

CHANGES TO COMAR:

10.47.01.04, 10.47.02.07, AND 10.47.02.08

RATIONALE:

TO CODIFY STATUTES ALREADY PASSED INTO LAW UNDER Chapter 580 (House Bill 869) – Recovery Residence Residential Rights Protection Act (2017).

TO BETTER ENFORCE REQUIREMENTS ALREADY IMPLIED UNDER COMAR 10.47.01.04, 10.47.02.07, AND 10.47.02.08.

TO STRENGTHEN COMAR REGARDING RESIDENTIAL TREATMENT FOR SUBSTANCE USE DISORDER IN AN EFFORT TO LOWER MARYLAND'S DEATH RATE FOR PREVENTABLE OVERDOSES.

TO CHANGE VAGUE AND AMBIGUOUS DIRECTIVES TO BECOME CLEARER AND MORE EFFECTIVE

TO SAVE LIVES BY ENHANCING AND STRENGTHENING MARYLAND'S CONTINUUM OF CARE FOR SUBSTANCE USE DISORDER

COMAR 10.47.01.04

.04 Clinical Requirements.

A. Admission. The program:

- (1) Shall upon request for admission:
 - (a) Establish an interview date that falls within 10 working days of the individual's initial contact;
 - (b) Refer or recommend another program to the individual; or
 - (c) Place the individual on a waiting list;
- (2) Shall have a detailed description of patient placement criteria for admission to the program, including:
 - (a) Eligibility criteria, **using guidelines such as the American Society of Addiction Medicine Patient Placement Criteria** or other guidelines approved by the Administration; and
 - (b) Procedures for admission;
- (3) Shall include in its admission procedures:
 - (a) An intake process;
 - (b) An emergency intake process, including a procedure to refer individuals who are not suitable for its program to a more suitable program;
 - (c) A procedure for developing and maintaining a waiting list; and
 - (d) A fee schedule; and
- (4) **May not admit a patient unless the individual meets the admission criteria of the American Society of Addiction Medicine Patient Placement Criteria** or other guidelines approved by the Administration.

B. Assessment.

- (1) A program shall prepare a comprehensive assessment for each patient, unless the patient is being readmitted to the same program or admitted to a different program within 30 days of the patient's last discharge, or has received an assessment by a licensed or certified clinician or program within 30 days, in which case the program may update the prior assessment.
- (2) **The comprehensive assessment shall assess the following areas:**
 - (a) **Physical health;**
 - (b) **Employment or financial support;**
 - (c) **Drug and alcohol;**
 - (d) **Treatment history;**
 - (e) **Legal;**
 - (f) **Family and social;**
 - (g) **Educational; and**
 - (h) **Mental health.**
- (3) Programs shall use the Addiction Severity Index as the standardized assessment instrument for adults, or an equivalent assessment instrument chosen by the Administration.
- (4) Programs shall use the Problem Oriented Screening Instrument for Teenagers as the standardized screening instrument for adolescents, or an equivalent screening instrument chosen by the Administration.
- (5) The initial physical health assessment shall meet the requirements of the appropriate level of treatment.

C. Treatment Plans.

(1) A program shall develop a written treatment plan, with the participation of the patient, based on the comprehensive assessment and patient placement criteria, that shall set forth:

(a) The patient's individualized needs, including:

(i) Socialization;

(ii) Alcohol and drug abuse or dependence;

(iii) Psychological;

(iv) Vocational;

(v) Educational;

(vi) Physical health;

(vii) Legal; and

(viii) Family; and

(b) Individualized interventions, including:

(i) Long-range and short-range treatment plan goals and objectives;

(ii) Strategy for implementation of treatment plan goals and objectives;

(iii) Target dates for completion of treatment plan goals and objectives;

(iv) A schedule of clinical services including individual, group, and, if appropriate, family counseling;

(v) Criteria for successful completion of treatment;

(vi) Referrals to ancillary services, if needed; and

(vii) Referrals to self-help groups, if recommended.

(2) If the alcohol and other drug counselor is unable to develop a treatment plan within the required time, the clinical director or the clinical supervisor shall:

(a) Determine the reason for a delay in development of a treatment plan;

(b) Document the reason in the patient's record; and

(c) Direct an appropriate clinical staff person to develop a treatment plan within 7 working days of the clinical director's or clinical supervisor's documentation of the delay.

(3) The length of stay in the program shall be based on the patient's level of illness severity and response to treatment.

D. Infectious Disease Education. Within the first 30 days of treatment, a program shall ensure and document in the patient record that human immunodeficiency virus, hepatitis, sexually transmitted diseases, and tuberculosis education was completed, including:

(1) Risk assessment;

(2) Risk reduction; and

(3) If appropriate, referral for counseling and testing.

E. Family Involvement and Utilization of Self-Help Groups.

(1) A program may provide education and support services to a patient's family directly or through referrals to appropriate community agencies.

(2) A program shall:

(a) Develop procedures for obtaining an assessment of the treatment needs of the patient's family;

(b) Provide access or referral to family counseling;

(c) Describe how family members are involved in the patient's recovery process; and

(d) Develop procedures to encourage ongoing active participation by the patient and the patient's family in self-help groups and support activities.

F. Referrals. Referral documentation shall include the:

- (1) Reason for referral;
- (2) Name of the individual;
- (3) Referring program;
- (4) Receiving program; and
- (5) Final disposition of referral.

G. Discharge.

- (1) A program shall complete a written discharge summary.
- (2) The discharge summary shall include:
 - (a) The reason for admission;
 - (b) The reason for discharge;
 - (c) The individual's address;
 - (d) A summary of services delivered, including frequency and duration of services, and progress made;
 - (e) If appropriate, the diagnosis and prognosis at the time of discharge;
 - (f) Current medications, if applicable;
 - (g) Continuing service recommendations and summary of transition process; and
 - (h) The extent of the individual's involvement in the discharge plan.
- (4) In the event of a patient's transfer from the program to another program, the discharging program shall complete a written transfer summary.
- (5) The transfer summary shall include:
 - (a) The reason for admission;
 - (b) The reason for discharge;
 - (c) The individual's address;
 - (d) The diagnosis and prognosis at the time of discharge; and
 - (e) Current medications, if applicable.
- (6) The transfer summary shall be completed at the time of the patient's discharge from the program.

(7) DISCHARGES MUST BE APPROPRIATE FOR THE PATIENT'S DIAGNOSIS –MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER.

DISCHARGES TO HOMELESSNESS AND/OR HOMELESS SHELTERS ARE ILLEGAL IF THE PATIENT'S ASSESSMENT AND/OR TREATMENT PLAN WARRANT A HIGHER LEVEL OF CARE.

H. REFERRALS UPON DISCHARGE

A PROGRAM MUST REFER AND FACILITATE ENTRY INTO ANY AND ALL PROGRAMS AND SERVICES TO ADDRESS PATIENT NEEDS AS IDENTIFIED IN THE ASSESSMENT PRIOR TO OR AT THE TIME OF DISCHARGE, INCLUDING (A) PHYSICAL HEALTH; (B) EMPLOYMENT OR FINANCIAL SUPPORT; (C) DRUG AND ALCOHOL TREATMENT (PER ASAM CRITERIA); (D) LEGAL; (E) FAMILY AND SOCIAL; (F) EDUCATIONAL; (G) MENTAL HEALTH.

A PROGRAM MUST REFER AND FACILITATE ENTRY INTO ANY AND ALL PROGRAMS AND SERVICES TO ADDRESS PATIENT NEEDS AS IDENTIFIED IN THE TREATMENT PLAN PRIOR TO OR AT THE TIME OF DISCHARGE, INCLUDING:

THE PATIENT'S INDIVIDUALIZED NEEDS: (A) SOCIALIZATION; (B) ALCOHOL AND DRUG ABUSE OR DEPENDENCE (PER ASAM CRITERIA); (C) PSYCHOLOGICAL; (D) VOCATIONAL; (E) EDUCATIONAL; (F) PHYSICAL HEALTH; (G) LEGAL; (E) FAMILY; (F) EDUCATIONAL; (G) MENTAL HEALTH;

THE PATIENT'S INDIVIDUALIZED INTERVENTIONS, INCLUDING: (A) LONG-RANGE AND SHORT-RANGE TREATMENT; (B) CLINICAL SERVICES INCLUDING INDIVIDUAL, GROUP, AND FAMILY COUNSELING (IF APPROPRIATE); (C) ANY OTHER ANCILLARY SERVICES SPECIFIED IN THE TREATMENT PLAN; AND (D) SELF-HELP GROUPS (IF RECOMMENDED).

IF THE PATIENT IS TRANSITIONING TO ANOTHER RESIDENTIAL PROGRAM, REFERRALS FOR ALL OF THE ABOVE OUTPATIENT SERVICES MUST BE IN PLACE PRIOR TO THE TRANSFER OF THE PATIENT, UNLESS THEY ARE PROVIDED BY THE RESIDENTIAL PROGRAM RECEIVING THE PATIENT.

H. Child and Adolescent Services.

- (1) A parent or guardian of a child or adolescent, with the child or adolescent's consent, may apply on behalf of the child or adolescent for admission to a certified program.
- (2) A program exclusively for children and adolescents shall:
 - (a) Maintain written treatment protocols providing for the needs of adolescents and children, emphasizing the use of family interventions;
 - (b) Provide for the educational needs of adolescents in compliance with local, State, and federal laws and regulations;
 - (c) Comply with criminal background requirements for all staff; and
 - (d) Meet any other requirements requested by the Administration.
- (3) A program that admits children and adolescents:
 - (a) May not admit a child or adolescent into treatment unless the treatment plan indicates that the program is appropriate for the child or adolescent;
 - (b) Shall provide separate social, residential, dietary, and recreational activities for the child or adolescent, if appropriate;
 - (c) Shall obtain informed consent from the child or adolescent, or the parents or guardians for the child or adolescent, to be admitted to the program;
 - (d) Shall comply with criminal background requirements for all staff; and
 - (e) Shall meet any other requirements requested by the Administration.
- (4) A program that does not admit children and adolescents shall:
 - (a) Identify in its program service plan the elements of the program that make treatment, care, and rehabilitation for children or adolescents contraindicated; and
 - (b) Meet any other requirements requested by the Administration.
- (5) Programs that provide services to adults and permit the adult's children or adolescents to be present at the program shall verify that the children and adolescents:
 - (a) Receive proper supervision;
 - (b) Are appropriately enrolled in education services; and
 - (c) Have access to appropriate health care.

I. Medication Control and Staff Requirements.

- (1) A program shall develop and implement a written policy and procedure governing the use of controlled dangerous substances and other drugs used by the program. The policies shall include:
 - (a) A list of controlled dangerous substances and other drugs administered, dispensed, or stored at the program;
 - (b) Procedures to account for and secure the drugs from time of order until dispensing;
 - (c) Computer security and accountability, if applicable;
 - (d) Other policy and procedures required by the Administration; and
 - (e) Procedures for all Level III programs to hold securely all take-home opioid therapy medication for patients who are on opioid maintenance therapy.
- (2) A program shall dispense medications to the patient according to the instructions, supervision, and directions of the licensed physician.
- (3) If staff observes an adverse reaction to medication, the program immediately shall contact a licensed physician or emergency medical service to ensure the patient receives treatment.
- (4) Medication Errors.
 - (a) For a medication error regarding administration, dispensing, documentation, inventory, or storage, an appropriate clinical staff person shall complete a report at the time of the incident.
 - (b) The report shall be filed and brought to the immediate attention of the:
 - (i) Administrator; and
 - (ii) Medical director, if a medical director is employed by the program.
- (5) Programs shall report the diversion of any controlled substance to the Administration as soon as the diversion is discovered.

COMAR 10.47.02.07

Sec. 10.47.02.07. Residential Services — Clinically Managed Medium Intensity Treatment Level III

A. Program Description. A clinically managed medium intensity treatment program provides a structured environment in combination with medium intensity treatment and ancillary services to support and promote recovery.

B. Patients who are appropriate for this level of treatment:

- (1) Meet the current edition of the **American Society of Addiction Medicine Patient Placement Criteria for Level III.3**, or its equivalent as approved by the Administration;
- (2) Are chronic alcohol or other drug dependent individuals;
- (3) Do not need skilled nursing care;
- (4) May have a history of multiple admissions to alcohol or drug abuse or dependence programs as defined in COMAR 10.47.01;
- (5) May have physical and mental disabilities as a result of prolonged alcohol or other drug use; and
- (6) **Have been identified as individuals for whom a controlled environment and supportive therapy are necessary for an indefinite period of time.**

C. Staffing.

- (1) Services shall be provided by appropriately credentialed staff as described in COMAR 10.47.01.06.
- (2) The patient to alcohol and drug counselor ratio may not exceed 15 patients to one full-time alcohol and drug counselor.
- (3) At least one staff member certified in cardiopulmonary resuscitation and trained in crisis intervention shall be on duty between 11 p.m. and 7 a.m.

D. Program Services. A program shall provide the following services:

- (1) An assessment as described in COMAR 10.47.01.04 within 1 week of admission;
- (2) An individualized treatment plan as described in COMAR 10.47.01.04 completed and signed by the alcohol and drug counselor and patient within 3 working days of the comprehensive assessment and updated every 30 days;
- (3) **Alcohol and drug education;**
- (4) **Individual counseling;**
- (5) **Leisure and recreation counseling; and**
- (6) **Assistance with vocational issues.**

E. Documentation. A designated clinical staff shall write a patient progress note at the end of each week services are provided and place the progress note in the patient's record.

F. Referral Services. The program shall offer the following services or maintain a listing of agency referral agreements for the following services:

- (1) Physical examinations as determined by medical condition, within a reasonable time;
- (2) Medical care;
- (3) Services through the Division of Rehabilitation Services;
- (4) Vocational assistance;

(5) Mental health services, which shall include, as appropriate to the severity and urgency of the patient's mental condition:

(a) Medication monitoring for patients who are admitted on or are prescribed psychotropic medications; and

(b) At least one of the following services:

(i) Services available by telephone within 8 hours of a request; or

(ii) Services available onsite or closely coordinated off-site within 24 hours of a request;

(6) Substance abuse treatment programs;

(7) Legal assistance;

(8) Family services; and

(9) Social services.

REFERRALS TO SERVICES FOR (A) MEDICAL CARE; (B) SERVICES THROUGH THE DIVISION OF REHABILITATION SERVICES; (C) VOCATIONAL ASSISTANCE; (D) MENTAL HEALTH SERVICES; (E) SUBSTANCE ABUSE TREATMENT; (F) LEGAL ASSISTANCE; (G) FAMILY SERVICES; (H) SOCIAL SERVICES MUST BE IMPLEMENTED WITHIN 3 WORKING DAYS OF SIGNING AN INDIVIDUALIZED TREATMENT PLAN AND INCLUDE A PLAN FOR HOW THE PATIENT WILL ACCESS THESE SERVICES.

IN THE EVENT THAT THE PATIENT IS DISCHARGED FROM THE PROGRAM, THESE REFERRAL AGREEMENTS MUST REMAIN VALID, SO THAT THE PATIENT'S SERVICES CONTINUE REGARDLESS OF CONTINUED PARTICIPATION IN THE RESIDENTIAL SERVICES – CLINICALLY MANAGED MEDIUM INTENSITY TREATMENT LEVEL III

DISCHARGES AND/OR TRANSFERS TO OTHER PROGRAMS MUST BE APPROPRIATE FOR THE PATIENT'S DIAGNOSIS –MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER.

DISCHARGES TO HOMELESSNESS AND/OR HOMELESS SHELTERS ARE ILLEGAL IF THE PATIENT'S ASSESSMENT AND/OR TREATMENT PLAN WARRANT A HIGHER LEVEL OF CARE.

Appendix VI: COMAR 10.47.02.08

Sec. 10.47.02.08. Residential Services — Clinically Managed High Intensity Treatment Level III

A. Program Description. A clinically managed high intensity residential program shall:

- (1) Provide a highly structured environment in combination with moderate to high intensity treatment and ancillary services to support and promote recovery; and
- (2) Be characterized by its reliance on the treatment community as a therapeutic agent.

B. Patients who are appropriate for this level of treatment meet the current edition of the [American Society of Addiction Medicine Patient Placement Criteria for Level III.5](#), or its equivalent as approved by the Administration.

C. Staffing.

- (1) Services shall be provided by appropriately credentialed staff as described in COMAR 10.47.01.06.
- (2) A program shall have sufficient physician, physician assistant, or nurse practitioner services to:
 - (a) Provide initial diagnostic work-up;
 - (b) Provide identification of medical and surgical problems for referral; and
 - (c) Handle medical emergencies when necessary.
- (3) The patient to alcohol and drug counselor ratio may not exceed 15 patients for one full-time alcohol and drug counselor.
- (4) At least one staff member certified in cardiopulmonary resuscitation and trained in crisis intervention shall be on duty between 11 p.m. and 7 a.m.

D. Program Services. A program shall provide the following services:

- (1) A preliminary medical assessment within 36 hours of the patient's admission;
- (2) A physical examination by a medical doctor, physician assistant, or nurse practitioner within the first week of the patient's admission;
- (3) [An assessment as described in COMAR 10.47.01.04 within 2 days of admission;](#)
- (4) An individualized treatment plan as described in COMAR 10.47.01.04 completed and signed by the alcohol and drug counselor and patient [within 2 working days of the comprehensive assessment](#) with a treatment plan update every 30 days;
- (5) Monitoring of medication, as necessary; and
- (6) A minimum of 36 hours of therapeutic activities a week, including but not limited to:
 - (a) At least weekly individual counseling;
 - (b) Group counseling;
 - (c) Alcohol and drug education;
 - (d) Career counseling;
 - (e) Nutrition education; and
 - (f) Family services.

E. Documentation. A designated clinical staff shall write a patient progress note at the end of each week services are provided and place the progress note in the patient's record.

F. Referral Services. The program shall offer the following services or maintain a listing of agency referral agreements for the following services:

- (1) Medical care;
- (2) Services through the Division of Rehabilitation Services;
- (3) Vocational assistance;
- (4) Mental health services, which shall include, as appropriate to the severity and urgency of the patient's mental condition:
 - (a) Medication monitoring for patients who are admitted on or are prescribed psychotropic medications; and
 - (b) At least one of the following services:
 - (i) Services available by telephone within 8 hours of a request; or
 - (ii) Services available on-site or closely coordinated off-site within 24 hours of a request;
- (5) Substance abuse treatment programs;
- (6) Legal assistance; and
- (7) Social services.

REFERRALS TO SERVICES FOR (A) MEDICAL CARE; (B) SERVICES THROUGH THE DIVISION OF REHABILITATION SERVICES; (C) VOCATIONAL ASSISTANCE; (D) MENTAL HEALTH SERVICES; (E) SUBSTANCE ABUSE TREATMENT; (F) LEGAL ASSISTANCE; (G) FAMILY SERVICES; (H) SOCIAL SERVICES MUST BE IMPLEMENTED WITHIN 3 WORKING DAYS OF SIGNING AN INDIVIDUALIZED TREATMENT PLAN AND INCLUDE A PLAN FOR HOW THE PATIENT WILL ACCESS THESE SERVICES.

IN THE EVENT THAT THE PATIENT IS DISCHARGED FROM THE PROGRAM, THESE REFERRAL AGREEMENTS MUST REMAIN VALID, SO THAT THE PATIENT'S SERVICES CONTINUE REGARDLESS OF CONTINUED PARTICIPATION IN THE RESIDENTIAL SERVICES – CLINICALLY MANAGED MEDIUM INTENSITY TREATMENT LEVEL III

DISCHARGES AND/OR TRANSFERS TO OTHER PROGRAMS MUST BE APPROPRIATE FOR THE PATIENT'S DIAGNOSIS –MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER.

DISCHARGES TO HOMELESSNESS AND/OR HOMELESS SHELTERS ARE ILLEGAL IF THE PATIENT'S ASSESSMENT AND/OR TREATMENT PLAN WARRANT A HIGHER LEVEL OF CARE.

Appendix I: Major Provisions of Chapter 580 (House Bill 869) Recovery Residence Residential Rights Protection Act (2017)

The following has been excerpted from http://mgaleg.maryland.gov/2017RS/chapters_noln/Ch_580_hb0869T.pdf and provides a rationale for appropriate referrals based on the identified recovery needs of an individual as outlined in the ASAM assessment.

The Act was passed “FOR the purpose of requiring, beginning on a certain date, a behavioral health program or certain health professional, when referring an individual to receive services at a recovery residence, to provide the individual with a certain list and provide certain information to certain individuals;”

And “...requiring, on or before a certain date, the Department of Health and Mental Hygiene to publish on its Web site a certain list; requiring the list to provide certain information; defining certain terms; and generally relating to referrals to and the certification of recovery residences.”

Specifically, the law requires a ‘higher level of care’ provider to “provide to an individual, who has been assessed as in need of ASAM level 3.1 services, information on where the individual may receive those services” regardless of the fact that there may not be beds available in a 3.1 level of care (COMAR defined “halfway house”).

Additionally, the law requires a ‘higher level of care’ provider to provide “information where the individual may receive those services” based on their ASAM assessment.

Note that the law specifies that referrals are made to “services”, and not specifically to facilities or programs: “‘ASAM Level 3.1 Services’ means the level of clinically managed, low-intensity residential **services** for the treatment of addictive, substance-related, and co-occurring conditions described by The American Society of Addiction Medicine.”

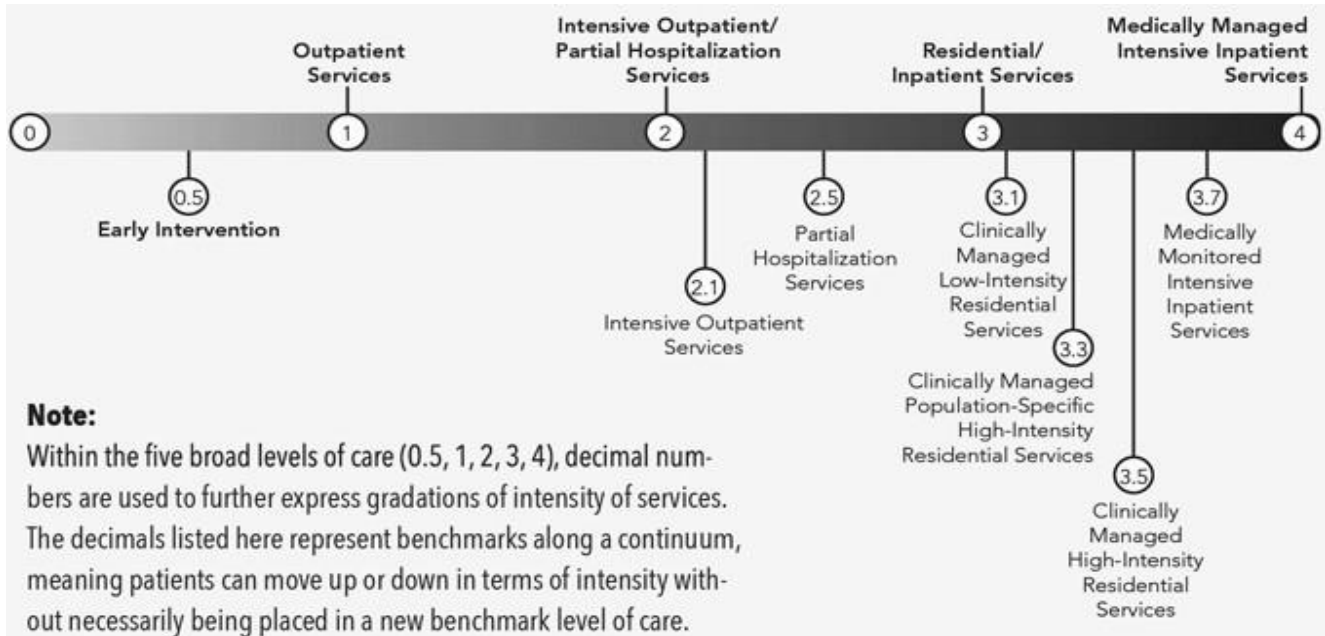
The remainder of the legislation refers to “recovery residences” and a requirement that the Department of Health identify recovery residences that have been ‘certified’. Recovery residences, unlike “halfway houses”, which are state-regulated under COMAR, are operated by private proprietors, and are outside of the statutes, and hence, the compliance and enforcement sanctions imposed by COMAR.

So, while a regulated behavioral-healthcare ‘higher-level-of-care’ (3.3-3.7) provider might refer someone assessed as needing a 3.1 level-of-care to an unregulated privately-owned ‘recovery residence’, when there is no bed availability in a state-regulated 3.1 facility, they are still required, under Chapter 580, to refer that individual to all the services that the individual would normally receive in that level of care. The passage of this bill in 2017, made it clear that it is not the responsibility of the unregulated ‘recovery residence’ staff to locate the appropriate wrap-around / recovery services that the recovering individual may need and qualify for, but rather the referring behavioral healthcare entity THAT IS regulated by the state under COMAR.

Appendix II: Continuum of Care Model

ASAM's Continuum of Care:

CRITERIA FOR TREATMENT WITHIN A MEDICAL MODEL



Source: American Society of Addiction Medicine

Appendix III: 6 Dimensions of Multi-Dimensional Assessment

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	Acute Intoxication and/or Withdrawal Potential Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	Biomedical Conditions and Complications Exploring an individual's health history and current physical condition
3	DIMENSION 3	Emotional, Behavioral, or Cognitive Conditions and Complications Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	Readiness to Change Exploring an individual's readiness and interest in changing
5	DIMENSION 5	Relapse, Continued Use, or Continued Problem Potential Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	Recovery/Living Environment Exploring an individual's recovery or living situation, and the surrounding people, places, and things

Source: American Society of Addiction Medicine

Appendix IV: Typical Maryland Assessment w/ 6 Dimensions

PRE-ADMISSION SCREENING INTERVIEW				
Referral Source:		Contact:	Tele #:	
Date Placed on Waiting List:		Referral Schedule Discharge Date:		
IV Drug User <input type="checkbox"/>	Pregnant <input type="checkbox"/>	HIV Positive <input type="checkbox"/>	Hep C Positive <input type="checkbox"/>	
Name:				
Street Address:				
City:		County:	Zip Code:	
Date of Birth:		Social Security No.		
Hispanic, Latino/a, or Spanish origin? <input type="checkbox"/>		Race:	Veteran: <input type="checkbox"/>	
Marital Status:	Number of dependent children:	Employment Status (PT/FT/Seeking/Disabled):		
Number of prior admissions to treatment:		Tobacco use in last 30 days:		
Highest level of school completed:	Number of arrests in the past 30 days:	Number of arrests in the past year:		
Will Buprenorphine, Suboxone, or Methadone be used during this treatment episode:			Gambling Issue:	
Speak a language other than English:		Disabled:		
Primary substance:	Total Years of Use:	Route of Administration:	Age of first use:	Date Last Used:
Secondary substance:	Total Years of Use:	Route of Administration:	Age of first use:	Date Last Used:
Tertiary substance:	Total Years of Use:	Route of Administration:	Age of first use:	Date Last Used:
Documentation From Referral Source				
PPD Documentation Date:		Results:		
Diagnosis:				
Problems with or access to:				
Primary support group:				
Educational:				
Economic:				
Healthcare:				
Housing:				
Legal system:				
Employment:				
Social environment:				
Child Care:				

Current Legal Status:

On Probation County:

Probation/Parole Officer:

Pending Court Dates When?

For What?

Legal History:

Dimension 1: Acute Intoxication/Withdrawal Potential

Date of last use:

History of DTs or seizure: NO YES

Any withdrawal symptoms? NO YES

Dimension 2: Medical Conditions and Complications:

Do you have any physical/medical problems? NO YES

YES Describe:

Will this problem interfere with treatment or seeking employment? NO YES

YES Describe:

Do you have any allergies? NO YES

Do you take medication for this physical problem? NO YES

If "Yes" List Medication:

Are you able to take this medication by your self? NO YES

Are you receiving medical services for this problem? NO YES

YES Where?

Dimension 3: Emotional/Behavioral Conditions and Complications

Do you have a mental health diagnosis? NO YES

YES Describe:

Are you taking medication for this condition? NO YES

YES List Medication:

How long have you had this condition?

How long have you been taking this medication?

Have you consistently taking this medication as prescribed? NO YES

If NO Why not?

What results have you noticed since you began taking medication for this condition?

What effect has your mental health condition had on attempts to remain abstinent from alcohol & drugs?

Are you currently receiving psychiatric services for this condition? NO YES

YES Where?

Do you have a history of suicidal or homicidal ideation or attempts? NO YES

If YES how many? When was last?

Dimension 4: Treatment Acceptance/Resistance

Is this your first addiction treatment experience? NO YES How many times?

Is this your first halfway house admission? NO YES How many times?

Is this your first attempt at recovery? NO YES

What convinced you to seek treatment this time? Describe:

Did you decide to admit yourself into treatment or where others involved? My Decision Others

Who was involved?

If others were involved, how do you feel about their insistence that you needed treatment? Describe:

If you disagreed with them at that time, how do you feel now? Describe:

What have you learned about yourself during your current treatment? Describe:

Are you court ordered to complete treatment? NO YES

What value do you see in coming to a program? Describe:

What about you do you think you need to change? Describe:

Dimension 5: Relapse/Continued Use Potential

What relapse prevention tools, if any, have you learned in your current treatment?:

What are your relapse triggers?

What are your plans if for some reason a bed would not be available?

What are you willing to do to stay clean and sober? (Get a job? Change the way you dress? Work the steps? Refrain from relationships with men/women? Walk to meetings? Take the bus?)

Have you had a period of sobriety in the past? NO YES – How many months?

If yes, what did you do to maintain your sobriety during this period?

What do you want to be different this time?

Are you currently experiencing any cravings?

Dimension 6: Recovery Environment

Describe your living situation prior to entering treatment:

What about this living situation did not help you in your attempt at recovery? Describe:

Are there any individuals in your life who negatively impact your recovery?

Do you have a significant other? NO YES

If yes, what is the status of this relationship?

Are there any individuals in your life who very positively impact your ability to remain sober?

Number of Children:

Name(s) / Age(s):

Who has legal custody?

Who has physical custody?

Where do they reside?

Describe your employment history:

Why do you think you need help?

Why haven't you been able to stay sober on your own?

INTERVIEWER'S IMPRESSION – RECOMMENDATION

ASAM – None Low Moderate High Severe

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Did the client appear to be under the influence or in withdrawal at the time of interview? NO YES

Were any medical issues that would interfere with treatment observed by the interviewer? NO YES

Based on assessment, will the client need a mental health evaluation? NO YES

Does client present with SI/HI? NO YES

Other Notes:

CLINICAL DECISION

Appropriate for Admission

Denied Reason:

Interview by:

Date:

Referral Source Notified – Date:

Admission Scheduled – Date: