



Substance Abuse Level of Care Tool

This form helps determine the most appropriate level of care for members seeking substance use treatment — withdrawal management (detox), residential treatment or intensive outpatient. Please submit using our preferred method via the provider website at <https://providers.healthybluela.com> or by fax to 1-844-432-6027.

Today's date:	
Section I: Contact information	
Level of care*	
<input type="checkbox"/> Level 4-WM (inpatient detox)	
<input type="checkbox"/> Other WM level of care: _____	
<input type="checkbox"/> Level 3.7 (medically monitored intensive inpatient services) — co-occurring (includes psychiatric management)	
<input type="checkbox"/> Level 3.7 (medically monitored intensive inpatient services)	
<input type="checkbox"/> Level 3.5 (clinically managed high-intensity residential services)	
<input type="checkbox"/> Level 3.3 (clinically managed population specific high-intensity residential services): Please indicate the special population: _____	
<input type="checkbox"/> Level 3.1 (clinically managed low intensity residential services)	
<input type="checkbox"/> Level 2.1 (intensive outpatient services)	
<i>* Please ensure the level of care checked above is consistent with criteria outlined in the Louisiana Department of Health Behavioral Health Services Provider Manual (Section 2.4).</i>	
Member name:	
Member ID or reference #:	Member date of birth:
For child/adolescent, name of parent/guardian:	
Member emergency contact name:	
Emergency contact phone:	
Utilization review contact name:	
Utilization review phone:	Utilization review fax:
Admit date:	Requested length of stay (days/units):
Discharge planner name:	
Discharge planner phone:	
Attending physician name:	

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.
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Attending physician phone:						
Provider NPI or Healthy Blue provider #:				Requested length of stay (days/units):		
Section II: DSM-5/ICD-10-CM diagnoses						
Please include all addiction- and nonaddiction-related diagnoses and codes.						
Section III: HPI						
Please provide reason for current request for admission with clinically relevant information.						
Section IV: dimensional assessment						
Dimension 1: substance use, acute intoxication and/or withdrawal potential						
1. Substance use history (Check all that apply.)						
Substance	Recent use (past 6 mo.)	Prior use (lifetime)	Route (inject, smoke, snort)	Frequency	Duration	Date of last use
Amphetamines, methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>				
Cocaine/crack	<input type="checkbox"/>	<input type="checkbox"/>				
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				
Opioid pain meds/heroin (misuse)	<input type="checkbox"/>	<input type="checkbox"/>				
Sedative misuse	<input type="checkbox"/>	<input type="checkbox"/>				
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>				
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				
Over-the-counter (cough syrup, diet aids)	<input type="checkbox"/>	<input type="checkbox"/>				
Nicotine	<input type="checkbox"/>	<input type="checkbox"/>				

2. Please list current vital signs, UDS results and withdrawal scores, if applicable.

3. Does the member get physically ill when stopping use? ☐ Yes ☐ No
 Please describe, if applicable.

4. Is the member currently experiencing withdrawal symptoms, such as tremors, excessive sweating, rapid heart rate, blackouts, anxiety, vomiting, etc.? ☐ Yes ☐ No
 Do these symptoms require a referral for medical evaluation? ☐ Yes ☐ No

5. Does the member have a history of serious withdrawal, seizures or life-threatening symptoms during withdrawal? ☐ Yes ☐ No
 Please describe and specify withdrawal substance(s), if applicable:

6. Please circle one of the following levels of severity for Dimension 1: substance use, acute intoxication and/or withdrawal potential.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
No signs of withdrawal/intoxication present	Mild/moderate intoxication interferes with daily functioning; minimal risk of severe withdrawal; no danger to self/others	May have severe intoxication but responds to support; moderate risk of severe withdrawal; no danger to self/others	Severe intoxication with imminent risk of danger to self/others; risk of severe manageable withdrawal	Incapacitated; severe signs and symptoms; presents danger (for example, seizures); continued substance use poses an imminent threat to life

Dimension 2: biomedical conditions and complications

1. Please list known medical provider(s), including specialty and contact information.

2. Please list any medical conditions and the current status of each, as well as any prior hospitalization dates and/or current medications.

3. Does the member report any medical symptoms that would be considered life-threatening or require immediate medical attention? ☐ Yes ☐ No
 If yes, consider immediate referral to emergency room or call 911. If no, what interventions are needed now?

4. Please circle one of the following levels of severity for Dimension 2: biomedical conditions and complications.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
Fully functional/able to cope with discomfort or pain	Mild to moderate symptoms interfering with daily functioning; adequate ability to cope with physical discomfort	Some difficulty tolerating physical problems; acute, nonlife-threatening problems present or serious biomedical problems are neglected	Serious medical problems neglected; severe medical problems present but stable; poor ability to cope with physical problems	Incapacitated with severe medical problems

Dimension 3: emotional, behavioral or cognitive conditions and complications

1. Does the member have psychiatric conditions or complications that are currently problematic?
☐ Yes ☐ No
 Please list previous diagnoses (including trauma), and past/current treatments and effectiveness (medications, providers), as well as any additional symptoms currently experienced (for example, irritability, anger, psychotic symptoms, hopelessness, SI, HI, etc.).

2. Based on previous questions, is further assessment or treatment of mental health/psychiatric condition needed? ☐ Yes ☐ No
 Please describe.

3. Describe any ways that these diagnoses complicate addiction treatment, including interference with social functioning, ability to perform self-care and any predicted difficulties with recovery efforts, and plans to manage these potential complications.
4. Please circle one of the following levels of severity for Dimension 3: emotional, behavioral or cognitive conditions and complications.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
Good impulse control and coping skills; not dangerous; good social functioning and self-care; no interference with recovery	Suspect mental health diagnosis; requires intervention, but does not interfere with recovery; some relationship impairment	Persistent symptoms distract from recovery, but no immediate threat to self/others; does not prevent independent functioning	Severe symptoms but does not require acute level of care; not dangerous in a 24-hour setting	Severe symptoms; requires acute level of care; exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others)

Dimension 4: readiness to change

1. Is substance use affecting the member's everyday life (for example, work, finances, school, relationships, hygiene, sexual health, legal matters, etc.)? ☐ Yes ☐ No
 Please describe.
2. Has the member received treatment for substance use in the past? ☐ Yes ☐ No
 Please list treatment provider(s).
3. Were previous treatment attempts successful? ☐ Yes ☐ No
 Please describe.
4. What types of support structures are in place to aid recovery?
5. What are potential barriers to recovery (financial, transportation, relationships, etc.)?

6. How important is it to the member to receive treatment for substance use?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

7. Please circle one of the following levels of severity for Dimension 4: readiness to change.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
Willing to engage in treatment	Willing to enter treatment, but ambivalent to the need to change	Reluctant to agree to treatment; low commitment to change substance use; passive engagement in treatment	Unaware of need to change; unwilling or partially able to follow through with recommendations for treatment	Not willing to change; unwilling/unable to follow through with treatment recommendations

Dimension 5: relapse, continued use or continued problem potential

1. In the last 30 days, how often has the member experienced cravings, withdrawal symptoms or disturbing effects of use? ☐ None ☐ Occasionally ☐ Frequently ☐ Constantly
 Please describe below.

2. Does the member feel that they will either relapse or continue to use without treatment or additional support? ☐ Yes ☐ No
 Please describe below.

3. What are the member's triggers (for example, cravings, mental health, relationships, work, finances, pain, environment, etc.), and how does he/she respond to these?

4. Has the member attempted to cut down/quit in the past? ☐ Yes ☐ No
 What is the longest period of time the member has gone without using substances? What factors influenced this the most? What contributed to relapse?

5. Please circle one of the following levels of severity for Dimension 5: relapse, continued use or continued problem potential.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
Low/no potential for relapse; good ability to cope	Minimal relapse potential; some risk, but fair coping and relapse prevention skills	Impaired recognition of risk for relapse; able to self-manage with prompting	Little recognition of risk for relapse, poor skills to cope with relapse	No coping skills for relapse/addiction problems; substance use/behavior places self/others in imminent danger

Dimension 6: recovery/living environment

- Does the member have any relationships that are supportive of his or her recovery?
Please describe.
- What is the member's current living situation (for example, homeless, living with family/alone)?
- Does the member currently live in an environment where others are using drugs? ☐ Yes ☐ No
Please describe.
- Is the member currently involved in relationships or situations that pose a threat to his or her safety and/or negatively impact recovery efforts? ☐ Yes ☐ No
Please describe.
- Is the member currently employed or enrolled in school? ☐ Yes ☐ No
Please describe (for example, where employed, duration of employment, name and type of school).
- Is the member currently involved with social services or the legal system (for example, DCFS, court mandated, probation, parole)? ☐ Yes ☐ No
Please describe.

If on parole/probation, list name of parole/probation officer and contact information:

7. Please circle one of the following levels of severity for Dimension 6: recovery/living environment.

0 None	1 Mild	2 Moderate	3 Severe	4 Very severe
Able to cope in environment/ supportive	Passive/ disinterested social support, but still able to cope	Unsupportive environment, but able to cope with clinical structure most of the time	Unsupportive environment, difficulty coping even with clinical structure	Environment toxic/hostile to recovery; unable to cope, and the environment may pose a threat to safety

Summary of multidimensional assessment

Dimension	Severity rating (based on ratings above)				Rationale
Dimension 1: substance use, acute intoxication and/or withdrawal potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 2: biomedical conditions and complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 3: emotional, behavioral or cognitive conditions and complications	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 4: readiness to change	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 5: relapse, continued use or continued problem potential	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	
Dimension 6: Recovery/living environment	<input type="checkbox"/> 0 None	<input type="checkbox"/> 1 Mild	<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> 3-4 Severe	

Section V: recommended level of care

1. Level of care: Enter the ASAM Level of Care number that offers the most appropriate treatment setting given the patient's current severity and functioning.
2. Level of care provided: If the most appropriate level of care is not used, then enter the next appropriate level of care and check off the reason for this discrepancy.

Reason for the discrepancy:

- | | | |
|---|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Service not available | <input type="checkbox"/> Provider judgement |
| <input type="checkbox"/> Patient preference | <input type="checkbox"/> Transportation | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Preferred to wait | <input type="checkbox"/> Language/cultural considerations |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Mental health | <input type="checkbox"/> Physical health |

☐ Other (Describe.): _____

Briefly explain discrepancy:

3. Describe plan for achieving goals noted above during requested length of stay (including specific time frames/appointments).
4. Describe initial discharge plan (discharge planning must begin at admission).

Please attach any additional clinical information that may support your request.

Submitted by:

Phone:

Section V: recommended level of care

ASAM Level of Care Determination Tool

Instructions: For each dimension, indicate the least intensive level of care that is appropriate based on the patient's severity/functioning and service needs.

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