



Division of Public and Behavioral Health Policy

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1.0 Policy

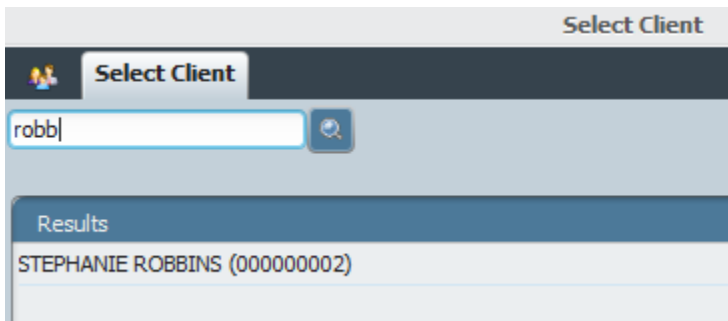
It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

All providers will complete the ASAM to determine level of care for each client based on medical necessity.

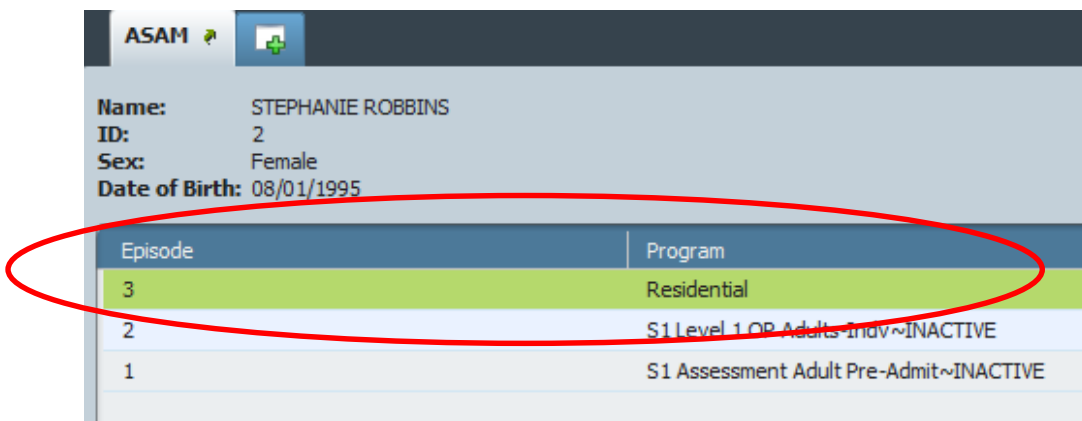
2.0 Procedure

NOTE: THIS POLICY AND PROCEDURE WILL NOT OUTLINE HOW TO ASSESS A CLIENT. INSTEAD, IT WALKS THROUGH THE PROCESS OF THE FORM IN AVATAR.

1. In the Search Forms field, type ASAM.
 - a. Double-click on the ASAM form.
2. The Search Client window will be displayed.
 - a. Search by Client ID # or Last Name.
 - b. Double-click the desired client.



2. If the client has more than one episode, the episode selection window will appear.
 - a. Double click on the episode you want to attach the ASAM to.



3. The ASAM form will be displayed, opening in Dimension 1.



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- a. ****Reminder:** All red fields are mandatory and must be completed.
 - i. Mandatory information is contained in dimension 1 and on the summary page.

4. Enter the **Date of the Assessment**.

A date input field with the label "Date of Assessment" in red text. The field contains a small calendar icon, a "T" button, a "Y" button, and a dropdown arrow.

5. Choose the **ASAM Type**.

- a. **Initial:** Choose this if this is the initial ASAM.
- b. **Continued Service:** Choose this for all ASAM reviews.
- c. **Discharge ASAM:** Choose this as your ASAM review at the time of discharge.

ASAM Type

Initial Continued Service

Discharge ASAM

6. Choose the **Assessing Practitioner** from the smart-search field.

- a. Search by Last Name.

Assessing Practitioner

A search input field with a magnifying glass icon on the right.

7. Complete Dimension 1 as well as the risk rating at the bottom.

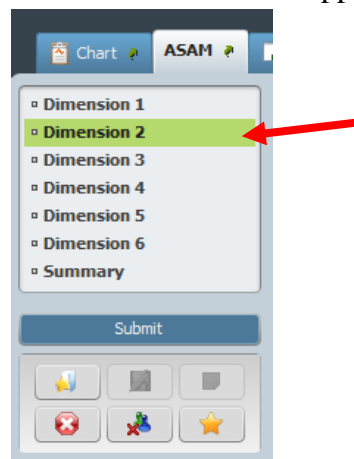
- a. If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.



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8. When completed with Dimension 1, click on Dimension 2 of the upper left hand side of the page.



9. Dimension 2: Enter all pertinent information and move forward to dimension 3.
- If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.



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Dimension 2: Biomedical Conditions and Complications

Are there current physical illnesses, other than withdrawal that need to be addressed?
 Yes No

Explain

Are there chronic conditions that need stabilization or ongoing disease management? (Pain Management)
 Yes No

Explain

Is there a communicable disease present?
 Yes No

Explain

Is the patient pregnant, what is her pregnancy history?
 Yes No

Explain

Dimension 2 Risk Rating
 0 - Low 1 - Mild 2 - Moderate 3 - Severity 4 - Utmost Severity

10. Dimension 3: Enter all pertinent information and move forward to Dimension 4.
- a. If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.

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

Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive conditions that need to be addressed?
 Yes No

Explain

Are there chronic conditions that need stabilization or ongoing treatment? (Bipolar, Anxiety)
 Yes No

Explain

Do any emotional, behavioral or cognitive signs or symptoms appear to an expected part of the addictive disorder?
 Yes No

Explain

Are signs and symptoms severe enough to warrant specific mental health treatment?
 Yes No

Explain

Is the patient able to manage the activities of daily living?
 Yes No

Explain

Dangerousness/Lethality?
 Yes No

Explain



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(bottom half was cut off)

11. Dimension 4: Enter all pertinent information and move forward to Dimension 5.

- If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.

Dimension 4: Readiness to Change

How aware is the patient of the relationship between his or her alcohol, tobacco, or other drug use or behaviors involved in the pathological pursuit of reward or relief and his or her negative life consequences.

Addiction
 Yes No

Remarks/Comments

Mental
 Yes No

How much does the patient feel in control of his or her treatment services?
 1 - Low Severity 2 - Moderate Severity
 3 - High Severity

Explain

Stage of Change Substance Use
 Precontemplation
 Contemplation
 Preparation
 Action
 Relapse Prevention/Maintenance
 Not Applicable

Stage of Change Mental Health
 Precontemplation
 Contemplation
 Preparation
 Action
 Relapse Prevention/Maintenance
 Not Applicable

Dimension 4 Risk Rating
 0 - Minimal/No Risk 1 - Mild Risk
 2 - Moderate Risk 3 - Significant Risk
 4A-Severe Risk-No Immediate Action Taken 4B - Immediate Action To Be Taken

12. Dimension 5: Enter all pertinent information and move forward to Dimension 6.

- If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.



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Dimension 5: Relapse, Continued Use or Continued Problem Potential

Is the patient in immediate danger of continued severe mental health distress and/or drug use?
 Yes No

Does the patient have any recognition or understanding of, or skills in coping with, his or her addictive or mental disorder?
 Yes No Yes No

Explain

Explain

Have addiction and/or psychotropic medications assisted in recovery before?
 Yes No Yes

Explain

What are the person's skills in coping with protracted withdrawal, cravings, or impulses?

How well can the patient cope with negative effects, peer pressure, and stress without recurrence of addictive thinking and behavior?

How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment?

How aware is the patient of relapse triggers and skills to control addiction impulses or impulses to harm self or others?

Explain

Explain

Dimension 5 Risk Rating

0 - Minimal/No Risk 1 - Mild Risk
 2 - Moderate Risk 3 - Significant Risk
 4A-Severe Risk-No Immediate Action Taken 4B - Immediate Action To Be Taken

13. Dimension 6: Enter all pertinent information and move forward to the Summary tab.

- a. If something is not applicable, enter N/A into the **Explain** field, without choosing **Yes** or **No**.

Dimension 6: Recovery/Living Environment

Do any family members, significant others, living situations, or school or work situations pose a threat to the person's safety or engagement in treatment?
 Yes No

Are there legal, vocational, regulatory (eg: professional licensure), social service agency, or criminal justice mandates that may enhance the person's motivation for engagement in treatment?
 Yes No

Explain

Explain

Does the individual have supportive friendships, financial resources, or educational or vocational resources that can increase the likelihood of successful recovery?
 Yes No

Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed?
 Yes No No Yes

Explain

Explain

Dimension 6 Risk Rating

0 - Minimal/No Risk 1 - Mild Risk
 2 - Moderate Risk 3 - Significant Risk
 4A-Severe Risk-No Immediate Action Taken 4B - Immediate Action To Be Taken



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- The Summary Tab is the last step of the ASAM.
- The Stage of Change Substance Use and the Stage of Change Mental Health should be the same choices as chosen in Dimension 4.

Summary

Stage of Change Substance Use	Stage of Change Mental Health
<input checked="" type="radio"/> Precontemplation	<input type="radio"/> Precontemplation
<input type="radio"/> Contemplation	<input type="radio"/> Contemplation
<input type="radio"/> Preparation	<input type="radio"/> Preparation
<input type="radio"/> Action	<input type="radio"/> Action
<input type="radio"/> Relapse Prevention/Maintenance	<input type="radio"/> Relapse Prevention/Maintenance
<input type="radio"/> Not Applicable	<input type="radio"/> Not Applicable

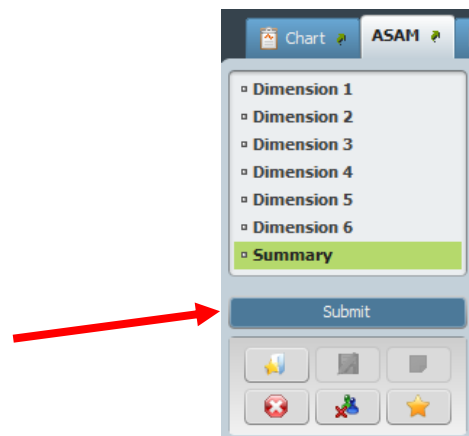
- The Level of Care Recommended and Level of Care Placement are mandatory fields that must be completed, based on the ASAM results.

▼

Level of Care Recommended	Level of Care Placement
▼	▼
Rationale for Deviation of Placement	
<input type="text"/>	

Level: The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.

- The Rationale for Deviation of Placement is a summary text box that must explain the deviation of placement as noted in the ASAM.
- When completed, click Submit on the upper left hand corner of the page. This will save and file the ASAM.



ASAM REVIEW (INTERIM):

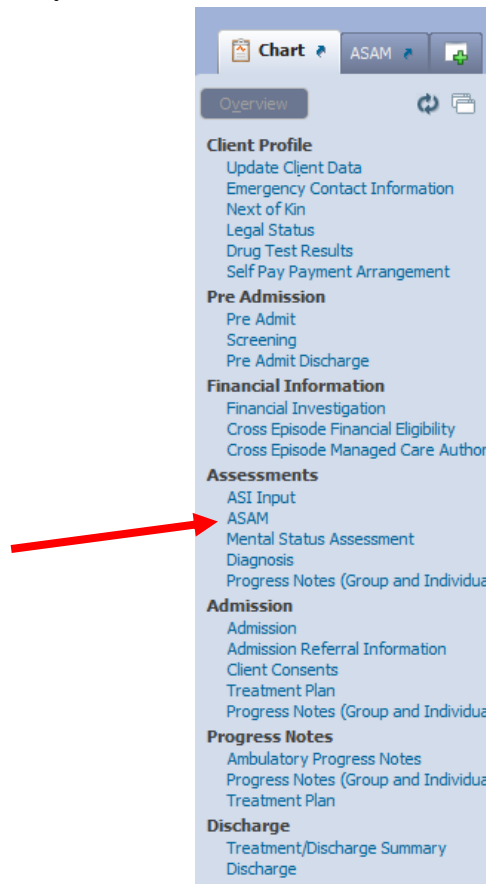


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While the ASAM form in Avatar is in the process of being built to be more robust, please follow this procedure for documenting an ASAM review.

19. Navigate to the original ASAM that was submitted for the specific Level of Care that you are reviewing.
20. From the chart view, click on **ASAM** on the left hand side.
 - a. Depending on your facility, this could be in a different location on the sidebar.



21. Navigate to the correct episode by using the tabs at the top of the chart view.

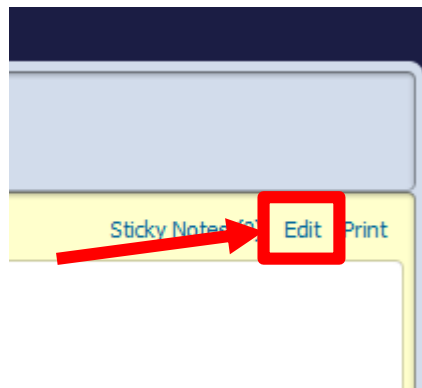


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The screenshot shows the ASAM system interface. At the top, there is a header for 'ASAM' with three tabs: '3: FASTT (0) 12/29/2015 - Active', '2: Level 1 Outpatient 10/05/2015 - 10/06/2015', and '1: S1 Comp Eval Adult Pre-Admit (0) 10/05/2015 - 10/05/2015'. Below the tabs, there are dropdown menus for 'Data Entry Date' and 'Data Entry Time', and a 'Clear Sort/Filter' button. A yellow banner indicates 'Submitted 10/05/2015 at 05:21 PM by sapta admin'. The main content area is divided into sections: 'Dimension 1: Date of Assessment: 10/05/2015', 'Dimension 4: Addiction: Yes', 'Remarks/Comments: gfdgdg', 'Mental: Yes', 'Remarks/Comments: fdgfdgfd', 'How ready, willing, or able does the patient feel to make changes?: fdhfdg', and 'Summary: Level of Care Recommended: 3.7-WM-MM Inpatient Withdrawal Mgmt, Level of Care Placement: 3.7-WM-MM Inpatient Withdrawal Mgmt'.

22. To edit the original **ASAM** in the system, click on **Edit** on the right hand side of the chart view.
- The chart view must reflect the **ASAM** data.



23. To document the **ASAM** review, see the example below:
- This will need to be done in each box that original data was documented.



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▼

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Date of Assessment

10/05/2015 T Y

ASAM Type

Initial Continued Service

Discharge ASAM

What risk is associated with patient's level of acute intoxication?

10/05/15 This is the original text.

12/15/15 This is the ~~ASAM~~ review text.

02/15/15 This is the second ~~ASAM~~ review text.