

# Assessment Documentation - Important Reminders – Outpatient & Residential

It's important that assessments are:

- Client specific:
  - Information within the assessment should come from the person seeking care, in their own words whenever possible
  - Accurately documented “picture” of the person’s current and historical needs
  - Should not use ‘cookie cutter’ or copied/pasted language
- Inform Level of Care Decisions:
  - The person should receive care in the least restrictive level of care that is clinically appropriate to treat their condition
- Updated:
  - Updates should not be identical or nearly identical to the assessment before. They should include new information on the client’s progress or lack of progress in treatment
- Signed & Dated
  - LPHA must sign/date the assessment and diagnosis forms



# Assessment Documentation - Important Reminders – Residential

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Assessments are utilized to justify that a client needs residential services as opposed to a lower level of SUD care. As such it's very important that assessments include:

- Ample information as to why the client meets the dimension ratings, including client specific reasons, client quotes, and/or clinical impressions
- If applicable, an explanations for recent periods of abstinence (change in circumstance, incarcerated, etc.)
- For level 3.5: Additional information should be included to justify that the client needs the additional supports provided by treatment in this level of care.



# Continuing Services Justification – Outpatient & Residential

One of the following criteria must apply:

1) The client is making progress but has not yet achieved the goals in the individualized treatment plan. Continued treatment at the present LOC is assessed as necessary to permit the client to continue to work toward his or her treatment goals.

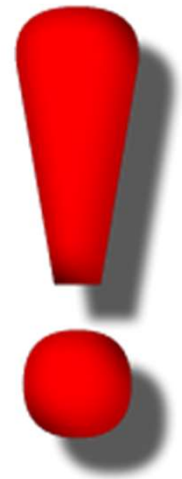
**OR**

2) The client is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on 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**

3) New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the client's new problems can be addressed effectively.

Email Handout (add date of email): Tips for SUD Outpatient and  
Residential Provider Clinical Documentation



## Three (3) Imminent Danger Criteria - Residential

Without 24-hour structure and support, there is:

1. A strong probability that certain behavior, such as continued alcohol/drug use or addictive behavior will occur,
2. The likelihood that such behavior will present a significant risk of serious adverse consequences to the individual and/or others (i.e. reckless driving while intoxicated), and
3. The likelihood that such adverse events will occur in the very near future (within hours and days versus weeks or months).



*\* Note: these elements are required for residential services to be authorized.*