



State of California—Health and Human Services Agency
 Department of Health Care Services



EDMUND G. BROWN JR.
 GOVERNOR

DHCS American Society of Addiction Medicine (ASAM) Residential Level of Care Designation Questionnaire

The Department of Health Care Services (DHCS) is designating the ASAM level of care for all licensed residential treatment facilities. In order to make this determination, the following questionnaire is required to be filled out for each licensed facility.

Program/Facility Name: _____
 Facility Address: _____
 City/State/Zip: _____
 License Number: _____
 Treatment Capacity: _____

Please refer to the attached glossary for definition of terms.

SETTING	
(1)	Check all that apply: <input type="checkbox"/> The program is a DHCS licensed residential treatment facility. <input type="checkbox"/> The program is located in/or adjacent to a specialty unit within a licensed health care facility capable of providing a higher level of care. For example, the program is located in a hospital.
SERVICES	
(1)	Are 24hr supportive services available to residents? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Does the program provide the following counseling services?
	<input type="checkbox"/> Individual Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	<input type="checkbox"/> Group Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours
	<input type="checkbox"/> Educational Counseling Sessions - If yes, on average, how many hours per resident per week? _____ hours

	<input type="checkbox"/> Co-Occurring (CO) and Mental Health (MH) Treatment Services - If yes, on average, how many hours per resident per week? _____ hours																																																																											
(3)	Please indicate program staff conducting each service. Check all that apply: <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">License or Certification/Registration</th> <th style="width: 15%;">Individual Counseling Sessions</th> <th style="width: 15%;">Group Counseling Sessions</th> <th style="width: 15%;">Educational Counseling Sessions</th> <th style="width: 15%;">CO/MH Treatment Services</th> </tr> </thead> <tbody> <tr><td>PSY</td><td></td><td></td><td></td><td></td></tr> <tr><td>LCSW</td><td></td><td></td><td></td><td></td></tr> <tr><td>LMFT</td><td></td><td></td><td></td><td></td></tr> <tr><td>LPCC I</td><td></td><td></td><td></td><td></td></tr> <tr><td>LPCCII</td><td></td><td></td><td></td><td></td></tr> <tr><td>RN,NP,NPI</td><td></td><td></td><td></td><td></td></tr> <tr><td>PA</td><td></td><td></td><td></td><td></td></tr> <tr><td>IMF</td><td></td><td></td><td></td><td></td></tr> <tr><td>ASW</td><td></td><td></td><td></td><td></td></tr> <tr><td>PCCI</td><td></td><td></td><td></td><td></td></tr> <tr><td>RPS</td><td></td><td></td><td></td><td></td></tr> <tr><td>PSB</td><td></td><td></td><td></td><td></td></tr> <tr><td>Registered AOD Counselor</td><td></td><td></td><td></td><td></td></tr> <tr><td>Certified AOD Counselor</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	License or Certification/Registration	Individual Counseling Sessions	Group Counseling Sessions	Educational Counseling Sessions	CO/MH Treatment Services	PSY					LCSW					LMFT					LPCC I					LPCCII					RN,NP,NPI					PA					IMF					ASW					PCCI					RPS					PSB					Registered AOD Counselor					Certified AOD Counselor				
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(4)	Please attach a weekly schedule of services with the individual, group, educational and/or other treatment services labeled, in order to validate the service hours listed above.																																																																											
POPULATION SERVED																																																																												
	Please identify the percentage of population served in each category. Total must equal 100%																																																																											
(1)	On average, over the past 90 days, what percentage of residents were treated for moderate or severe substance use and addictive disorder without a co-occurring mental health disorder? Percentage: _____																																																																											
(2)	On average, over the past 90 days, what percentage of residents were treated for moderate or severe substance use and addictive disorder combined with a co-occurring mental disorder? Percentage: _____																																																																											
(3)	On average, over the past 90 days, what percentage of residents were treated for a substance use disorder combined with functional limitations that were primarily cognitive in nature? For example: Traumatic Brain Injury, Amnesia, Dementia, Delirium. Percentage: _____																																																																											

SUPPORT SYSTEM	
(1)	Does the program offer telephone or in-person consultation with physicians & emergency services, 24 hours/day 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Does the program have a direct affiliation or coordination with other ASAM levels of care, or close coordination through referral to more/less intensive levels of care & other services? Please check all that apply: <input type="checkbox"/> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.7 <input type="checkbox"/> 4 <input type="checkbox"/> OTP
(3)	Does the program have referral procedures in place for residents in need of pharmacotherapy for psychiatric or anti-addiction medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many referrals were made in the last 90 days? _____
(4)	Please check the services offered on-site and/or co-located in the last 90 days: <input type="checkbox"/> Medical Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Toxicology Services
(5)	Please check the services offered through referrals in the last 90 days: <input type="checkbox"/> Medical Services <input type="checkbox"/> Psychiatric Services <input type="checkbox"/> Psychological Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Toxicology Services
ASSESSMENT/ TREATMENT PLAN REVIEW	
	Does the program’s assessment & treatment plan review include:
(1)	An individualized, comprehensive bio-psychosocial assessment of the resident’s substance use disorder, conducted or updated by staff who are knowledgeable about addiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know
(2)	An individualized treatment plan, which involves problems, needs, strengths, skills, short-term measurable goals, preferences and activities designed to achieve those goals <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don’t know

(3)	Updates made to the bio-psychosocial assessment and treatment plan that reflect clinical progress <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
(4)	Physical examination and/or Health Questionnaire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
(5)	Ongoing transition/continuing care planning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Staff	
(1)	Are staff members available and on-site 24hrs/day, 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	Is there at least one individual who is a Licensed Professional trained in the treatment of substance use disorder available on-site or by telephone 24 hours/day, 7 days/week? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	Does the program have a Medical Doctor on staff or on contract? <input type="checkbox"/> Yes <input type="checkbox"/> No

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE OPERATION OF THE PROGRAM FOR WHICH I AM APPLYING. I UNDERSTAND THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE IS ACCURATE, TRUE, AND COMPLETE IN ALL MATERIAL ASPECTS.

AUTHORIZED INDIVIDUAL	TITLE	SIGNATURE	DATE

ENTER THE CONTACT INFORMATION OF THE PERSON THAT CAN BE REACHED FOR A FOLLOW-UP PHONE CONVERSATION.

NAME	TITLE	EMAIL	TELEPHONE

GLOSSARY

AOD - Alcohol and other drug.

Certified AOD Counselor - An individual certified by a certifying organization approved by the Department of Health Care Services.

Cognitive - of, relating to, being, or involving conscious intellectual activity such as thinking, reasoning or remembering.

Co-located - To be located in jointly or together, as two or more groups, military units, or the like; share or designate to share the same place.

Counseling Services - Any of the following activities:

- ❖ Evaluating participants', patients', or residents' AOD treatment or recovery needs, including screening prior to admission, intake, and assessment of need for services at the time of admission.
- ❖ Developing and updating of a treatment or recovery plan.
- ❖ Implementing the treatment or recovery plan.
- ❖ Continuing assessment and treatment planning.
- ❖ Conducting individual counseling sessions, group counseling sessions, face-to-face interviews, or counseling for families, couples, and other individuals significant in the life of the participants, patients, or residents.
- ❖ Documenting counseling activities, assessment, treatment and recovery planning, clinical reports related to treatment provided, progress notes, discharge summaries, and all other client related data.

Co-Occurring Disorders - Concurrent substance use and mental disorders. Other terms used to describe co-occurring disorders include “dual diagnosis”, “dual disorders”, “mentally ill chemically addicted”(MICA), “chemically addicted mentally ill”(CAMI), “mentally ill substance abusers” (MISA), “mentally ill chemically dependent” (MICD), “concurrent disorders”, “coexisting disorders”, “comorbid disorders”, and “individuals with co-occurring psychiatric and substance symptomatology” (ICOPSS). Use of term carries no implication as to which disorder is primary and which is secondary, which disorder occurred first, or whether one disorder caused the other.ⁱ

Education Counseling Session - Planned, structured, didactic presentation of information related to alcoholism and alcohol or drug abuse.

Group Counseling Session - Interaction that encourages residents to identify and resolve alcohol and/or drug-related problems, to examine personal attitudes and behavior, and provides support for positive changes in life style and recovery from alcoholism and/or drug abuse.

Individual Counseling Session - A private interaction between a resident and program staff which focuses on identification and resolution of alcohol and/or drug-related problems, to examine personal attitudes and behavior and other barriers to recovery.

Laboratory Services - General and advanced techniques used to examine blood and tissue samples to help physicians diagnose diseases and conditions.

Licensed Professional - A physician licensed by the Medical Board of California; or a psychologist licensed by the Board of Psychology; or a clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences, or an intern registered with the California Board of Psychology or the California Board of Behavioral Sciences. List of licensed professionals below.

1. Psychiatrist, Medical Doctor, Psychiatric Resident (**MD**)
2. Licensed Clinical Psychologist (**PSY**)
3. Licensed Clinical Social Worker (**LCSW**)
4. Licensed Marriage and Family Therapist (**LMFT**)
5. Licensed Professional Clinical Counselor I (**LPCC I**)
6. Licensed Professional Clinical Counselor II (**LPCC II**)
7. Registered Nurse, Nurse Practitioner, Nurse Practitioner Intern (**RN, NP, NPI**)
8. Physician Assistant (**PA**)
9. Marriage and Family Intern (**IMF**), Associate Social Worker (**ASW**), Professional Clinical Counselor Intern (**PCCI**), Registered Psychologist (**RPS**), Registered Psychological Assistant (**PSB**) registered with the respective Board and is one of the following:
 - ❖ An individual with a **Master's Degree** who is granted a waiver by the County
 - ❖ An individual with a **PhD** who has registered with the Board of Psychology and is granted a waiver by the State Department of Mental Health.

Psychiatric and Psychological Servicesⁱ - Highly skilled specialists provide expert assessment and care to individuals who have mental, addictive and emotional disorders.

Recovery or Treatment Planning - The development of a resident specific goal and a continuum of recovery or treatment objectives. It is the licensee's responsibility to provide the activities to facilitate this process.

Registered AOD Counselor - An individual registered with a certifying organization approved by the Department of Health Care Services to obtain certification as an AOD counselor.

Resident - An individual who resides in and receives services from a residential alcoholism or drug abuse recovery or treatment facility.

Substance Use and Addictive Disorderⁱⁱ:

Moderate - Presence of 4-5 of the symptoms listed below.

Severe - Presence of 6 or more of the symptoms listed below.

- A. A problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the following, occurring within a 12-month period.
1. Substance is often taken in larger amounts or over a longer period than was intended.
 2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
 3. A great deal of time spent in activities necessary to obtain substance, use substance, or recover from its effects.
 4. Craving, or strong desire or urge to use substance.
 5. Recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home.
 6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.
 7. Important social, occupational, or recreational activities are given up or reduced because of substance use.
 8. Recurrent substance use in situations in which it is physically hazardous.

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been cause or exacerbated by substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of substance to achieve intoxication or desired effects.
 - b. A markedly diminished effect with continued use of the same amount of substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance.
 - b. Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Supportive Services - Support Services are those readily available to the program through affiliation, contract, or because of their availability to the community at large, (for example, 911 emergency response services). They are used to provide services beyond the capacity of the staff of the program and which will not be needed by patients on a routine basis or to augment the services provided by staff.¹

Toxicology Services - Analysis of urine or blood to detect the presence of chemicals.

ASAM Levels of Care

ASAM Level of Care	Title	Description	Provider
0.5	Early Intervention	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Managed care or fee-for-service provider
1	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies	DHCS Certified Outpatient Facilities
2.1	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability	DHCS Certified Intensive Outpatient Facilities
2.5	Partial Hospitalization Services	20 or more hours of service/week for multidimensional instability not requiring 24-hour care	DHCS Certified Intensive Outpatient Facilities
3.1	Clinically Managed	24-hour structure with available	DHCS Licensed and

	Low-Intensity Residential Services	trained personnel; at least 5 hours of clinical service/week and prepare for outpatient treatment.	DHCS/ASAM Designated Residential Providers
3.3	Clinically Managed Population-Specific High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.5	Clinically Managed High-Intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full milieu or therapeutic community	DHCS Licensed and DHCS/ASAM Designated Residential Providers
3.7	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. 16 hour/day counselor availability	Chemical Dependency Recovery Hospitals; Hospital, Free Standing Psychiatric hospitals
4	Medically Managed Intensive Inpatient Services	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment	Chemical Dependency Recovery Hospitals, Hospital; Free Standing Psychiatric hospitals
OTP	Opioid Treatment Program	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder	DHCS Licensed OTP Maintenance Providers, licensed prescriber

ⁱ Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions* (3rd ed.). Carson City, NV: The Change Companies.

ⁱⁱ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.