New York State Office of Addiction Services and Supports
Impaired Driver Services Private Practitioner Self-Assessment Scoring Sheet

This self-assessment form includes three pages/worksheets; these can be accessed by clicking the tabs on the lower left of this page. Refer to "Instructions" for more information on completing this self-assessment.

Practice or Practitioner Name/Address:	
Assessor's Name:	
Date of Assessment:	

Sample Size:

Determine the total number of individuals who received impaired driver services over a given period. Select a long enough period to provide a sufficient sample size.	Time period to be sampled =	
	Total # served in period =	
Multiply the total # served times 10% to calculate number of cases to include in sample.	**Sample Size =**	

Scoring:

Enter the SCORE [either 1 or 0] for each individual in the SCORE column on page 2.		
Calculate the **TOTAL of all SCOREs** and enter this in the lower right corner on page 2.	Total from Page 2 =	
Divide the TOTAL by the number of cases selected for the sample to determine "**Deficiency Rate**"	**Page 2 Total ÷ Sample Size = DR %**	

Analysis/Corrective Action:

Problem Identified:	Corrective Actions to be Taken:

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		IMPAIRED DRIVER ASSESSMENT [Standards Section 5]												
Impaired Driver Client ID#	***Dates of Service***	G(1)(a) Presenting Problem. Did the practitioner include all required components?	G(1)(b) Substance Use, Abuse, and Dependence History. Did the practitioner includeall required components?	G(1)(c) Education and Employment. Did the practitioner include all required components?	G(1)(d) Mental Health and Emotional Health. Did the practitioner include all required components?	G(1)(e) Medical / Health. Did the practitioner include all required components?	G(1)(f) Family. Did the practitioner include all required components?	G(1)(g) Social / Leisure. Did the practitioner include all required components?	G(1)(h) Legal Involvement. Did the practitioner include all required components?	E(1) Did the practitioner conduct a Urine Alcohol and Drug Screening Test (including EtG)?	E(2) Did the practitioner review the Abstract of Driving Record?	E(3) Did the practitioner review Official Documentation of the Violation?	E(4) Did the practitioner conduct Interviews with Collateral Sources?	G(2) Clinical Diagnosis. Did the practitioner accurately complete a diagnosis for alcohol-related or substance-related disorder?
Example: 123456	3/1/12-4/1/12	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y

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		IMPAIRED DRIVER ADMISSION AND TREATMENT SERVICES [Standards Sections 6 & 7]									IMPAIRED DRIVER RECORD-KEEPING, REPORTING and SPACE [Standards Sections 8, 9 & 10]					
Impaired Driver Client ID#	***Dates of Service***	(6A) If client was admitted to treatment services, was the individual diagnosed with a substance use disorder?	(6B) If the individual was deemed inappropriate for treatment, was a referral to an appropriate level of care made?	(7A) Was a written treatment plan completed within 2 treatment sessions in collaboration with the individual?	(7C) Does the treatment plan specify the treatment goal(s) and objectives including methods for measuring progress?	(7D) Were treatment services provided in accordance with the treatment plan?	(7E) If individual was not responding to treatment, was this documented and was Tx plan revised accordingly?	(7F) Were accurate and clinically appropriate progress notes written after every session?	(7G) Was the individual discharged based on successful completion of treatment?	(7H) Was a discharge summary developed within 45 days of discharge and included in the individual's record?	(8A) Does practitioner maintain clinically appropriate and separate records for each individual?	(8B) If treatment was provided, does the individual record include all appropriate document-ation?	(8C) Is an appropriate area designated for locked storage and secure maintenance of individual records?	(9A) Does practitioner comply with the requirements of the Impaired Driver System (IDS)?	(10A) Is space provided which affords privacy in an interruption-free and professional setting?	**SCORE**
Example: 123456	3/1/12-4/1/12	Y	NA	Y	Y	Y	NA	Y	**CD**	N	Y	Y	Y	Y	Y	**1**
															TOTAL	