

## **Substance Use Disorder (SUD) Risk Rating and Level of Care Worksheet**

This form must be completed by a Licensed Behavioral Health Professional (Licensed Addictions Counselor (LAC) or other with SUD in their scope). This form is used for prior authorization (PA), continued stay reviews (CSR), and to determine those members able to receive more than the 12-session limit for Outpatient (meet High-Risk SUD Criteria). This form must be received no more than 5 working days prior to the requested start date of services. The following documentation must be submitted with this form when requesting a PA or CSR:

- Initial assessment
- Physical exam
- Current labs
- Medication administration record (current)
- Current provider notes
- Current Staffing/treatment team meetings
- Treatment plan
- Discharge plan

Member Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Member ID: \_\_\_\_\_

DOB: \_\_\_\_\_

Requested Start Date of Services: \_\_\_\_\_

Projected Discharge Date: \_\_\_\_\_

Provider Name/ID: \_\_\_\_\_

Licensed Behavioral Health Professional Name/Signature/Credential: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

**Adult Dimensional Admission Criteria**

- ASAM 1.0** - All six dimensions meet Level 1 criteria or meet no problem. (No Risk or Mild ratings in each dimension)
- ASAM 2.1** - Assessed as meeting specifications in Dimension 2 and 3 (if problem exists), as well as in at least one of Dimensions 4, 5, or 6. (At least one Moderate rating in Dimensions 4, 5, or 6)
- ASAM 2.5** - Assessed as meeting specifications in Dimension 2 and 3 (if problem exists), as well as in at least one of Dimensions 4, 5, or 6. (At least one Moderate rating in Dimensions 4, 5, or 6) (Not likely to succeed in Level 2.1)
- ASAM 3.1** - Assessed as meeting specifications in each of the six dimensions (At least two Moderate ratings in Dimensions 4, 5, or 6)
- ASAM 3.5** - Assessed as meeting specifications in each of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)
- ASAM 3.7** - Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Severe rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6)

**Adolescent Dimensional Admission Criteria**

- ASAM 1.0** - All six dimensions meet Level 1 criteria or meet no problem. (No Risk or Mild ratings in each dimension)
- ASAM 2.1** - Assessed as meeting specifications in Dimension 1 and 2 (if problem exists), as well as in at least one of Dimensions 3, 4, 5, or 6. (At least one Moderate rating in Dimensions 3, 4, 5, or 6)
- ASAM 2.5** - Assessed as meeting specifications in Dimension 1 and 2 (if problem exists), as well as in at least one of Dimensions 3, 4, 5, or 6. (At least one Moderate rating in Dimensions 3, 4, 5, or 6) (Not likely to succeed in Level 2.1)
- ASAM 3.1** - Assessed as meeting specifications in at least two of the six dimensions (At least two Moderate ratings in Dimensions 3, 4, 5, or 6)
- ASAM 3.5** - Assessed as meeting specifications in at least two of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)
- ASAM 3.7** - Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Severe rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6)

**ASAM Recommended Level of Care (Adult)**

<input type="checkbox"/> Level 1.0 - Outpatient	<input type="checkbox"/> Level 2.1 – Intensive Outpatient	<input type="checkbox"/> Level 2.5 – Partial Hospitalization
<input type="checkbox"/> Level 3.1 – Clinically Managed Low-Intensity Residential	<input type="checkbox"/> Level 3.5 – Clinically Managed High-Intensity Residential	<input type="checkbox"/> Level 3.7 – Medically Monitored Intensive Inpatient

**ASAM Recommended Level of Care (Adolescent)**

<input type="checkbox"/> Level 1.0 - Outpatient	<input type="checkbox"/> Level 2.1 – Intensive Outpatient	<input type="checkbox"/> Level 2.5 – Partial Hospitalization
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<input type="checkbox"/> Level 3.1 – Clinically Managed Low-Intensity Residential	<input type="checkbox"/> Level 3.5 – Clinically Managed Medium-Intensity Residential	<input type="checkbox"/> Level 3.7 – Medically Monitored High-Intensity Inpatient
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**Risk Rating**

This tool is used to assign a risk rating score to each ASAM Dimension. The score given should be independent of the other dimensions. The scores given should match the dimensional admission criteria/continued service criteria and the recommended level of care.

**4 – Severe Risk** - Indicates issues of utmost severity. The patient would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".

**3 – Significant Risk** - Indicates a serious issue or difficulty coping within a given dimension. A patient presenting at this level of risk may be considered in or near "imminent danger".

**2 – Moderate Risk** - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

**1 – Mild Risk** - Indicates a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.

**0 – Minimal or No Risk** - Indicates a non-issue or very low-risk issue. The patient would present no current risk and any chronic issues would be mostly or entirely stabilized.

**Risk Rating (0-4)**

ASAM Dimensions		0	1	2	3	4	Considerations <i>Check all that apply</i>
1	Acute Intoxication and/or Withdrawal Potential						<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: _____
2	Biomedical Conditions and Complications						<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: _____
3	Emotional, Behavioral, or Cognitive Conditions or Complications						<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: _____

4	Readiness to Change						<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: _____
5	Relapse, Continued Use, or Continued Problem Potential						<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: _____
6	Recovery Environment						<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: _____

**Continued Stay Review Criteria**

This tool is used to document clinical rationale in each dimension for continued service at current level of care.

Criteria	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
A - Making progress, not yet done with goals						
B – Not yet making progress, but has capacity and working on goals						

C – New Problem(s) Identified						
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**Criteria A** - The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work his or her treatment goals; or

**Criteria B** - The patient is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her goals; and/or

**Criteria C** - New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by the continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient's problems can be addressed effectively.