



## Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening – Instructions

The information gathered in this screening will assist in determining the appropriate level of care for the client. It will also assist in determining if medical or psychiatric clearance may be needed prior to entry to a residential treatment program.

Screener: Answer questions in their entirety. Solicit enough information from the client and document that information thoroughly to ensure appropriate risk assessment determination and placement.

**Note:** Length of residential treatment services are determined by a Licensed Practitioner of the Health Arts (LPHA) based on medical necessity.

### Application of the ASAM Tools:

- **Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening (SUDRS031)** - is completed at admission for all levels of care
- **Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening (SUDRS031)** - is completed at request for a 6 month justification for stay
- **Adolescent (Age 12-17) and Young Adult (Age 18-20) Transition (SUDRS033)** - is completed when the client is moving from one level of care to another, within 14 days of discharge
- **Adolescent (Age 12-17) and Young Adult (Age 18-20) Transition (SUDRS033)** - is completed with each updated treatment plan
  - **Note:** If the young adult has turned 21 during the treatment episode, utilize the **Adult (Age 21 and Over) DMC-ODS Transition Form (SUDRS026)**
- **SUDRS Intake Assessment (SUDRS025)** – is completed at each admission (intake)

### CONFIDENTIALITY DISCLOSURE AND PATIENT DATA

Confidentiality disclosures and regulations are at the bottom of each page.

- Patient name, date of birth, chart number, and program are located to the right of the disclosures and **must** be filled out on each page.

### SCREENING INFORMATION:

- Date: Insert the date the Adult ASAM (21+) Level of Care Screening is being completed
- Screener: Enter the name of the AOD Counselor and/or Licensed Practitioner of the Healing Arts (LPHA) completing the Adult ASAM (21+) Level of Care Screening
- Title: Enter AOD Counselor’s or Licensed Practitioner of the Healing Arts’ (LPHA) title
- Provider: Enter the name of the Provider completing the Adult ASAM (21+) Level of Care Screening
- Location: Enter the location of the Provider completing the Adult ASAM (21+) Level of Care Screening

### CLIENT INFORMATION:

- Enter the client’s name in the order of last name and first name
- Enter current location/address (may be different from their home address)
- Enter client’s phone number

## **IMMEDIATE NEED PROFILE**

Each client will be screened for immediate need when seeking SUD services, whether it be in person or over the phone. This will assist in determining if the client should be referred for emergency medical and/or psychiatric services; or in determining if an urgent appointment is appropriate for the client. *Refer to DBH's Urgent and Emergency Conditions Procedure (MDS2031).*

### **Complete all immediate need questions in all six dimensions**

Utilize the key to determine appropriate next steps:

- **If yes was answered to questions in dimension 1, 2 and/or 3, consult with Supervisor/LPHA/Physician and refer to emergency services as necessary; do not complete the rest of the ASAM Level of Care Screening form**
- Include a narrative of the outcome of the immediate need profile: (Example: Client was having life threatening withdrawal situation, referred client to call 9-1-1)
- Continue to complete the entire ASAM Level of Care Screening to determine if a need exists for an urgent appointment

## **ADOLESCENT (AGE 12-17) AND YOUNG ADULT (AGE 18-20) ASAM LEVEL OF CARE SCREENING**

- Date: Insert date the Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening is being completed
- Service Type: Check the appropriate box
- Screener: Enter the name of the AOD Counselor and or LPHA completing the Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening
- Title: Enter AOD Counselor's or Licensed Practitioner of the Healing Arts' (LPHA) title
- Provider: Enter the name of the Provider completing the Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening
- Location: Enter the location of the Provider completing the Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care Screening

### **Client Information**

- Enter the client's name in the order of last name, first name and middle name
- Enter the client's date of birth
- Enter the client's age
- Enter the client's Social Security Number
- Enter the client's Race/Ethnicity
- Enter the client's phone number (home, cell, or any other contact number)
- Ask the client if it is ok to leave a voicemail mail? Check appropriate response - Yes or No
- Enter the client's address. If homeless, enter clinic address (*for SARC callers enter RBATS address*)
- Enter the City, Zip Code and County of the corresponding address
- Enter the client's primary language
- Enter the client's preferred language – this is the language they prefer to receive written material in
- Does the client have Medi-Cal? Check Yes or No
- Enter the client's Medi-Cal ID number, if applicable
- Check the box for the appropriate funding source (Some of the funding sources require a referral. Treatment Providers must ensure they have appropriate referrals in client files. If the client does not provide a valid referral, it is the responsibility of the treatment provider to initiate the process to obtain the appropriate referral. Please note: For all clients, Medi-Cal will be billed regardless of the funding source indicated. A funding source is indicated to ensure services are covered by another source of funding in the event there is no Medi-Cal eligibility.)

- Check the appropriate box for the client's gender
- Check the appropriate box for the client's living arrangement
- Enter Parent/Guardian name and phone number
- Check the appropriate box for priority population

### **Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential**

In the table, enter the substances the client identifies as currently utilizing or has used in the past

- Alcohol and/or Drug Types – enter information for all applicable options. If “Other”, type in the name of the drug
- Recent Use? (Past 6 months) – check this box if client has used this alcohol or drug in the past 6 months
- Prior Use (Lifetime) – check this box if this alcohol or drug has ever been used by the client
- Route (IV, Smoke, Snort, Oral, Other) – select the appropriate option from the drop-down menu
- Frequency (Daily, Weekly, Monthly) – select the appropriate option from the drop-down menu
- Age of First Use – enter the numerical option
- Quantity Used – enter the client's indicated quantity used based on the indicated frequency of use
- Duration at This Quantity – enter the duration as a numerical value in the amount of days, months or years
- Date of Last Use – enter the date the client last used this alcohol or drug

Questions 1 – 5: Ask the client the questions, select the corresponding Yes or No response. If applicable, ask the client to briefly describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential.

Choose a severity rating of 0 - 4 for Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk for substance use, intoxication and risks associated with withdrawal.

Enter a narrative justification for the risk rating selected in the space provided.

### **Dimension 2: Biomedical Conditions and Complications**

Questions 1 – 4: Ask the client the questions, select the corresponding Yes or No response. If applicable, ask the client to briefly describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 2: Biomedical Conditions and Complications.

Choose a severity rating of 0 - 4 for Dimension 2: Biomedical Conditions and Complications, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk for physical health problems and how that may impact the client's treatment placement.

Enter a narrative justification for the risk rating selected in the space provided.

**Note:** Remind client of mandated reporting requirements and any information disclosed during the screening may result in a referral to the appropriate agency.

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

Ask the client if they have any of the items listed in the table. Select all that apply.

Questions 1 – 8: Ask the client the questions, select the corresponding Yes or No answer. If applicable, ask the client to briefly describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications.

Choose a severity rating of 0 - 4 for Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk for mental health problems and how that may impact the client's treatment placement. ***\*If the client scores a 3 or 4 in severity, offer a referral for mental health services.***

Clearance Needed: Based on the client's responses, determine if medical, psychiatric, or both clearances are needed. Inform the client if medical/psychiatric clearance will be needed prior to placement into a residential program.

Enter a narrative justification for the risk rating selected in the space provided.

### **Dimension 4: Readiness to Change**

Questions 1 – 6: Ask the client the questions and check the appropriate box or enter the customer's response. If applicable, ask the client to briefly describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 4: Readiness to Change.

Choose a severity rating of 0 - 4 for Dimension 4: Readiness to Change, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk for readiness to change and engage in treatment and how that may impact the client's treatment placement.

Enter a narrative justification for the risk rating selected in the space provided.

### **Dimension 5: Relapse, Continued Use, or Continued Problem Potential**

Questions 1 – 5: Ask the client the questions and check the appropriate box or enter the customer's response. If applicable, ask the client to briefly describe their response and document in the space provided or mark the selections chosen by the customer. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 5: Relapse, Continued Use, or Continued Problem Potential.

Choose a severity rating of 0 - 4 for Dimension 5: Relapse, Continued Use, or Continued Problem Potential, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk for relapse, continued use or continued problems and how that may impact the client's treatment placement.

Enter a narrative justification for the risk rating selected in the space provided.

### **Dimension 6: Recovery/Living Environment**

Questions 1 – 5: Ask the client the questions and check the appropriate box. If applicable, ask the client to briefly describe their response and document in the space provided. The intent is to gather as much relevant information on each topic in order to best determine the client's severity rating for Dimension 6: Recovery/Living Environment.

Choose a severity rating of 0 - 4 for Dimension 6: Recovery/Living Environment, based on the client's current risk level (0 = None; 1 = Mild; 2 = Moderate; 3 = Severe; 4 = Very Severe). This is done by reading the descriptions for each severity level, considering the information that was gathered in this section, and choosing the rating that best describes the client's current level of risk due to their recovery and living environment and how that may impact the client's treatment placement.

**Note:** homelessness does not automatically mean the client is eligible for residential treatment. The risk of all 6 dimensions must be fully considered when deciding level of care placement.

Enter a narrative justification for the risk rating selected in the space provided.

**Notify the client that they will be assigned a County Care Coordinator once they are placed in a residential facility.**

### **Impairment Matrix**

The intent of the "Impairment Matrix" is to assist in determining the least intensive level of care that is appropriate based on the client's severity/functioning and service needs;

For each dimension, indicate the least intensive level of care that is appropriate based on the client's severity/functioning and service needs.

### **Residential Treatment Pre-Authorization**

**Note:** For Substance Use Disorder and Recovery Services Administration use only

- This form is utilized to pre-authorize residential treatment
- SUDRS Screener will complete all sections and provides this form to the pre-authorized Residential Treatment provider for inclusion in client file
- Enter the name of the SUDRS Screener, title, signature, date, telephone, and fax number.
- For SARC Staff: Screener provides a copy of the form to the SUDRS designated OA to be logged