

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 22 <i>Policy: Assessment and Level of Care Placement Determination</i>
<i>Most Current Revision: 08/13/2021</i> <i>Effective Date: 07/01/2020</i>	<i>Page: 1 of 3</i>

I. Purpose:

To set forth parameters and protocol for individuals receiving a substance use disorder (SUD) level of care assessment (LoCA).

II. Procedure:

A Level of Care Assessment (LoCA) is a face to face (unless otherwise indicated in writing by the designated governing agency) interview to ascertain the treatment and treatment-related needs of an individual based on the degree and severity of substance use and the treatment and treatment-related needs of the individual based on the dimensions of the most current ASAM Criteria.

Individuals shall be referred to the appropriate level of care as indicated through the completion of a LoCA tool, ASAM Placement Summary Sheet comprised of a Level of Service and **Risk Rating*** for each dimension.

(***Risk Rating** is NOT indicative to the level of service)

- A. Assessors must assess individuals and address identified individualized treatment and treatment-related needs.
- B. Assessors must maintain neutrality when referring individuals into a level of care, facility, or provider.
- C. Assessors must utilize a tool that includes required components identified by DDAP; found in the most current CMCS manual.
- D. Risk for Problem Gambling with an identified referral (as needed) must be documented in the miscellaneous notes in WITS. The corresponding LoCA case note is to reflect the need for and subsequent referral.
- E. To determine the appropriate level of care, the individual conducting the LoCA must apply the ASAM Criteria, 2013 to complete the ASAM Placement Summary of which includes the Level Risk Rating for each dimension. The LoCA tool is designed as a multidimensional assessment of the strengths and needs of the individual and the Level of Risk Rating addresses an individual's severity and level of function.
- F. The ASAM Placement Summary Sheet with the completed Level of Risk Rating for each dimension must be completed in PA WITS to record and exchange information necessary in making or validating placement determinations. The information documented on the ASAM

Placement Summary Sheet and the Level of Risk Rating for each dimension must comply with state and federal confidentiality regulations.

- i The ASAM Placement summary Sheet with the Level of Risk Rating for each dimension must reflect a multi-dimensional approach to determining the appropriate level of care an individual needs regardless of whether funding is available for the identified level of care.
- ii The ASAM Placement Summary Sheet should NOT be solely based on the level of care requested by the individual or referral source.
- iii If the level of care received is different than the level recommended, the ASAM Placement Summary Sheet with the corresponding case notes must document attempts to engage the individual into clinically appropriate services.

G. A Case Management Service Plan (a.k.a. Recovery Plan in WITS) must be completed at the time of the LoCA and updated no less than 60 days thereafter. All initial and updated plans must be completed in PA WITS. The Case Management Service Plan/Recovery Plan is an assessment of non-treatment needs that must be addressed at the time of the LoCA and updated throughout an individual's time in treatment. Providers must ensure individuals have a Case Management Service Plan/Recovery Plan that has been reviewed and updated while the individual is in treatment.

A LoCA must be completed in WITS within (7) calendar days from the date of initial contact with the individual.

The LoCA must be completed in its entirety in one session prior to referring the individual to the appropriate level of care.

- When an individual requires withdrawal management the LoCA does not need to be done prior to admission into withdrawal management but must occur before the individual is referred to the next level of care.
- Individuals in need of withdrawal management must be admitted to that service within 24 hours. If this time frame cannot be met, the documented reason must be captured in the individual's file.
- If either the seven (7) day timeframe or the completion of the assessment in one session cannot be met, the reason must be documented in the individual's record.
- Priority Populations must be admitted to the appropriate level of care immediately.
- All other individuals must be referred and admitted to the appropriate level of care available within 14 days of the LoCA. If this time frame cannot be met, the documented reason must be captured in the individual's file.

LCDAC funded individuals must also be screened for Communicable Diseases at the time of the LoCA.

- **Tuberculosis (TB)**: See *CMCS 22A Communicable Disease Screening & Referral Services*
- **Hepatitis C**: See *CMCS 22A Communicable Disease Screening & Referral Services*

- HIV: See *CMCS 22A Communicable Disease Screening & Referral Services*

Once a LOCA is completed, it will be valid for a period of six (6) months. This applies to individuals who have never engaged in treatment after being assessed or who have been discharged and are seeking to reinstate services.

The (6) six-month timeframe does not pertain to individuals actively engaged in treatment. An exception to this timeline may be made for individuals who were incarcerated during this (6) six-month time-period. Specifically, time prior to being in the controlled environment may be considered when determining the LOC.

If an individual requests to reinstate services prior to the end of the (6) six-month period, the assessor may complete a follow-up assessment in lieu of a new one; however, a new ASAM Placement Summary Sheet with Level of Risk Rating for each dimension must be completed.

An individual shall be admitted into treatment at the first attended appointment with a provider after the LoCA has been completed. A treatment episode is a combined service provided to an individual during a period of treatment and begins with the admission to treatment. The substance use disorder treatment episode should be assumed to have ended if the individual has not received a treatment service in three days in the case of inpatient or residential treatment or 30 days in the case of outpatient treatment.

For the SCA funded person, the start of their treatment episode begins at the first appointment following the completion of the LoCA. The treatment episode, for this purpose, shall be comprised of a variety of combined services as indicated on the individual's treatment plan.

For the SCA funded individual in the outpatient level of care who have not received a treatment service in 30 days, shall have their file closed (that is: their treatment episode shall be ended).

For individuals in the inpatient level of care who have not received a treatment service in three (3) days, their file shall be closed (that is: their treatment episode shall be ended).

Documentation of the ongoing attempts to engage prior to the treatment episode ending shall be documented in the individual's file in accordance with the service provider's policy and procedure.

Approved By:



Rick Kastner LCDAC Executive Director

8/13/2021

Date