

**ASAM LOC Recommendation**

Client Name: Client, Test

Client ID #: 99999

Date: 7.25.18

<b>1.</b>	<b>ACUTE INTOXICATION AND/OR WITHDRAWAL (W/D) POTENTIAL</b>	
<input checked="" type="checkbox"/>	0	Fully functioning, no signs of intoxication or W/D present.
<input type="checkbox"/>	1	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others. Minimal risk of severe W/D.
<input type="checkbox"/>	2	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe W/D.
<input type="checkbox"/>	3	Severe signs/symptoms of intoxication indicate an imminent danger to self/others. Risk of severe but manageable W/D; or W/D is worsening.
<input type="checkbox"/>	4	Incapacitated, with severe signs/symptoms. Severe W/D presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death).
<b>Comments/Level of Care Indications:</b> No signs of withdrawal or intoxication present.		

<b>2.</b>	<b>BIOMEDICAL CONDITIONS AND COMPLICATIONS</b>	
<input checked="" type="checkbox"/>	0	Fully functioning and able to cope with any physical discomfort. No biomedical signs/symptoms present, or biomedical problems are stable (ex. <u>Adolescents</u> : stable asthma or stable juvenile arthritis. <u>Adults</u> : stable hypertension or chronic pain).
<input type="checkbox"/>	1	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.
<input type="checkbox"/>	2	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present. Serious biomedical problems are neglected.
<input type="checkbox"/>	3	Poor ability to tolerate and cope with physical problems, and/or general health condition is poor. Serious medical problems neglected during outpatient or IOT services. Severe medical problems (ex. <u>Adolescents</u> : asthma or diabetes is complicated, or client is on a new treatment regimen; <u>Adults</u> : severe pain requiring medication, or hard to control Type 1 Diabetes) are present but stable.
<input type="checkbox"/>	4	The person is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).
<b>Comments/Level of Care Indications:</b> Clt is taking blood pressure meds as prescribed.		

<b>3.</b>	<b>EMOTIONAL, BEHAVIORAL OR COGNITIVE (EBC) CONDITIONS AND COMPLICATIONS</b>	
<input type="checkbox"/>	0	Good impulse control, coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).
<input checked="" type="checkbox"/>	1	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.
<input type="checkbox"/>	2	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.
<input type="checkbox"/>	3	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self/others, but not dangerous in a 24-hr. setting
<input type="checkbox"/>	4	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self/others.
<b>Comments/Level of Care Indications:</b> Clt's anxiety is high but he is taking his meds and comes to talk to staff when not doing well. He reports feeling depressed about his circumstances		

**ASAM LOC Recommendation**

Client Name: Client, Test

Client ID #: 99999

Date: 7.25.18

<b>4.</b>	<b>READINESS TO CHANGE (Consider both Substance Use and Mental Health Disorders)</b>	
<input type="checkbox"/>	0	Engaged in treatment as a proactive, responsible participant. Committed to change.
<input type="checkbox"/>	1	Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce or stop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.
<input checked="" type="checkbox"/>	2	Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)
<input type="checkbox"/>	3	Minimal awareness of need to change. Only partially able to follow through with treatment recommendations.
<input type="checkbox"/>	4	Unable to follow through, little or no awareness of problems, knows very little about addiction, sees no connection between substance use/consequences. Not willing to explore change. Unwilling/unable to follow through with treatment recommendations.
<p><b>Comments/Level of Care Indications:</b> Clt continues to appear externally motivated by his relationship with his wife and wanting to return home. He is becoming more receptive about discussing the negative consequences of all substances in his life.</p>		

<b>5.</b>	<b>RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL (Consider both Substance Use and Mental Health Disorders)</b>	
<input type="checkbox"/>	0	Low or no potential for further substance use problems or has low relapse potential. Good coping skills in place.
<input type="checkbox"/>	1	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.
<input type="checkbox"/>	2	Impaired recognition and understanding of substance use relapse issues. Able to self-manage with prompting.
<input checked="" type="checkbox"/>	3	Little recognition and understanding of relapse issues, poor skills to cope with relapse.
<input type="checkbox"/>	4	Repeated treatment episodes have had little positive effect on functioning. No coping skills for relapse/addiction problems. Substance use/behavior places self/others in imminent danger.
<p><b>Comments/Level of Care Indications:</b> Although he is being taught ways to become familiar with relapse triggers, he has difficulty articulating what his may be and has been easily agitated in program and demonstrates difficulty utilizing coping skills that are being taught.</p>		

<b>6.</b>	<b>RECOVERY ENVIRONMENT (Consider both Substance Use and Mental Health Disorders)</b>	
<input type="checkbox"/>	0	Supportive environment and/or able to cope in environment.
<input type="checkbox"/>	1	Passive/disinterested social support, but not too distracted by this situation and still able to cope.
<input type="checkbox"/>	2	Unsupportive environment, but able to cope with clinical structure most of the time.
<input type="checkbox"/>	3	Unsupportive environment and the client has difficulty coping, even with clinical structure.
<input checked="" type="checkbox"/>	4	Environment toxic/hostile to recovery (i.e. many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems). Unable to cope with the negative effects of this environment on recovery (i.e. environment may pose a threat to recovery).
<p><b>Comments/Level of Care Indications:</b> Should clt leave tx, he would still not be welcome to return home and would likely return to the streets where he had been using with acquaintances on the streets/in the park .</p>		

ASAM LOC Recommendation

Client Name: Client, Test

Client ID #: 99999

Date: 7.25.18

**Recommended Level of Care:** Enter the ASAM Level of Care that offers the most appropriate treatment setting given client's current severity and functioning. Please include specific level of care number (e.g. Level 3.5 Residential):  
3.1

**Actual Level of Care:** If a level of care other than the determination is provided, enter the next appropriate level of care. Please include specific level of care number (e.g. Level 2.1 Outpatient):  
3.1

**Reason for Discrepancy (Clinical Override):** If applicable, check the reason for Discrepancy between level of care recommended and actual level of care provided, and document the reason(s) why:


- Not Applicable
- Transportation
- Language/Cultural Considerations
- Other: \_\_\_\_\_
- Service not available
- Accessibility
- Environment
- Provider judgment
- Financial
- Mental Health
- Client preference
- Preferred to wait
- Physical Health

Explanation of Discrepancy/Comments:

**Designated Treatment Provider Name/Location:** N/A-Client admitted to this program.

**A face-to face interaction between the AOD counselor and the LPHA to verify the determination of medical necessity for the client regarding this ASAM LOC Recommendation form occurred on:** 6/10/2018 (if applicable)

<u>RSUD Counselor Name</u>	<u></u>	<u>7/25/18</u>
AOD Counselor Name (if applicable)	Signature (if applicable)	Date

<u>RSUD LCSW</u>	<u></u>	<u>7/25/18</u>
LPHA* Name	Signature	Date

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