to Individuals Arrested for an Impaired Driving Offense.*” [Standards]
- Collect all files corresponding to the individuals selected as part of the sample.
- Enter the Impaired Driver Client ID # and the dates of service for each individual in the first two columns on each sheet.
- Systematically review each client file and enter a response in each column. The self-assessment process is intended to help identify areas of risk and deficiencies that may need to be addressed through changes in your policies and procedures. Therefore, it is critical to the integrity and usefulness of the process that you honestly and consistently assess the appropriateness of documentation **found in the files at the time of the self-assessment.**

## Documentation Details

- (5)(G)(1) Assessments must be based on clinical face-to-face interviews with individual and collateral contacts. Documentation must specifically address each element specified in the *Standards*.
- (5)(E)(1) Ethanol with Ethyl Glucuronide (EtG) must be included in the initial drug panel and test results clearly documented.
- (5)(E)(2) The client’s *Abstract of Driving Record* must be reviewed during the initial screening/assessment period and again before making a determination as to whether or not treatment is recommended.  
Abstract review dates should be recorded in the client record.
- (5)(E)(3) Client records should indicate which official documents were reviewed regarding the violation. This is typically an arrest or incident report and/or a traffic ticket.
- (5)(G)(2) For each clinical assessment, all information necessary to make a diagnosis of alcohol-related or substance use-related disorder must be clearly documented in the client record. Findings related to each element, as well as a primary diagnosis and a diagnostic summary, must be provided. Ambiguous or partial notes are not acceptable.
- (6) Each decision to admit for treatment must be clinically appropriate and documented in the client record. If an individual is deemed inappropriate for outpatient treatment, a referral to another level of care shall be made unless no treatment is recommended. Justification for any level of care shall be provided in writing to the individual.
- (7) For any client admitted to treatment, a Treatment Plan must be developed in collaboration with the individual that specifies initial goals, objectives and interventions tailored to the individual’s needs. The Treatment Plan defines the rationale for any services provided and should be regularly reviewed and updated. Progress notes must be written after each session and should provide a chronology of the individual’s progress related to his/her established goals.
- (9) Prompt online reporting to the OASAS Impaired Driver System (IDS) is required for all screening/assessments conducted of individuals arrested for impaired driving offenses, regardless of the source of referral for such an assessment [e.g., court, IDP, private attorney, self-referral].

## Scoring

- Enter a response in each column on the *Self-Assessment Form*, as follows:

<b>Y</b>	Yes
<b>N</b>	No
<b>P</b>	Partial
<b>NA</b>	Not Applicable
<b>CD</b>	Cannot Determine

- After all files have been reviewed, look across each row on both pages and identify any **N, P and CD** responses. Enter a “1” in the “**SCORE**” column on page 2 if an N, P or CD is indicated in one or more columns in that row. If no N, P or CD responses occur, enter a “0”. Complete this tally for each row, entering either a “1” or “0” for each individual in the SCORE column on page 2.
- Add up the **TOTAL** of all SCOREs and enter this at the lower right corner box on page 2.
- Divide the TOTAL by the number of cases selected for the sample to determine “**Deficiency Rate.**”

$$\underline{\hspace{2cm}} \div \underline{\hspace{2cm}} = \underline{\hspace{2cm}}\%$$

(Total - page 2)    (# in sample)    (Def. Rate)

### Analysis/Corrective Action

Practitioners should take steps to ensure that any identified deficiencies are addressed as soon as possible.

Any deficiency ratio greater than 10% indicates serious deficiencies and non-compliance with OASAS *Standards*. Steps should immediately be taken to analyze these identified problems and implement corrective action.

Example 1: Your self-assessment determines that reviews of *Abstracts of Driving Records* are not being documented in client files on a regular basis. You may want to review the process of accessing these via the IDS data system and possibly conduct a brief training session with other members of your practice as a corrective action.

Example 2: You determine that Treatment Plans are consistently generic with no individualized goals and objectives identified. As a corrective action, you may adopt a new policy and protocol that uses an OASAS Model Case Record Form such as the [Individual Treatment/Recovery Plan \(TA-7\)](#) and other resources available on the OASAS website.

Practitioners that identify serious deficiencies on an on-going basis may request technical assistance from OASAS by contacting Impaired Driver Services at: [ImpairedDriver@oasas.ny.gov](mailto:ImpairedDriver@oasas.ny.gov).

Additional resources are available at:

<https://oasas.ny.gov/providers/impaired-driver-screening-services>