Clinical Guidelines and Service Definitions
Assessment for All Levels of Care
Substance Use Disorder

Funding Stream
Medicaid, Special Connections and Private Insurance should be accessed before Core Service dollars are requested. All pregnant women should be referred to the Special Connections licensed program if available in the region.

Definition of Service
- **Service goals are centered on promoting child and family safety and family protective capacity.**
- **Assessment** uses Office of Behavioral Health approved diagnostic instruments (list available on the OBH website) and processes to determine an individual's needs and problems. It is an essential first step in determining the possible causes of addiction for the person and the most appropriate treatment modality for his or her needs. Assessment is the first stage of intervention with persons who are chemically dependent. A comprehensive appraisal of the individual's alcohol or drug problem, and how it affects his or her health and functioning, is vital for selecting treatment resources that best meet his or her needs. Assessment and written report should include a determination of many factors, among them:
  - Identification of those who are experiencing problems related to substance misuse including specific substances and the severity of these issues—mild, moderate, or severe.
  - Assessing the full spectrum of problems for which treatment may be needed.
  - Planning appropriate interventions.
  - Involving appropriate family members or significant others in the individual's treatment.
  - Physical development and medical problems (including both general health conditions and possible infectious diseases such as HIV, tuberculosis, hepatitis, and sexually transmitted diseases).
  - History of the substance misuse issues and any prior treatment received.
  - Psychosocial problems (either precipitating the substance misuse or resulting from it), such as family and peer relationships, school or vocational difficulties, and legal and financial problems;
  - Psychiatric disorders.
Clinical Guidelines and Service Definitions  
Assessment for All Levels of Care – Substance Use Disorder  
Continued

- **Target Population**  Substance use disorder is a chronic and relapsing condition often associated with multidimensional problems in physical, psychological, emotional, spiritual, and social functioning. These problems tend to be an accumulation of factors that individuals have faced in their lives that are complicated by substance misuse. Therefore, a comprehensive screening and assessment for individuals with substance use disorders is critically important in order to address root causes of presenting symptoms and increase the likelihood of effective interventions that will assist individuals to become substance free, to live a more productive lifestyle and provide a safe and stable living environment for their child(ren). All client populations are recommended to have a comprehensive assessment completed with the exception of individuals who have had an assessment completed within the last twelve months when that assessment is available through contact with the previous treatment program. In these cases, a treatment plan update may be more appropriate.

- The collection and review of collateral information must be obtained prior to completing the report and documentation of the collateral information must be included in the final written report. If unable to obtain collateral data within one week of the referral, the provider must outreach to caseworker/supervisor/AspenPointe Health Network care coordinator to facilitate collection of collateral information. Reports written without obtaining collateral information will not be reimbursed without prior approval from AspenPointe Health Network.

- Urine Screening or other accepted substance misuse screening method will be conducted as a part of the assessment process. This screening will be conducted at a facility licensed by and follow the screening protocols in accordance with the Office of Behavioral Health guidelines.

**Qualifications of Provider**  
A thorough substance abuse assessment must be conducted at a provider location that is licensed by the Office of Behavioral Health and meets current standards for clinical care and supervision of clinical staff. Staff must meet Department of Regulatory Agencies (DORA) qualifications.

**Frequency of Services**  
Assessment may occur one time on an annual basis. Any assessment completed at one provider location must accompany a client in the event of any transfer. Assessments are limited to a maximum of four (4) hours per year. If an assessment has been completed by a previous provider within one year, then a treatment plan update would be appropriate.

**Estimated Length of Assessment**  
Four hours; may be over several sessions.

**Provider Responsibilities**  
Report required within ten business days of completed evaluation – both the Caseworker and Care Coordinator are to receive copies of the report.
**Caseworker Responsibilities**
Caseworker is responsible for providing specific referral question(s) to the Care Coordinator on the referral form; this will enable the provider to most effectively address the relevant issues. Refer to Core Service Handbook.

**Clinical Guidelines and Service Definitions**
**Assessment for All Levels of Care – Substance Abuse**
Continued

**Staffing**
An initial staffing will be held, if needed, within thirty days of completion of assessment. Additional staffings will be held as needed. Each staffing should:
- Be strength-based and family-centered.
- Identify clear goals, objectives, interventions, and time lines.