



**Department of Behavioral Health
Substance Use Disorder and Recovery Services**

ASAM LEVEL OF CARE (LOC)

This form is to be used by **treating providers** to document level of care information.

Date of screening or assessment	
Treating provider	
Client's CIN #	
Client's first name	
Client's last name	
Client's DOB	

Type of screen/assessment	
<input type="checkbox"/>	Brief Initial Screen
<input type="checkbox"/>	Initial Assessment
<input type="checkbox"/>	Follow up Assessment

Indicated LOC/WM	
<input type="checkbox"/>	None
<input type="checkbox"/>	Narcotic Tx Program/ Opiate Tx Program
<input type="checkbox"/>	0.5 Early Intervention
<input type="checkbox"/>	1 Outpatient
<input type="checkbox"/>	2.1 Intensive Outpatient
<input type="checkbox"/>	2.5 Partial Hospitalization
<input type="checkbox"/>	3.1 Clinically Managed Low-Intensity Residential
<input type="checkbox"/>	3.3 Clinically Managed Popn-Specific High-Int Residential
<input type="checkbox"/>	3.5 Clinically Managed High-Intensity Residential
<input type="checkbox"/>	4 Medically Managed Intensive Inpatient Services
<input type="checkbox"/>	1-WM Ambulatory WM w/o extended onsite monitoring
<input type="checkbox"/>	2-WM Ambulatory WM w/extended onsite monitoring
<input type="checkbox"/>	3.2 WM Clinically Managed residential WM
<input type="checkbox"/>	3.7-WM Medically monitored inpatient WM
<input type="checkbox"/>	4-WM Medically Managed intensive inpatient WM

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Client Name	
DOB	
BHMIS#	
Program	

Add'l indicated LOC/WM, if any (1)	
<input type="checkbox"/>	None
<input type="checkbox"/>	Narcotic Tx Program/ Opiate Tx Program
<input type="checkbox"/>	0.5 Early Intervention
<input type="checkbox"/>	1 Outpatient
<input type="checkbox"/>	2.1 Intensive Outpatient
<input type="checkbox"/>	2.5 Partial Hospitalization
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<input type="checkbox"/>	3.5 Clinically Managed High-Intensity Residential
<input type="checkbox"/>	4 Medically Managed Intensive Inpatient Services
<input type="checkbox"/>	1-WM Ambulatory WM w/o extended onsite monitoring
<input type="checkbox"/>	2-WM Ambulatory WM w/extended onsite monitoring
<input type="checkbox"/>	3.2 WM Clinically Managed residential WM
<input type="checkbox"/>	3.7-WM Medically monitored inpatient WM
<input type="checkbox"/>	4-WM Medically Managed intensive inpatient WM

Add'l indicated LOC/WM, if any (2)	
<input type="checkbox"/>	None
<input type="checkbox"/>	Narcotic Tx Program/ Opiate Tx Program
<input type="checkbox"/>	0.5 Early Intervention
<input type="checkbox"/>	1 Outpatient
<input type="checkbox"/>	2.1 Intensive Outpatient
<input type="checkbox"/>	2.5 Partial Hospitalization
<input type="checkbox"/>	3.1 Clinically Managed Low-Intensity Residential
<input type="checkbox"/>	3.3 Clinically Managed Popn-Specific High-Int Residential
<input type="checkbox"/>	3.5 Clinically Managed High-Intensity Residential
<input type="checkbox"/>	4 Medically Managed Intensive Inpatient Services
<input type="checkbox"/>	1-WM Ambulatory WM w/o extended onsite monitoring
<input type="checkbox"/>	2-WM Ambulatory WM w/extended onsite monitoring
<input type="checkbox"/>	3.2 WM Clinically Managed residential WM
<input type="checkbox"/>	3.7-WM Medically monitored inpatient WM
<input type="checkbox"/>	4-WM Medically Managed intensive inpatient WM

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Actual LOC/WM placement decision	
<input type="checkbox"/>	None
<input type="checkbox"/>	Narcotic Tx Program/ Opiate Tx Program
<input type="checkbox"/>	0.5 Early Intervention
<input type="checkbox"/>	1 Outpatient
<input type="checkbox"/>	2.1 Intensive Outpatient
<input type="checkbox"/>	2.5 Partial Hospitalization
<input type="checkbox"/>	3.1 Clinically Managed Low-Intensity Residential
<input type="checkbox"/>	3.3 Clinically Managed Popn-Specific High-Int Residential
<input type="checkbox"/>	3.5 Clinically Managed High-Intensity Residential
<input type="checkbox"/>	4 Medically Managed Intensive Inpatient Services
<input type="checkbox"/>	1-WM Ambulatory WM w/o extended onsite monitoring
<input type="checkbox"/>	2-WM Ambulatory WM w/extended onsite monitoring
<input type="checkbox"/>	3.2 WM Clinically Managed residential WM
<input type="checkbox"/>	3.7-WM Medically monitored inpatient WM
<input type="checkbox"/>	4-WM Medically Managed intensive inpatient WM

Add'l Actual LOC/WM placement decision, if any	
<input type="checkbox"/>	None
<input type="checkbox"/>	Narcotic Tx Program/ Opiate Tx Program
<input type="checkbox"/>	0.5 Early Intervention
<input type="checkbox"/>	1 Outpatient
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If actual LOC/WM was not among those indicated, reason for difference	
<input type="checkbox"/>	Not applicable- No difference
<input type="checkbox"/>	Clinical Judgement
<input type="checkbox"/>	Lack of insurance/payment source
<input type="checkbox"/>	Legal issues
<input type="checkbox"/>	Level of care not available
<input type="checkbox"/>	Managed care refusal
<input type="checkbox"/>	Patient preference
<input type="checkbox"/>	Geographic accessibility
<input type="checkbox"/>	Family responsibility
<input type="checkbox"/>	Language
<input type="checkbox"/>	Used two residential services already
<input type="checkbox"/>	Other If "Other" reason, please explain:

If referral is being made but admission is expected to be DELAYED, reason for delay	
<input type="checkbox"/>	Waiting for level of care availability
<input type="checkbox"/>	Waiting for language-specific services
<input type="checkbox"/>	Waiting for other special population-specific services
<input type="checkbox"/>	Hospitalized
<input type="checkbox"/>	Incarcerated
<input type="checkbox"/>	Waiting for ADA accommodation
<input type="checkbox"/>	Other If "Other" reason, please explain:

Additional Comments (optional):

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