Substance Abuse Services

Service Name	ADULT SUBSTANCE ABUSE ASSESSMENT
Eligibility	Medicaid Behavioral Health Services
Setting	Professional office environment or treatment center
Facility License	Medicaid: As required by the Division of Public Health Licensure and Regulation Department. BHS: Licensed as a Substance Abuse Treatment Center
Basic Definition	The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance-Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 281-312 for the complete criteria. The Initial Adult Substance Abuse Assessment must be completed by a fully licensed clinician who is working within their scope of practice (i.e. training, experience, and/or education in substance abuse treatment).
Service Expectations	The Report is comprised of three components: I. ASSESSMENT AND SCREENING TOOLS AND SCORES II. COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT III. MULTIDIMENSIONAL RISK PROFILE TO DETERMINE TYPE AND INTENSITY OF SERVICES I. **ASSESSMENT AND SCREENING TOOLS AND SCORES** All Initial Adult Substance Abuse Assessment Reports must include the use and results of at least 1 of the following nationally accepted screening instruments. The instruments may be electronically scored if indicated acceptable by author: • SASSI (Substance Abuse Subtle Screening Inventory) • TII (Treatment Intervention Inventory) • SUDDS (Substance Use Disorder Diagnostic Schedule) • MADIS (Michigan Alcohol Drug Inventory Screen) • MAST (Michigan Alcoholism Screening Test) • MINI (Mini International Neuropsychiatric Interview) • WPI (Western Personality Interview) • PBI (Problem Behavior Inventory) • RAATE (Recovery Attitude and Treatment Evaluator) • CIWA (Clinical Institute Withdrawal Assessment) • GAIN-SS II. **COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT/SUBSTANCE ABUSE EVALUATION:** The ASI (Addiction Severity Index) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the biopsychosocial assessment/substance abuse evaluation and the multidimensional risk profile.

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	A comprehensive biopsychosocial assessment will include all of the following: **DEMOGRAPHICS** 1. Identify provider name, address, phone, fax, and e-mail contact information. 2. Identify client name, identifier, and other demographic information of the client that is relevant. **PRESENTING PROBLEM/CHIEF COMPLAINT** 1. External leverage to seek evaluation 2. When was client first recommended to obtain an evaluation 3. Synopsis of what led client to schedule this evaluation **MEDICAL HISTORY** **WORK/SCHOOL/MILITARY HISTORY** **ALCOHOL/DRUG HISTORY & SUMMARY** 1. Frequency and amount 2. Drug and alcohol of choice 3. History of all substance use/misuse/abuse 4. Use patterns 5. Consequences of use (physiological, interpersonal, familial, vocational, etc.) 6. Periods of abstinence/when and why 7. Tolerance level 8. Withdrawal history and potential 9. Influence of living situation on use 10. Addictive behaviors (e.g., gambling) 11. IV drug use 12. Prior SA evaluations and findings 13. Prior SA treatment 14. Client's family chemical use history **LEGAL HISTORY** 1. Criminal history and other information 2. Drug testing results 3. Simple Screening Instrument results 4. Nebraska Standardized Reporting Format for Substance Abusing Offenders

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	FAMILY / SOCIAL/ PEER HISTORY (including trauma history) **PSYCHIATRIC/BEHAVIORAL HISTORY** 1. Previous mental health diagnoses 2. Prior mental health treatment **COLLATERAL INFORMATION** (Family/Friends/Criminal Justice) Report any information about the client's use history, pattern and/or consequences learned from other sources. **OTHER DIAGNOSTICS/ SCREENING TOOLS – SCORE & RESULTS** **CLINICAL IMPRESSION** 1. Summary of evaluation A. Behavior during evaluation (agitated, mood, cooperation) B. Motivation to change C. Level of denial or defensiveness D. Personal Agenda E. Discrepancies of information provided 2. Diagnostic impression (including justification) to include DSM Axis I-V 3. Strengths of client and family identified 4. Problems identified **RECOMMENDATIONS:** 1. Complete III. Multidimensional Risk Profile 2. Complete the ASAM Clinical Assessment and Placement Summary • A comprehensive biopsychosocial assessment can only be obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functioning and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. • When dually credentialed clinicians are completing the evaluation, the recommendations must include co-occurring issues by providing the axis- 5 diagnosis using the current version of the DSM. • When LADCs are completing the evaluation they must include a screening for possible co-occurrence of mental health problems and include referral for mental health evaluation as appropriate in their recommendations.

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	III. <u>Multidimensional Risk Profile</u> Recommendations for individualized treatment, potential services, modalities, resources, and interventions must be based on the ASAM national criteria multidimensional risk profile. Below is a brief overview on how to use the matrix to match the risk profile with type and intensity of service needs. **The provider is responsible for referring to ASAM PPC-2R Pages 281-312 for the full matrix when applying the risk profile for recommendations.** Step 1: Assess all six dimensions to determine whether the patient has immediate needs related to imminent danger, as indicated by a Risk Rating of "4" in any of the six dimensions. The Dimensions with the highest risk rating determines the immediate service needs and placement decision. Step 2: If the patient is not in imminent danger, determine the patient's Risk Rating in each of the six dimensions. (For patients who have "dual diagnosis" problems, assess Dimensions 4, 5 and 6 separately for the mental and substance-related disorders. This assists in identifying differential mental health and addiction treatment service needs and helps determine the kind of dual diagnosis program most likely to meet the patient's needs.) Step 3: Identify the appropriate types of services and modalities needed for all dimensions with any clinically significant risk ratings. Not all dimensions may have sufficient severity to warrant service needs at the time of the assessment. Step 4: Use the Multidimensional Risk Profile produced by this assessment in Steps 2 and 3 to develop an initial treatment plan and placement recommendation. This is achieved by identifying in which level of care the variety of service needs in all relevant dimensions can effectively and efficiently be provided. The appropriate Intensity of Service, Level of Care and Setting may be the highest Risk Rating across all the dimensions. Consider, however, that the interaction of needs across all dimensions may require more intensive services than the highest Risk Rating alone. Step 5: Make ongoing decisions about the patient's continued service needs and placement by repeating Steps 1 through 4. Keep in mind that movement into and through the continuum of care should be a fluid and flexible processes that is driven by continuous monitoring of the patient's changing Multidimensional Risk Profile.
Length of Services	NA
Staffing	Substance Abuse Assessment – LADC, LIMHP, LMHP, LMHP/LADC, LMHP/PLADC, Psychologist Dual Assessment (SA/MH) - LMHP, LIMHP, LMHP/LADC, LMHP/PLADC, Psychologist *An individual currently holding ONLY a provisional license, without another valid professional license, is not permitted to conduct any part of the Initial Adult Substance Abuse Assessment, even under supervision.
Staffing Ratio	1 to 1 typically
Hours of Operation	Typical office hours with available evening and weekend hours by appointment

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Desired Individual Outcome	Upon completion of the SA assessment, the individual will have been assessed for a substance abuse diagnosis, an assessment of risk of dangerousness to self and/or others, and recommendation for the appropriate service level with referrals to appropriate service providers.
Rate	See Fee Schedules for Behavioral Health Services and Medicaid Managed Care (NMMCP): 1 Unit = 1 Assessment