



Adult DMC-ODS Transition

Adult DMC-ODS Transition is required to be completed within 14 days of discharge for every LOC including 3.2WM and NTP

Date:		Start Time:		Stop Time:		Total Time:			
Primary Counselor:									
Program:				Admit Date:					
Client's Current Level of Care:	WM 3.2 <input type="checkbox"/>	Residential <input type="checkbox"/>	3.1 <input type="checkbox"/>	3.3 <input type="checkbox"/>	3.5 <input type="checkbox"/>	IOT <input type="checkbox"/> <i>(Includes Perinatal)</i>	Outpatient <input type="checkbox"/> <i>(includes Drug Court)</i>	NTP <input type="checkbox"/>	Recovery Services <input type="checkbox"/>
Current DSM Diagnosis:									

Demographic Information	
Client Name:	Client ID:
Insurance Type: <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private <input type="checkbox"/> Other <i>(Please Specify)</i> :	

Dimension 1: Acute Intoxication and/or Withdrawal Potential
If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 1:

Severity Rating – Dimension 1 Substance Abuse, Acute Intoxication, Withdrawal Potential				
0 <input type="checkbox"/> None	1 <input type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
No signs of withdrawal/intoxication present.	Mild/moderate intoxication, interferes with daily function, 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, i.e. seizures. Continued substance use poses an imminent threat to life.

Dimension 2: Biomedical Conditions and Complications
If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 2:

Severity Rating – Dimension 2: Biomedical Conditions and Complications				
0 <input type="checkbox"/> None	1 <input checked="" type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
Fully functional / able to cope with discomfort or pain.	Mild/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 during treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

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	DOB:	
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Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 3:

Severity Rating – Dimension 3 Emotional, Behavioral, or Cognitive Conditions and Complications

0 <input type="checkbox"/> None	1 <input type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

Dimension 4: Readiness to Change

If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 4: : *(Include a description of the client's perception of discharging and (if applicable) attending a lower/higher level of care at this time)*

Severity Rating – Dimension 4: Readiness to Change

0 <input type="checkbox"/> None	1 <input type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
Willing to engage in treatment, actively engaged in change.	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 of treatment.	Not willing to change. Unwilling / unable to follow through with treatment recommendations.

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Dimension 5: Relapse, Continued Use, or Continued Problem Potential

If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 5:

Severity Rating - Dimension 5: Relapse, Continued Use, or Continued Problem Potential

0 <input type="checkbox"/> None	1 <input type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
Low / no potential for relapse, good coping and relapse prevention skills.	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/other in imminent danger.

Dimension 6: Recovery/Living Environment

If applicable, comment in detail the progress or lack of progress the client is experiencing in Dimension 6:

Severity Rating – Dimension 6: Recovery/Living Environment

0 <input type="checkbox"/> None	1 <input type="checkbox"/> Mild	2 <input type="checkbox"/> Moderate	3 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Very Severe
Environment supportive of recovery process.	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.

Severity Profile	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Severity Ratings / Levels of Care Reference Sheet

<i>Recovery Services</i>	<i>Client meets severity ratings of none or mild across Dimensions 1, 2, 3, 4 and 6 and has at minimum mild severity rating in Dimension 5. Client must have a diagnosis of early remission or sustained remission to qualify.</i>
<i>1.0 Outpatient</i>	<i>Client meets severity ratings of none or mild across Dimensions 1 through 4 and 6 and may have mild to moderate severity ratings in Dimension 5.</i>
<i>2.1 Intensive Outpatient</i>	<i>Client meets severity ratings of mild to moderate across Dimensions 1 through 4 and has moderate ratings in 5 through 6.</i>
<i>3.1 Low- Intensity Residential</i>	<i>Client meets severity ratings of none to moderate ratings in Dimensions 1 through 4, mild to moderate in 5 and moderate to severe rating in 6.</i>
<i>3.3 High-Intensity Residential (Population specific)</i>	<i>Client meets severity ratings of none to moderate in Dimensions 1 through 4 and moderate to severe in Dimensions 5 through 6.</i>
<i>3.5 High-Intensity Residential</i>	<i>Client meets severity ratings of none to moderate ratings across Dimensions 1 through 4 and moderate to severe ratings in Dimensions 5 through 6.</i>

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3.7 Medically Monitored Inpatient	Client meets severity ratings moderate to severe in Dimensions 1 through 3. Dimensions 4 through 6 are not considered for this level of care.
4.0 Medically Managed Inpatient	Client meets severity ratings of severe in Dimensions 1 through 3. Dimensions 4 through 6 are not considered for this level of care.
Withdrawal Management	
3.2 Withdrawal Management	Client must meet at minimum a severity rating of moderate in Dimension 1.
3.7 Withdrawal Management	Client must meet at minimum a severity rating of moderate to severe in Dimension 1.
4.0 Withdrawal Management	Client must meet at minimum a severity rating of severe to very severe in Dimension 1.

Continued Stay Criteria <i>(Complete this section if the client is to remain at the current level of care)</i>	Check all that apply
1. The client is making progress but has not yet met the goals developed in the individualized treatment plan. Continued treatment at the present level of care is necessary to allow the client to continue working toward treatment goals; OR	
2. The client is not yet making progress, but has the ability to make progress. He or she is actively working toward the goals developed in the individualized treatment plan. Continued treatment at the present level of care is necessary to permit the client to continue working toward his or her treatment goals; AND/OR	
3. New problems have been identified that can be addressed at the present level of care, and this level of care is the least intensive at which the client's new problems can be addressed effectively.	

OR

Transfer/Discharge Criteria <i>(Complete this section if the client is discharging)</i>	
4. The client has achieved the goals developed in his or her individualized treatment plan. The client is ready to be discharged and referred to a lower level of care or self-directed recovery community; OR	
5. The client has been unable to resolve the problem(s) that justified admission to the present level of care, despite changes to the treatment plan. The client has received the maximum possible benefit from treatment at the current level of care. Treatment at another level of care (more or less intensive), or discharge from treatment is therefore indicated.	
COMMENTS:	

Client To Remain at Current Level of Care Yes No

Client is: Discharging Transferring **If transferring – what level of care is client transferring to:**

For Residential Treatment Only: Indicate additional number of days an Extension-Authorization from SUDRS is being requested:

Completed by Name: _____ Title: _____

Signature: _____ Date: _____

Telephone Number:	Fax Number:	Email (optional):
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Residential Treatment Extension-Authorization (Adult)

This form is to be used by SUDRS only to provide an Extension-Authorization for a current Residential Treatment episode. This form must be accompanied by the SUDRS0026 "Adult DMC-ODS Transitional" form.

LEVEL OF CARE EXTENSION-AUTHORIZATION BY THE COUNTY
Adult clients may receive one 30-day extension, if that extension is medically necessary, per 365-day period.

- Adult Residential 3.1 3.3 3.5
- Adult Residential w/Children 3.1 3.5

Extension-Authorization will be reviewed and a response provided within 24 business hours of receipt of this form.

Review: Approved for Continued Stay for: _____ additional days in level 3.1 3.3 3.5.
 Denied

Authorized County Representative Comments: *(indicate extension-authorization time frame in comments below):*

Authorized County Representative:

Date:

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