

Best Practices for CA ASAM Assessment & Checklist

- Providers are required to utilize and complete the 6 Dimensions.
- Begin by assessing safety and risk, then prioritize other urgent needs.
- The *Brief Initial Screen* Assessment is reserved for System of Care only.
- *Initial CA ASAM Assessment* shall be finalized within 60 days (OS/IOS), of the assignment to the provider, unless there are documentation of any issues that prove to be a barrier to completion (i.e., acuity, homelessness, difficulty with engagement), 28 days (NTP/MAT), 10 days (Residential), areas deemed appropriate for urgent services (Withdrawal Management). *OS/IOS services Only: Complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards and best practice to be within 30/60 days.*
- The *Updated Assessment* shall be completed within the staff's clinical discretion (reasonable and within accordance with generally accepted standards of practice).
- The services provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether access criteria are met are covered and reimbursable, even if the assessment ultimately indicates that the person does not meet criteria for Substance Use Prevention and Treatment Services (SUPT).
- Include a typed or legibly printed name, staff signature, date of signature, and co-signature/date of co-signature (if applicable).
- Document the provider's recommendation & determination for medical necessity for services.
- The diagnosis and level of Care determination must be completed by a provider, operating in their scope of practice under California State law, who is licensed, registered, waived and/or under the direction of a licensed professional as defined in the State Plan.
- Comprehensive Assessments are collaborative, and information may be gathered from multiple sources including from the person in care, identified significant support persons, or previous health records. In addition, consider the person's developmental growth and cultural norms or expectations when gathering/documenting assessment information.
- Must be reviewed by the LPHA/LPHA Waived staff if completed by ADS counselor.
- Best practice is to work on your CA ASAM Assessment as you assess the member. Incorporate all the work that you spent evaluating, assessing the member's current status, gathering history of the individual's mental, emotional, or behavioral health including substance use or abuse or significant medical

conditions. Include self-report, collateral reports, diagnostic impressions and/or information gathering from a variety of screening tools.

- Cultural Considerations – Always consider any cultural/linguistic factors, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and other (LGBTQ+) or Black, Indigenous, and People of Color (BIPOC) identities, gender identifications, spirituality and/or religious beliefs, values, and practices.

The 6 Dimensions

**Assessments shall be documented within the CA ASAM Assessment within SmartCare*

- **Dimension 1: Acute Intoxication and/or Withdrawal Potential**
- Describe reasons for seeking services in the member's own words.
- Review the below list of substances and indicate details of use (Date of last use, Duration of, Continuous Use, Frequency in the Last 30 Days, Route).
- Review and document substance use history.
- Review any life-threatening withdrawal symptoms and history.
- Indicate severity rating (none, mild, moderate, severe, very severe)
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 1: What risk is associated with the member's current level of acute intoxication? Is there a significant risk of severe withdrawal symptoms or seizures, based on the member's previous withdrawal history, amount, frequency, chronicity and regency of discontinuation or significant reduction of alcohol or other drug use. Are there current signs of withdrawal? Does the member have support to assist in ambulatory detoxification, if medically safe?

Dimension 2: Biomedical Conditions and Complications:

- Physical Health Conditions - Relevant current or past medical conditions, including treatment history, information on help seeking for physical health treatment, allergies (including those to medications) should be clearly and prominently noted.
- Medications - Current and past medications, including prescribing clinician, reason for medication usage, dosage, frequency, adherence, efficacy/benefits, and if available, start/end dates or approximate timeframe.

- Medical Symptoms: Does the member report any that would be considered life-threatening or require immediate medical attention?
- Indicate severity rating (none, mild, moderate, severe, very severe).
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 2:

Indicate Severity Rating for Biomedical Conditions and Complications (None-Very Severe), include appropriate level of care as it relates to Dimension 2 and document any identified risk. Are there current physical or chronic illnesses, other than withdrawal, that need to be addressed or that may complicate treatment (i.e., diabetes, hypertension)? Are there chronic conditions that affect treatment? (i.e., chronic pain with narcotics and analgesics)?

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

- Mental Health History: Acute or chronic conditions not earlier described including previously diagnosed or suspected mental health conditions.
- Behaviors and Symptoms: Do you consider any of the following behaviors or symptoms (mood, stress, and anxiety, psychosis, attention, and learning, behavioral, and other) be problematic for you (e.g., use of substances to cope with emotional, behavioral, or mental health issues)?

Previous Services: Previous treatment received for mental health and/or substance use concerns, including providers, therapeutic modality, length of treatment, and efficacy/response to interventions.

- Risk Factors and Behaviors - Suicidal ideation/planning/intent, homicidal ideation/planning intent, aggression, inability to care for self, recklessness, etc. Includes triggers/situations that may result in risk behaviors, history of previous attempts, family history of/involvement in risks, context for risk behaviors, willingness to seek/obtain help. May include specific risk screening/assessment tools and the associated results.
- Safety Planning: Specific safety plans to be used should risk behaviors arise including actions to take and trusted individuals to call during crisis. This may be documented within the Safety Crisis Plan form with the EHR.
- Types of Abuse or Trauma Experienced: Physical, emotional, sexual, witnessing of a traumatic event.
- Indicate severity rating (none, mild, moderate, severe, very severe).
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 3:

Are there current psychiatric illnesses or psychological, behavioral, emotional, or cognitive problems that need to be addressed because they create risk or complicate treatment? Are there chronic conditions that affect treatment? Do any emotional, behavioral, or cognitive problems appear to be an expected part of addictive disorder, or do they appear to be autonomous? Even if connected to the addiction, are they severe

enough to warrant specific mental health treatment? Is the member able to manage the activities of daily living? Can he or she cope with any emotional, behavioral, or cognitive problems? Is the member suicidal, and if so, what is the lethality?

Dimension 4: Readiness to Change Severity Rating

- Role of Substance Use: What member likes and dislikes about use, is use preventing or completing tasks, or negatively impacting, continued use despite outcomes or effects during hazardous situations.
- Motivation for Treatment: How ready is the member to cut back or stop use?
- Assist or Barrier to Recovery: Review what would assist in supporting recovery or provide a barrier to treatment.
- Indicate severity rating (none, mild, moderate, severe, very severe).
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 4:

What is the individual's emotional and cognitive awareness of the need to change? What is his or her level of commitment to and readiness for change? What is or has been his or her degree of cooperation with treatment? What is his or her awareness of the relationship of alcohol or other drug use to negative consequences? Does the member feel coerced into treatment? Internal/external motivation? What does the member want that brought them into treatment? What is their stage of change?

Dimension 5: Relapse, Continued Use or Continued Problem Potential

- Describe the Desire and Urge to Use: In the last year have you spent more time getting/using/recovering, found it hard to cut down or stop your substance use despite wanting to do so.
- Trigger(s) or Stressor(s): Indicate and describe what can contribute to Substance Use. Typically, how do you deal with your stressors or triggers? What would help support you change or stop your substance use?
- Indicate severity rating (none, mild, moderate, severe, very severe).
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 5:

Is the member in immediate danger of continued severe mental health distress and alcohol or drug use? Does the member have any recognition of, understanding of, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior? How severe are the problems and further distress that may continue or reappear if the member is not successfully engaged in treatment at this time? How aware is the member of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others? Is the member in immediate danger of continued severe distress and drinking/drugging bx? What is the member's ability to remain

abstinent based on history? What is the member's level of current craving and how successful can they resist using?

Dimension 6: Recovery/Living Environment

- Current Living Environment: Homeless, living with family/friends/alone, are you currently in an environment where others use substances? (e.g., family, friends, peers, significant others, roommates, neighborhood, school), transportation.
- Family: history, current family involvement, significant life events within family. Do you have relationships (e.g., family, peers/friends, mentor, coach, teacher, etc.) that are supportive of you stopping or reducing your substance use.
- Involvement in the Following: Involved in any relationships that pose a threat, legal/justify involvement, military history, community engagement, interactions with others/relationship with their community, school, employment.
- Indicate severity rating (none, mild, moderate, severe, very severe).
- Indicate appropriate level of care as it relates to Dimension 1 and document any identified risk.

Risks to consider for Dimension 6:

Do any family members, significant others, living situations or school or work situations pose a threat to the member's safety or engagement in treatment? Does the member have supportive friendships, financial resources, or educational/ vocational resources that can increase the likelihood of successful treatment? Are there legal, vocational, social service agency or criminal justice mandates that may enhance the member's motivation for engagement in treatment? Are there transportation, childcare, housing, or employment issues that need to be clarified and addressed? Are there any dangers in the environment threatening treatment? Homeless alone does not mean treatment. Treatment is treatment.

Final Determination:

- Identify Risk within each Dimension: Overview of risks, summary of clinical symptoms supporting diagnosis, functional impairments (clearly connected to symptoms/presenting problems), history, cultural factors, strengths/protective factors, risks, and any hypothesis regarding predisposing, precipitating, and/or perpetuating factors to inform the problem list.
- Indicated/Referred Level: Select appropriate level of care based on the assessment.
- Provided Level: Based on member's choice of services, which cannot be higher than the level of service the member was assessed at. The comment section should justify the difference in treatment modality.
- Additional Indicated Level: Indicate any other levels of care and document within the other section for any differences explain any recommendations for additional services.
- Substance Use Disorder Criteria (DSM-5): Indicate all that apply for the member for the member related to their use.

- Additional Information: Who was member referred by, explanation of why the member is seeking services, does member meet criteria for tobacco use.
- List Substance Use Disorder(s) that meet DSM-5 Criteria and Date of DSM-5 Diagnosis: Indicate the diagnosis/medical necessity within this box. If ADS counselor is completing the assessment, utilize this box for only documenting where to find information related to diagnosis such as: "Please see diagnosis/medical necessity service note for DSM 5 criteria and diagnosis."
Reminder: If LPHA/LPHA waived is completing the assessment, they should add their DSM 5 diagnosis in this box.