

## ADULT ASAM CRITERIA ASSESSMENT INSTRUCTIONS

**REQUIRED FORM:** This form is required within the client file.

**WHEN:** Form to be completed by LPHA/SUD counselor with the client during the assessment/admission process for adult clients in a SUD program.

**All providers** - Providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice.

**Residential Providers** – For the purposes of the “Multidimensional Assessment” required within 72 hours, residential providers will use the Optum SUD Residential Authorization Request and submit to Optum within 72 hours of admission.

**PURPOSE:** To assess for Medical Necessity and appropriate level of care. Increased collaboration between LPHA/SUD counselor and client by use of Evidence Based Practices will result in a more comprehensive and useful assessment.

**NOTE:** A separate care plan is no longer required (i.e. Peer Support Specialist Service, Perinatal Plan of Care, documentation of a client's need for a physical exam, etc.) Required care plan elements can be notated within the assessment record, problem list, progress notes, or by using a dedicated care plan template.

### REQUIRED ELEMENTS:

- **Client Name:** Enter “Client Name.”
- **UCN:** Complete by entering the client's SanWITS' Unique Client Number (UCN).
- **Place of Interview:** Location of assessment (jail, program, etc.)
- **Date of Assessment:** Date of assessment
- **If referral is being made but admission is expected to be DELAYED, reason:** (Must select one of the reasons below, if applicable)
  - Waiting for level of care availability
  - Hospitalized
  - Waiting for ADA accommodation
  - Waiting for language-specific services
  - Incarcerated
  - Waiting for other special population-specific svcs
  - Patient preference
  - Other: (if selected, must explain): \_\_\_\_\_

**Dimensions 1 thru 6:** Considering client's current needs, choose the appropriate current risk level 0-4. Document any clarifying comments/Level of Care indications using information obtained from all intake screening forms, assessments, problem list (if there are previous) and the client and significant other's current input.

1. Acute Intoxication and/or Withdrawal Potential
  - Must include assessment of vaping, cigarette, and other methods of nicotine and/or tobacco use.
  - Alcohol and Other Drug Treatment History: If YES, document details for type of treatment, treatment facility, dates of treatment, and treatment completed.
2. Biomedical Conditions and Complications
  - **Medically Assisted Treatment:** Check Yes or No.
    - If yes, list medication(s) and where did you obtain this?
  - If recently enrolled in Medi-Cal, have you received a health screening to identify health needs within 90 days of Medi-Cal enrollment? Check Yes or No.
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problem Potential
6. Recovery Environment

**ASAM Summary of Multidimensional Assessment:**

Transfer information gathered from medical records and brief assessments to the table.

**1. SUD Diagnosis with severity indicator**

- a. **Enter Provisional DSM-5 Diagnostic Label(s) & ICD-10 Code(s):** Ensure to utilize correct DSM-5 diagnostic label and ICD-10 code; a diagnosis of Substance Use will be the primary and listed first. There can be additional DSM-5 Diagnostic Labels and ICD-10 codes listed as well, but will need to follow the SUD label if appropriate

**2. Document whether the diagnosis is Provisional or Confirmed. If Confirmed document the Diagnostic Tool Used, if any.**

**3. Co-occurring Diagnosis, if any.**

**4. Other Diagnosis, if any.**

**5. Diagnosis Narrative:** Document the basis or justification for the diagnosis using applicable DSM-5 criteria. Narrative should be individualized to capture specific substances and examples for each criterion. Clearly document if the diagnosis is provisional. Include all applicable DSM-5 specifiers, including date of last use, and if a client has only maintained sobriety in a Controlled Environment.

- **Completed by:** Print name, signature, credentials, and date, if applicable.

***\*PLEASE NOTE THAT REGISTERED NURSES (RNs) MAY NOT DIAGNOSE\****

- **Clinical Supervisor (as required):** LPHA's Print name, signature, credentials, and date.

*\*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LPC), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family LPHA (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.*