



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.

Select Client

Select Client

robb|

Results

STEPHANIE ROBBINS (000000002)

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.

ASAM

Name: STEPHANIE ROBBINS
ID: 2
Sex: Female
Date of Birth: 08/01/1995

Episode	Program
3	Residential
2	S1 Level 1 OP Adults Indv~INACTIVE
1	S1 Assessment Adult Pre-Admit~INACTIVE

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, 4, and on the summary page.

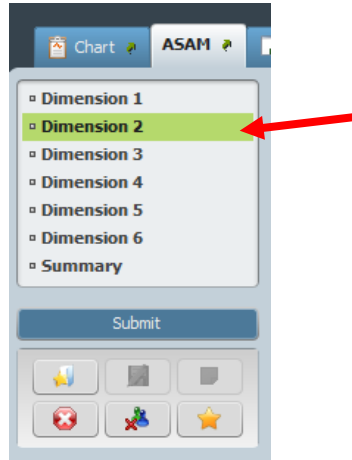
4. Enter the date of the assessment and other pertinent information on the Demimension 1 Form

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



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6. Dimension 2: Enter all pertinent information and move forward to dimension 3.

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

7. Dimension 3: Enter all pertinent information and move forward to Dimension 4.



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

<p>Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive conditions that need to be addressed?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>	<p>Are there chronic conditions that need stabilization or ongoing treatment? (Bipolar, Anxiety)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>
<p>Do any emotional, behavioral or cognitive signs or symptoms appear to an expected part of the addictive disorder?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>	<p>Are signs and symptoms severe enough to warrant specific mental health treatment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>
<p>Is the patient able to manage the activities of daily living?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>	<p>Dangerousness/Lethality?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Explain</p> <div style="border: 1px solid gray; height: 40px;"></div>

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



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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

Remarks/Comments

How ready, willing, or able does the patient feel to make changes?

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

(bottom part was cut off)

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



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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

Explain

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

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

How aware is the patient of relapse triggers, and skills to control addiction

(bottom part was cut off)

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

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 No Yes

Explain

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
 Yes No No Yes

Explain

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

Explain

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

Explain

Dimension 6 Risk Rating

0 - Low
 1 - Mild
 2 - Moderate
 3 - Severity
 4 - Utmost Severity
 4a - No immediate action is Required

11. The Summary Tab is the last step of the ASAM.



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12. The Stage of Change Substance Use and the Stage of Change Mental Health should auto populate based on the choices in Dimension 4.

Summary

<p>Stage of Change Substance Use</p> <p><input checked="" type="radio"/> Precontemplation</p> <p><input type="radio"/> Contemplation</p> <p><input type="radio"/> Preparation</p> <p><input type="radio"/> Action</p> <p><input type="radio"/> Relapse Prevention/Maintenance</p> <p><input type="radio"/> Not Applicable</p>	<p>Stage of Change Mental Health</p> <p><input type="radio"/> Precontemplation</p> <p><input type="radio"/> Contemplation</p> <p><input type="radio"/> Preparation</p> <p><input type="radio"/> Action</p> <p><input type="radio"/> Relapse Prevention/Maintenance</p> <p><input type="radio"/> Not Applicable</p>
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13. The Level of Care Recommended and Level of Care Placement are mandatory fields that must be completed, based on the ASAM results.

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Level of Care Recommended	Level of Care Placement
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Rationale for Deviation of Placement

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

14. The Rationale for Deviation of Placement is a summary text box that must explain the deviation of placement as noted in the ASAM.

15. When completed, click Submit on the upper left hand corner of the page. This will save and file the ASAM.

