**Clinical Review Request Form for SUD Treatment**

**Consumer’s ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates Requested, if less than 30 days:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date admitted to this level of care:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This extension request form must be filled out, in its entirety, and submitted no later than 10 business days prior to the 60th day in treatment. These documents should be submitted, M-F, 8-5. If approved, this will extend services for an additional thirty days from the 60th day in treatment.

**Diagnosis (DSM-5 codes):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Level of Care requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has a Plan of Safe Care (DHS) or Family Care Plan (treatment or other resource) been developed?** Yes No

**Desire to Change (Circle one):**

No Desire Little Desire Ambivalent Desire Desires to change, with some reservations Active Desire to Change

**Stage of Change (Circle one):**

Precontemplation Contemplation Preparation Action/Maintenance Relapse

**The form on the next page will ask for justification to be given to support continued services. In filling out this form, please keep in mind ASAM criteria and ASAM continued service criteria, ASAM’s special considerations for pregnant women as well as women and children in treatment, and also ASAM’s regard for imminent danger. (Refer to Addendum A for this information.) If the child has a DC:0-5 diagnosis, that can also be included.**

**A GOOD EXTENSION REQUEST SHOULD:**

* Highlight what the client accomplished previously, what they are working on now, and what they need to work on given additional time in treatment.
* Use Stages of Change language in Dimension 4. If the rating shows improvement, what has changed? If the rating remains the same, why? If the rating has lowered, was this due to relapse or other event?
* Dimension 5 should be very clear on what relapse prevention skills they need to learn with additional time in treatment.
* Dimension 6 should include as much as possible on the status of the recovery environment, steps already taken, and need to be taken to ensure the best recovery environment possible.

|  |  |
| --- | --- |
| **Dimension:** | **Justification:**  |
| Dimension 1 |  |
| Dimension 2 |  |
| Dimension 3 |  |
| Dimension 4 |  |
| Dimension 5 |  |
| Dimension 6 |  |

Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Addendum A**

[**Continued Services Criteria**](#Continued_Services_Criteria)

[**Imminent Danger**](#Imminent_Danger)

[**Special Considerations**](#Special_Considerations)

**(All portions below are from The ASAM Criteria, 3rd Edition.)**

**Continued Services Criteria**

It is appropriate to retain the patient at the present level of care if:

* The patient is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;

or

* The patient is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;

and/or

* New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient’s new problems can be addressed effectively.

**Imminent Danger (must have all 3):**

1. A strong probability that certain behaviors (such as continued alcohol or drug use or relapse) will occur,
2. The likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others (e.g. reckless driving while intoxicated, child neglect or potential child neglect, criminal behaviors, overdoses), and
3. The likelihood that such adverse events will occur in the very near future, within hours and days, not weeks and months.

**Special Considerations for Parent, Child, and Pregnant/Postpartum Woman in Treatment**

Level of care will be individualized to the needs of the parent and the child and that by using the full ASAM criteria continuum of care, children of all ages can be screened, assessed and provided treatment with a parent at a level of care that most efficiently and effectively meets the needs of the parent and the child.

Parenting individuals who have the primary responsibility of offering care and nurturing to a young child have needs beyond those of the general adult population, specific to their parenting status. Children present both incentives to recovery and obstacles to treatment engagement for a parent needing treatment for a substance use disorder.

**Parents with young children or pregnant women in specially designed residential substance related or co-occurring disorders treatment.**

* Parent meets the 3.5 level of care. In addition, the criteria allowing admission of a parent with a child into residential services must demonstrate that the parent child combination is in imminent danger as defined in the ASAM Criteria, e.g., the level of abuse or neglect may be significant so as to endanger the child through abuse or neglect and/or the parent through stress and potential harm to self if not in a 24 hour treatment setting.
* Environment must be conducive to parent/child routines.
* It is critical that connections with supportive resources be made early in treatment, be provided throughout treatment and be in place in preparation for transfer/discharge. Connections with agencies should be made so that the families have access to these agencies. Also concreate supports, i.e. clothing/food will need to be made. Failure to have supports and resources in places can prolong the stay in residential facilities.
* Increasing parenting skills and attachment will decrease the stresses associated with parenting and increase the potential for a parenting individuals’ successful recovery.
* In addition to meeting the ASAM criteria for Level 3 criteria for admission and continued treatment, parenting skills, resources and deficits are assessed in each dimension of the ASAM criteria to determine the extent to which the parent child relationship has been affected by the individuals substance use and co-occurring disorder as well as how the stresses of parenting will affect the parent’s recovery. The treatment plan/treatment plan reviews also include an assessment in each dimension that reflects progress or lack of progress in each dimension toward achieving healthy parenting in recovery.

**Factors involved in serving the accompanying child.**

* Engagement between parent and child. Healthy attachment, development (to address issues like failure to thrive, developmental delays) and mental health are promoted.
* The needs of the child should be considered conjointly as well as separately from those of the parent. Possibility of terminating a parent’s right to custody must be considered and be part of the child’s safety plan.

**Diagnostic Admission Criteria Special Considerations for Parent and Child**

* + Each dimension of the ASAM criteria is assessed to determine the extent to which the existing or pending parent-child relationship has been affected by the individual’s substance use or co-occurring mental health problems, including trauma, as well as how the stresses of parenting have affected or will affect the parent’s recovery.
	+ **Dimension 1:**

**Parent:**

* Assess the risks of having a child whose primary caregiver may be undergoing acute intoxication or withdrawal
* Assess the risk to an unborn child of experiencing acute abstinence in utero

\*After the birth, women on medication assisted treatment need constant supervision with their infant prior to the significant drop in their medication doses (because, for example, they can fall asleep, jeopardizing the care of the infant.)

**Child:**

* This would not typically apply to young children in treatment as traditionally defined ASAM criteria. But, effects on the child of a parent’s Dimension 1 issues including in utero, could be noted here.
* A physically dependent neonate, at birth, may undergo management of neonatal withdrawal syndrome in the nursery.

**Pregnant/Postpartum Women:**

* Ensure that the pregnant woman has been assessed for risk of hazardous consequences of withdrawal from alcohol or other drugs on herself.
* Ensure that the pregnant woman has been assessed for risk of hazardous consequences of withdrawal from alcohol or other drugs on the fetus.

\*Withdrawal needs may be addressed with medication assisted treatment and managed within the treatment setting.

* + **Dimension 2:**

**Parent:**

* Evaluate how this condition has had or will have an influence on the parent’s ability to care for their child.

**Child:**

* Assess children for current as well as historical medical issues, with emphasis on biological and genetic disease vulnerabilities and early development and immunizations, including the effects of exposure to substances, including alcohol and tobacco in utero and secondhand smoke after birth.

\*Fetal alcohol spectrum disorder (FASD) is clearly a consideration to be evaluated in some cases. Screening for tuberculosis and other communicable diseases is completed at intake.

**Pregnant/Postpartum Women:**

* Assess for current and potential biomedical problems connected with prenatal, perinatal, and postpartum stages.
* Chronic health care issues such as hepatitis, HIV, and diabetes must be assessed and considered for safe delivery.
* Information is also gathered regarding prior pregnancies and their outcomes and whether the patient is using any medications as prescribed.
	+ **Dimension 3:**

**Parent:**

* The effect of any co-occurring MH issues on the individual’s ability to parent is assessed.
* The emotional readiness of the adult with a substance related or co-occurring disorder to face the responsibilities of pregnancy or parenting is considered. (Fear or ambivalence about being a parent or having an additional child may need to be addressed.)
* Special attention should be given to the potential for postpartum depression when the parent, in treatment for a substance-related or co-occurring disorders, is in the postpartum period.
* The parents’ own experiences of being parented and experiences of trauma are assessed as to the effect of past poor parenting and how that will affect the child and the parent-child relationship.
* If medications are involved, assess how they might have affected or will affect parenting.

**Child:**

* The effects of trauma, mental health problems, poor attachment to the parent, harmful patterns of behavior, and delay in achieving developmental milestones are expected to distract from healthy adaptation and require monitoring/intervention by clinical staff and other professionals specializing in child development.
* Consideration is given to special needs children, children with developmental delays, FASD, and other emotional, behavioral, or cognitive conditions requiring additional services.

**Pregnant/Postpartum Women:**

* Assessment includes the degree of stress that the pregnancy has created, the potential for additional stresses of childbirth, and the presence of perinatal depression and the potential for postpartum episodes of depression.
* If the use of psychotropic medications during pregnancy is considered, a risk-benefit analysis should be discussed with the patient.
	+ **Dimension 4:**

**Parent:**

* The level of readiness and motivation to parent their children needs to be assessed.
* Additionally the parent’s readiness to parent is evaluated, taking into consideration their basic ability to function in the personal and parental tasks of daily living and what, in terms of direction and guidance, treatment will need to provide to help them become successful.

**Child:**

Assess risk and protective factors to gauge child’s potential for change.

* Measures of wellbeing can be assessed for positive adaptation despite adversity or risk and can indicate how best to target interventions to increase well-being.
* Children’s readiness to change also involves issues related to their emotional and social development, e.g. Readiness to deal with trauma, difficulties with isolation or loneliness, etc.

**Pregnant/Postpartum Women:**

* Assessing readiness to change includes an assessment of her ability to cope with stress and her potential for following through with treatment and parenting.
	+ **Dimension 5** is evaluated for stresses of parenting.

**Parent:**

* Assess how the individual copes with the demands of being a parent and how being a parent has influenced his/her patterns of use. (Does the parent hide their use from the child? How involved was the parent/child in the culture of use? Examples of stressors that can lead to use include the lack of skills to perform tasks of daily living or the basic understanding of how to meet the child’s needs. Also, taking too much responsibility and feeling overly remorseful for the difficulties their children experienced due to their use, if not sufficiently addressed, can become a powerful trigger to use.)

**Child:**

* Evaluates risks of a child returning to the same or similar problems that include the risk that the parent may relapse, socioeconomic disadvantage, family dysfunction, parenting deficits, and other stressful life events.

\*High level of risk in this dimension may rise to the level of imminent danger for a child.

* An assessment of how the child coped with past situations will include both positive and negative behaviors.
* Dimension 5 will include an age appropriate safety plan addressing the need for supervision and stimulation for the child.

**Pregnant/Postpartum Women:**

* Assess risk of relapse due to childbirth being accompanied by physical problems necessitating the use of medications.
* Assess risk of relapse due to postpartum triggers
	+ **Dimension 6** emphasizes planning to provide connections to needed services, including other ASAM criteria levels of care or other types of services to ensure the safety and wellbeing of the parent and child after transfer or discharge from residential treatment.

**Parent:**

* Recovery environment needs to be safe, affordable and drug free.

\*The lack of adequate housing decreases the possibility of a successful outcome for both parent and child.

**Child:**

* Assess current and future issues related to stable living that improve family support in the community with planning and connections to housing, childcare, learning opportunities, and other assessed environmental and social needs and supports.
* Dimension 6 includes a safety plan. Unresolved issues in this dimension can rise to the level of imminent danger for a child.

**Pregnant/Postpartum Women:**

* The need for a safe and stable environment is of critical concern during pregnancy, birth, and postpartum stages. It is expected that, while some environments might be acceptable in other circumstances, pregnancy demands, and the federal guidelines require, that a pregnant woman be given priority for the safety and support that treatment services offer.