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."
- **Client ID:** Complete by entering the client's SmartCare Unique Client ID.
- **Effective date**: Enter date of completion of tool
- **Status**: Complete by entering if this is a new/updated assessment
- **Author**: Complete by entering staff person completing the tool
- **Type of Assessment:** Enter Brief Initial Screening, Initial Screening, or Follow-up

Dimensions 1 thru 6: Considering client's <u>current</u> needs, choose the appropriate <u>current</u> 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 <u>current</u> input.

*Complete each question by following the prompts in the ASAM Criteria Assessment Interview Guide (2022). Do not leave questions unanswered.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

- **Question 1:** I am going to read you a list of substances. Could you tell me which ones you have used, how long, how recently, and how you used them?
  - Must include duration of continued use, frequency in last 30 days, and route of administration (all that apply).
  - Must include assessment of vaping, cigarette, and other methods of nicotine and/or tobacco use.
- **Substance Use History: Questions 2-8**
  - Use motivational interviewing skills to develop discrepancy between any problems mentioned and the patient's assessment of whether addiction is a problem.
  - The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Problem Statements and Goals (Optional, for treatment planning purposes): Questions 9-12**
  - Get quotes in the patient's own words. Remember to create goals that are concrete, measurable, and achievable.
- **Severity Rating: Dimension 1**
  - Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 1. Choose the appropriate CURRENT risk level 0-4.
  - For guidance assessing risk, please see Risk Rating Matrices in *The ASAM Criteria,* 3rd ed.

Dimension 2: Biomedical Conditions and Complications

- **Questions 1-12**
  - Healthcare providers should be identified for collaboration and releases of information obtained.
  - Use motivational interviewing (MI) skills to explore impact of any substance use that may be risky.
- **Self-Report Scales: Questions 13-16**
  - The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Problem Statements and Goals (Optional for treatment planning purposes): Questions 17-19**
- **Severity Rating: Dimension 2 (Biomedical Conditions and Complications)**
  - Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 2.
  - For guidance assessing Dimension 2, see ASAM Criteria, 3rd ed. "Assessment Considerations" text box at the bottom of page 45.
  - For guidance assessing risk ratings and modalities for Dimension 2, see text box "Dimension 2: Biomedical Conditions and Complications" on page 76 of *The ASAM Criteria,* 3rd edition.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

- **Questions 1-12**
- **Self-Report Scales: Questions 13-19**
  - The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Severity Rating: Dimension 3 (Emotional, Behavioral, or Cognitive Conditions and Complications)**
  - Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 3:
  - For guidance assessing Dimension 3, see ASAM Criteria, 3rd Ed. p. 46-48 and p. 77-81.

September 2024

o   For guidance assessing cognitive impact on placement, see ASAM Criteria, 3rd Ed. p. 234.

Dimension 4: Readiness to Change
- **Question 1:** I am going to read you a list of items that are sometimes impacted by alcohol or other drug use. Please indicate how much your alcohol or other drug use affects these aspects of your life. The response options are, "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Questions 2-8**
- **Self-Report Scales: Questions 9-14**
  - o   The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Problem Statements and Goals (Optional, for treatment planning purposes)**
  - o   If the patient is not ready to change alcohol or other use, are they ready for changes in other areas? Probe to get more information regarding other areas that patient may want to change.
- **Severity Rating: Dimension 4 (Readiness to Change)**
  - o   Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 4:
  - o   For guidance assessing Dimension 4, see *The ASAM Criteria*, 3rd Ed. The "Assessment Considerations" text box at the top of p. 50.

Dimension 5: Relapse, Continued Use, or Continued Problem Potential
- **Questions 1-6**
- **Self-Report Scales: Questions 7-16**
  - o   The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Problem Statements and Goals (Optional, for treatment planning purposes): Questions 17-18**
- **Severity Rating: Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)**
  - o   Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 5.
  - o   To help identify possible emergencies, consider the likelihood that behaviors presenting a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, suicide, or neglect of a child) will occur in the very near future, within hours and days, rather than weeks or months. Follow emergency protocols for your agency and county in situations involving imminent danger and reportable events.
  - o   For assistance in assessing Dimension 5, see ASAM Criteria, 3rd ed. Pages 51-52, and pages 85-87.

Dimension 6: Recovery/Living Environment
- **Questions 1-18**
- **Self-Report Scales: Questions 19-20**
  - o   The response options are either "Yes/No" or "Not at all," "A Little," "Somewhat," "Very," or "Extremely."
- **Problem Statements and Goals (Optional, for treatment planning purposes): Questions 21-24**
- **Severity Rating: Dimension 6 (Recovery/Living Environment)**
  - o   Select the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 6.
  - o   See pgs. 53, 88 and 89 in *The ASAM Criteria,* 3rd ed, for assistance with assessing Dimension 6.

September 2024

ASAM Summary of Multidimensional Assessment

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

- **SUD Diagnosis with severity indicator**
  - o **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
- **Document whether the diagnosis is Provisional or Confirmed.**
  - o If Confirmed document the Diagnostic Tool Used, if any.
- **Co-occurring Diagnosis, if any.**
  - o If Confirmed document the Diagnostic Tool Used, if any.
- **Other Diagnosis, if any.**
- **Check option for severity of each diagnosis as "Mild", "Moderate", or "Severe".**
- **Document the Severity Ratings for Dimensions 1 thru 6:**
  - o Consider the client's current needs, choose the appropriate current risk level 0-4. Document any clarifying comments in the "Notes" section.
  - o A higher severity rating indicates a need for higher intensity and dosage of services as well as a lower level of patient functioning.
- **Withdrawal Management (WM)**
  - o Enter a response for substances for which WM is indicated (Check all that apply)
  - o If applicable, check the appropriate WM level of care.
    - ▪ Forced or non-medically directed withdrawal can be dangerous, is unethical, and is counterproductive. Safe and comfortable withdrawal enhances engagement in treatment.
    - ▪ There is a continuum of withdrawal management. For example, if withdrawal is not stabilized at Level 2, then patient should be raised to Level 3.
    - ▪ Level 3.2WM can be considered for patients who need 24-hour support to complete withdrawal management/increase likelihood of continuing treatment, and who can self-administer medications with supervision.
  - o Medications for Addiction Treatment
    - ▪ Medications are available for treatment of acute withdrawal from opioids, alcohol, sedatives, and nicotine and for ongoing treatment of opioid, alcohol and nicotine use disorder.
    - ▪ These should be offered to patients entering treatment.

- **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.

September 2024