

# SMART

State of Maryland Automated Record Tracking

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## ADMISSION AND DISCHARGE INSTRUCTION MANUAL



Maryland Alcohol and Drug Abuse Administration  
Department of Health and Mental Hygiene

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**SMART INSTRUCTION MANUAL** .....

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## **I. MIS REPORTING REQUIREMENTS AND DEADLINES**

Each agency (certified/licensed) is required to submit its patients' admission and discharge data to ADAA on a monthly basis.

Due Dates:

ADAA Funded Programs- The deadline is the 7th of the month following the report month. For example, January's report is due on February 7th. Non Funded Programs- The deadline is the 15th of the month following the report month. For example, January's report is due on February 15th.

See Page 11 for more detailed MIS submission information.

## **II. SMART CLIENT RECONCILIATION REPORTS**

The Statewide Maryland Automated Records Tracking (SMART) is the new platform used to document and submit patient admission and discharge data.

The SMART Client Reconciliation, formerly known as Final Census and Waiting List Report (CWL), is the monthly summary/report of admissions, discharges, incomplete records, deletions, resubmitted admissions and discharges and the total number of patients at the end of the report month. A Client Reconciliation must be downloaded to ADAA even if no admissions or discharges are included.

## **III. OVERVIEW**

The Alcohol and Drug Abuse Administration (ADAA), collects data on substance abuse patients who receive treatment in any certified substance abuse treatment agency. Agencies are certified by either the Department of Health and Mental Hygiene (DHMH) Office of Health Care Quality or the Joint Commission of Accreditation on Healthcare Organizations (JCAHO).

The data are used for the following purposes:

- To provide ADAA substance abuse programs, government entities and the public with accurate statistical data concerning the prevalence, type and pattern of substance abuse problems in Maryland;
- To aid ADAA in the planning, evaluation and management of the statewide alcohol and drug abuse treatment system;
- To provide information to the government and legislature at federal, state and local levels for policy development and decision making; and



- To submit data to the Center for Substance Abuse Treatment (CSAT) to meet the requirements of the Federal Anti Drug Abuse Act of 1988.

## IV. INTRODUCTION OF SMART

The Alcohol and Drug Abuse Administration (ADAA) has transitioned to a new platform for the collection of data. The new system is called SMART (Statewide Maryland Automated Records Tracking). SMART is a web-based application that is accessible over the Internet. To access SMART, the user must have a computer, access to the Internet and a Web browser (Microsoft Internet Explorer is recommended). Also, SMART uses the industry standard SSL (Secure Socket Layer) technology to protect SMART web transactions, where the web browser must support 128 bit encryption (e.g. Internet Explorer version 6.0 or later) to protect data transmitted over the web.

### REQUIRED ITEMS IN SMART (The Yellow Fields)

Throughout SMART you will notice dark and light yellow fields. Yellow indicates that the field must be completed. Dark yellow indicates a SMART required field. Dark yellow fields must be completed before you can move on to the next screen. Light yellow indicates an ADAA required field. Light yellow fields must be completed before a client record will be downloaded to ADAA.

Don't Panic! You don't have to remember if you completed all of the yellow fields. SMART does it for you.

When you complete a screen and click on "Save" or "Finish" if you forget to complete a SMART Required field (dark yellow) the field will turn orange and the following message will appear at the top of the screen.



Find and complete the orange field and click on "Save" or "Finish" again. The field will turn back to yellow and the message at the top of the screen will disappear.

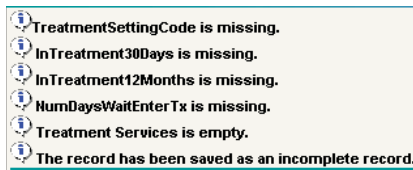
There are a couple of ways you will be notified if ADAA required fields (light yellow) are not completed.

One way will be to check the Activity List. If a module has incomplete ADAA required fields it will state "In Progress" in the Status column.

Client Activity List			
Activity	Created Date	Status	Actions
Intake Transaction	2/2/2006	In Progress ( <a href="#">Details</a> )	<a href="#">Review</a>
Client Information (Profile)	2/2/2006	In Progress ( <a href="#">Details</a> )	<a href="#">Review</a>
Admission	2/2/2006	In Progress ( <a href="#">Details</a> )	<a href="#">Review</a>
Drug Court Admission	2/2/2006	Completed	<a href="#">Review</a>

Click on the (Details) hyperlink and a box will appear showing the missing items. Return to the module with the missing fields and complete them. Once this is done “In Progress” will change to “Completed.”

For the Admission and Discharge modules – When you have completed the module and click on “Save” or Finish” a list of any yellow fields you have missed will appear at the top of the screen.



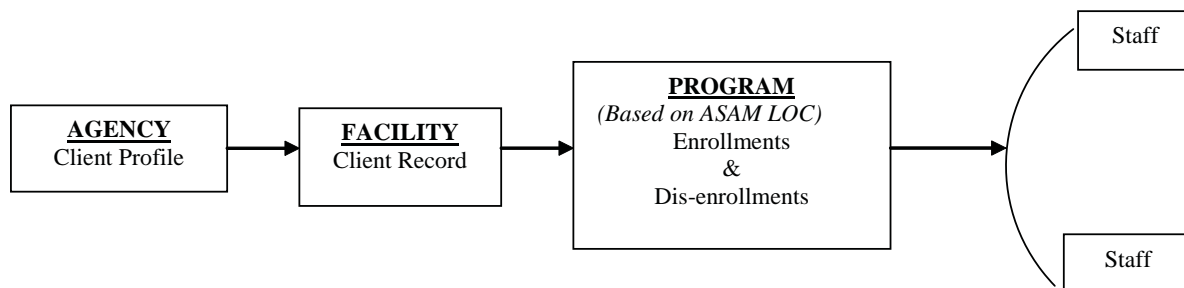
Complete the missing items, click on “Save” or “Finish” and the message/s at the top of the screen will disappear.

**REMEMBER!!**

**ALL YELLOW FIELDS MUST BE COMPLETED ON THE INTAKE, CLIENT PROFILE, ADMISSION AND/OR DISCHARGE BEFORE THE RECORD WILL BE DOWNLOADED TO ADA.**

**AGENCIES REQUIRED TO REPORT**

All agencies funded by DHMH Office of Health Care Quality or JCAHO as alcohol and drug abuse treatment agencies are required to report data via SMART.



**WHICH INDIVIDUALS ARE REPORTED IN SMART?**

All individuals who meet the active patient criteria described below must be reported.

## WHICH INDIVIDUALS ARE NOT REPORTED VIA SMART?

Individuals enrolled in a DWI/DUI Education program who do not fit the “problem drinker” criteria.

Individuals who complete the intake/assessment but do not return or who have not had a face-to-face treatment contact. These individuals will not be counted as part of the treatment program’s active patient census.

## NATIONAL PROVIDER IDENTIFIER (NPI)

By the end of FY 2007, all health care providers were required to use the national provider identifier. The NPI implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the standardization of electronic health care transactions.

## ACTIVE PATIENT CRITERIA

- I. Active patients include primary and non primary patients.

An active (primary) patient must meet all of the following criteria

- **has an alcohol/drug related problem resulting from their substance use**
- **has completed the screening and intake process**
- **has formally been admitted to treatment**
- **has an individual patient treatment record opened by the clinic**
- **has received the first documented face to face treatment contact**
- **continues to receive at least one face to face treatment contact every 30 days, and a clinical supervisory review every 90 days as mandated by COMAR regulations**

*Active (primary) patients also include patients whose substance abuse problem or dependency stem from a drug dealing offense and are mandated to treatment by the Court.*

- II. An active (non primary) patient must meet all of the following criteria:

- **is a family member or significant other of an active, primary patient being served in a treatment clinic and/or is a high-risk/early intervention patient (adults and adolescents)**
- **seeks treatment services due to problems arising from his/her relationship with the primary patient**
- **has been formally admitted for services to the treatment clinic and has received his/her first, face to face, documented treatment contact**
- **has his/her own patient record**
- **receives at least one documented, face to face treatment contact every 30 days, and receives a clinical supervisory case review every 90 days**

Only one non primary patient can be reported for each primary patient in the program. This is the case even if more than one family member and/or significant other are treated at the same time. When the primary patient is discharged, the non primary patient must be discharged within 90 days, unless the primary patient is readmitted during this period.

**Note- Active patient criteria require a patient to be discharged if he/she has not received a direct, face to face treatment contact within 30 days.**

## **PATIENT NUMBERING SYSTEM (Provider Client ID)**

### **Patient Log**

A monthly central, sequentially numbered Provider Client ID log must be maintained for the agency. The Admission and Discharge log must contain the unique Provider Client ID, name, etc. Please go to the ADAA website ([www.maryland-adaa.org](http://www.maryland-adaa.org)) for a copy of this log. Each time a patient returns for another treatment episode, he/she must use the same Provider Client ID number. The Provider Client ID must be unique agency wide.

Agencies in SMART will be set up with facilities and programs. The facilities represent the physical location of each site and the programs represent the certified levels of care at each facility. For example, if an agency has 2 locations (A & B) and is certified to provide Intensive Outpatient (IOP) and Outpatient (OP) services at each location, the facilities will be created in SMART to reflect this setup.

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## **RECORD KEEPING REQUIREMENTS**

**The following are required for all records of patients who are reported via SMART:**

- a. An electronic record, designated by ADAA, must be used to maintain Client information including: the Client Profile, Client Intake, ASI, Admission, Enrollment(s) and Discharge. The Statewide Automated Record Tracking (SMART) system is ADAA's designated system for the collection of this data. All of the items stated above can be maintained in SMART. It is no longer required to keep hard copies of these forms in the client record.
- b. If you use the full electronic record in SMART, a separate patient record must be maintained with hard copies of the following items: Consent to Treatment, HIPAA Privacy Receipt, any financial agreements, signed treatment plans, signed consents for the

- exchange of client information and, any other documentation requiring a client's signature. The patient records must be organized in a systematic fashion, and labeled with the individual Client ID.
- c. These forms must be maintained in a consistent location in the patient records.
  - d. Services to and contacts with the patient must be documented in one section of the patient record.
  - e. A discharge summary must be completed for each patient. The following items must be included in the discharge summary per COMAR 10.47.01.04: 1) The reason for admission; 2) The reason for discharge; 3) The individual's address; 4) A summary of services delivered, including frequency and duration of services, and progress made; 5) If appropriate, the diagnosis and prognosis at the time of discharge; 6) Current medications, if applicable; 7) Continuing service recommendations and summary of transition process; and 8) The extent of the individual's involvement in the discharge plan.

The patient record must contain documentation of a case review conducted every ninety (90) days.

## **SUBMISSION SCHEDULE OF MONTHLY REPORTS**

The Client Reconciliation must be downloaded from SMART to the Management Information Services Division by the 7th of the month following the report month. If there are circumstances causing a late submission, the MIS analyst must be notified.

### **Liaison (Contact in Agency)**

The process of editing and reconciling data depends on cooperation and communication between the analysts at ADAA and the liaison in each reporting agency. Each agency must designate one liaison and a backup person who are trained and knowledgeable in SMART reporting. These individuals are the contact persons for the MIS analysts. Because each analyst carries a caseload of over fifty reporting agencies, it is essential that agency liaisons respond to questions and concerns from the analyst promptly and completely. Repeated failure to return phone calls from the analyst or to provide the required information will jeopardize the agency's funding and/or certification. Analysts are available to agencies to answer reporting questions and provide technical assistance and training. Inquiries concerning the completion of records, submission of monthly reports, and training should be directed to the appropriate MIS analyst at the Division of Management Information Services. The list of analysts and their phone numbers are found in the front of this manual.

## **INSTRUCTIONS FOR THE FIRST TIME AN AGENCY REPORTS ON SMART**

The following instructions pertain to newly certified clinics for their first Client Reconciliation via the SMART system.

- a. The Client Profile, Client Intake, ASI, and Admission modules in SMART must be completed for every patient active in treatment on the agency's implementation date. (The first day of the report month of the agency's first submission).

- b. The date of admission to your agency should be the actual date the patient was admitted to the current treatment episode.
- c. A SMART Client Profile, Client Intake, Admission, and ASI must be completed for every patient admitted to treatment on or after the implementation date.
- d. A SMART discharge must be completed for every patient discharged from treatment.
- e. Any patient discharged prior to the implementation date should not be entered into the SMART system.
- f. The monthly Client Reconciliation must be downloaded by the agency for the month of implementation and every month thereafter. **A Client Reconciliation must be downloaded even if there are no patients in treatment.**

## **ADMITTING A PATIENT**

### **CLIENT PROFILE MODULE**

This section provides the background information for the patient's record.

#### **First Name & Last Name**

Please be sure the full name of the patient is used and the spelling has been checked. (for example: Robert Smith not Bobby Smith).

#### **Gender**

Male  
Female

#### **Date of Birth (MM/DD/YYYY)**

Enter two digits each for month/day and four digits for the year.

Example:      April 2, 1958  
Should appear in SMART as: 04 02 1958

#### **Social Security Number**

Programs must enter the patient's entire Social Security Number (SSN). This number should be verified from the patient's social security card or other reliable documentation, e.g. W 2 form. All sensitive information is held confidential according to federal regulation 42 CFR part 2.

#### **Provider Client ID**

The Provider Client ID is assigned by the agency so that each patient entering the agency has an unduplicated number. **THE IDENTICAL PROVIDER CLIENT ID NUMBER ASSIGNED BY THE AGENCY AT THE TIME OF THE FIRST ADMISSION MUST ALWAYS BE USED FOR**

**THAT PATIENT AND CAN NEVER BE ASSIGNED TO ANOTHER PATIENT.** This applies to all readmissions and discharges to and from that agency. Facilities within a single administrative agency should not duplicate patient identification numbers.

### **Zip Code**

Enter the zip code of the most recent home address of the patient at the time of admission to the clinic. If the patient temporarily resides in an institution, homeless shelter or correctional facility, enter the last home address zip code. (For patients who use a PO Box as their mailing address, report the zip code of their place of residence). SMART has a hyperlink to the United States Postal Service's Website ([www.usps.com](http://www.usps.com)). Type the address to get the zip code.

### **Race**

Based on patient self identification, select one or more of the following categories:

#### **White**

This person has origins in one of the racial groups of Europe (including Portugal), North America, or the Middle East.

#### **Black**

This person has origins in one of the black racial groups of Africa.

#### **Asian or Pacific Islander**

This person has origins in one of the racial groups of the Far East, Indian subcontinent, South-east Asia, or the Pacific Islands.

#### **Alaskan Native**

This person has origins in one of the racial groups of Alaska. This includes Aleut, Eskimo, and Indian.

#### **American Indian (Other than Alaskan Native)**

This person has origins in one of the racial groups of North America and maintains cultural identification through tribal affiliation or community recognition.

#### **Other**

This person is not classified in any of the above, or origin group, and because of area custom, is regarded in a racial class distinct from the above categories.

### **Ethnicity**

#### **Puerto Rican**

This is a person of Puerto Rican origin, regardless of race.

#### **Mexican**

This is a person of Mexican origin, regardless of race.

**Cuban**

This is a person of Cuban origin, regardless of race.

**Other Hispanic**

This is a person from Central or South America and all other Spanish cultures and origins, regardless of race (includes Spain).

**Not of Hispanic Origin**

If the patient does not fit in any of the above categories, use this category.

**Education**

Select the highest grade **completed** by the patient at the time of admission. For example, if the patient states he/she dropped out of school in grade 11, the last grade completed by the patient would be grade 10. Select one of the following categories below:

Grades 1-12- select one of the values (1-12)

High School Diploma (12)

GED or high school equivalency- select 12

College Course Work (13-15)

Associate’s Degree- select “Earned College AA/Associates” (14)

Bachelor’s Degree- select “Earned BA/BS” (16)

Some Post College/Graduate School- select “Some Post-College/Graduate School (17-18)

**High School Diploma**

Earned GED

Earned HS Diploma

No GED or No HS Diploma

**INTAKE MODULE**

**Case Status**



Always select “*Open Active*”

**Residence:**

Select the location of the patient’s residence (county, subdivision, state or city in which the patient lives)

**Currently Pregnant**

This refers to whether or not the patient is pregnant at the time of admission. If ‘yes’ is selected a due date must be entered.

**Yes**

**No**

**Unknown**

**Source of Referral**

Sort the source of referral and set it by legal first and then community. Select one of the following categories to indicate the agency, individual or program through which the patient is committed or referred to treatment. (**When there is a combination of a criminal justice and self referral or private referral, the legal commitment takes priority over the other referrals as the primary referral source.**)

**AIDS Administration**

This state agency leads public health initiatives regarding the Human Immunodeficiency Virus (HIV) that causes AIDS.

**Alcohol and Drug Abuse Administration (ADAA)**

The single state agency responsible for the placement of statewide residential contract patients

**Alcohol/Drug Abuse Care Provider**

This is an agency or other health care provider whose principal objective is the treatment of patients who have substance abuse problems, or an agency whose activities are related to prevention, education and/or treatment of alcoholism and/or drug abuse.

**DHMH Court-Ordered Treatment Evaluation (HG-8-505)**

This category includes defendants evaluated by either the local health department evaluator or an ADAA staff member for substance abuse treatment as a condition of release after his/her conviction.

**DHMH Court-Ordered Treatment Placement (HG-8-507)**

This category includes defendants the court commits to substance abuse treatment after an

HG-8-507 order has been issued.

**Drug Court**

These patients are referred by a Drug Court as an alternative to sentencing. This category may include patients referred through the Division of Parole and Probation Assessment and Placement Unit.

**DSS (Department of Social Services) /TCA (Temporary Cash Assistance)**

These are patients identified and referred by DSS under the Maryland Welfare Innovation Act of 1997 (Department of Social Services) to receive substance abuse treatment as a condition of the receipt of benefits.

**DWI/DUI Related**

This category is used for DWI/DUI related referrals. In these cases, there has been an arrest and the patient has been referred for treatment. Referrals can be made by a judge, prosecutor, probation officer, or the defense attorney. This includes self referrals due to DWI/DUI arrests.

**Employer/Employee Assistance Program (EAP)**

This category includes a referral by a supervisor or any type of employee assistance program.

**Individual/ Self referral**

This category includes the patient, friend, or any other individual who referred the patient to an agency who is not listed in any other category below.

**Juvenile Justice Agency**

This category includes adolescent patients involved with any component of the Department of Juvenile Justice.

**Local Detention Substance Abuse Treatment Program**

This category includes patients discharged from a certified substance abuse treatment program within a local detention center and referred to a community-based treatment program.

**Other Community Referral**

This category includes a federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Additionally, community and religious organizations are included in this category. If the referral source does not fit any of the other categories, this category may be used.

**Other Criminal Justice**

This category includes police or any other non voluntary referral source not listed in codes in the categories above. This category also includes patients currently serving a term in a correctional institution who may be on pre parole, pre release, work release, and/or home furlough programs.

**Other Health Care Provider**

This category includes physicians, psychiatrists or other licensed health care professionals, general hospitals, psychiatric hospitals, mental health programs, managed care organizations (MCO's), health maintenance organizations (HMOs) or nursing homes. Check plural of abbreviations

**Parent/Guardian/Family**

This category refers to those person(s) who are legally responsible for the well being of the patient.

**Parole**

This category includes patients who have served a term in a correctional facility for an offense and are subject to the authority and control of the Parole Commission. They may be released on parole or on mandatory supervision and are supervised by a parole agent in the community. This includes referrals from a warden, superintendent, parole agent or other personnel affiliated with the federal, state, county and/or city jail or prison system. This category may include patients referred through the Division of Parole and Probation Assessment and Placement Unit.

**Pre Trial Services Agency**

This category includes patients involved with the judicial system who have not yet been convicted. The patient has been referred for treatment by personnel affiliated with the judicial system. This includes referrals from a judge, prosecutor, probation officer, public defender or defense attorney. It also includes patients who have been referred in lieu of, or for deferred prosecution, probation before judgment and pretrial release. This category does not include patients who are serving a term in a correctional facility related to their current judicial system involvement. Also, patients who are convicted and ordered to participate in a clinic's activities are not included in this category. **This code does not include DWI/DUI related referrals.**

**Probation**

This category includes patients who are subject to the authority and control of the court while under the supervision of a field agent in the community. This includes referrals from a judge, prosecutor, probation agent, or other personnel affiliated with the federal, state, county and/or city judicial system. This category may include patients referred through the Division of Parole and Probation Assessment and Placement Unit. If related to a DWI/DUI, select the DWI/DUI category.

**School**

This category includes any school personnel other than the Student Assistance Team. This includes school principals, counselors, teachers, and the school system or education agency.

**State Prison Substance Abuse Treatment Program**

This category includes patients discharged from a certified substance abuse treatment program

within a state correctional facility and referred to a community-based treatment program. This category includes referrals from the RSAT program.

### **Student Assistance Program (SAP or BSAP)**

This category includes students referred by designated team of school personnel (teachers, guidance counselors, nurses, etc.) who work with the youth's parents and an assigned adolescent addictions counselor from a community-based treatment program, to assess, refer, treat and monitor a young person who is demonstrating the negative behaviors associated with experimentation, early use, abuse and addiction to alcohol, tobacco and other substances.

### **TASC**

This category includes patients involved under this initiative (Treatment Alternatives to Street Crime) and other diversionary programs.

### **Special Initiatives**

**Consent to Participate in Research** - To be selected when a client is involved in a research project.

**IFB Client** - To be selected for ADAA's Statewide Residential Contract (SWRC) Clients.

**None** - To be selected if a client is not participating in any of the Special Initiatives.

**Buprenorphine Initiative** - To be selected for patients who have their Buprenorphine paid for by ADAA's Buprenorphine Initiative.

**HIDTA** - To be selected for clients participating in the Highway Intensity Drug Trafficking Area Initiative.

### **ADMISSION MODULE**

#### **Type of Client**

Select a category for the type of patient:

#### **Primary**

Patients presenting with substance abuse problems - See page 10 for further explanation.

#### **Non primary**

Early intervention patients, family members or significant others of primary patients. See page 10 for further explanation.

#### **Interim methadone programs (for Baltimore City use only)**

This category is used for patients who are receiving methadone treatment at specific Bal-

timore City programs.

**Estimated Duration of Treatment (Days)**

Enter the number of days the patient is expected to be in treatment. For methadone patients enter 999.

**Admission Type**

**First Admission**

This is the first time the patient has received treatment within this agency.

**Readmission**

The patient has been discharged from a previous treatment episode in this agency, and is now being readmitted to the agency. (Note: patients returning to a different facility or program within an agency are still considered a readmission to the agency.)

**Event Type**

**Admission** - Always select this category.

**Crisis Intervention**

**Placement Screening**

**Admission Date (MM/DD/YYYY)**

Enter two digits for the month and day, and four digits for the year (mm/dd/yyyy).

**Example: February 12, 2007 - 02 /12/2007**

Enter the date the patient received his/her first, face to face treatment contact. All intake and initial screening processes (unless conducted by a counselor) should be completed prior to the first clinical treatment contact. Face to face contacts include medical services, counseling, structured educational programs or group, urinalysis, job or vocational development, and dispensing of medication. In some cases, intake will coincide with the first treatment service.

**Number of Prior Treatment Episodes to Any Substance Abuse Program**

Enter the total number of admissions and readmissions to any certified drug or alcohol treatment program (in state or out of state) that occurred prior to this admission. The codes range from 0 to 5. **If a patient has had 5 or more prior admissions, enter 5.**

Participation in AA or NA meetings does not count as a prior treatment experience for this item. **Transfers are not included.**

**Mental Health Problem**

A mental health problem exists or is suspected in addition to a substance abuse problem at the time of admission in the best clinical judgment of the counselor.

**Yes**

**No**

**Special Funding and Special Projects**

This section is used to identify patients participating in specially designated initiatives and research projects as well as to identify patients in specific subpopulations.

This area is also available for agencies to track particular categories of patients, in which case they must contact the ADAA/MIS Division at (410) 402-8662.

**SPECIAL STUDY CATEGORIES (AT ADMISSION) –**

**Special Funding**

Anger Management (A Somerset County Stop Grant Project)
Patients who are receiving treatment in both intensive outpatient and detoxification settings
Prince George’s County contract patients
Compass Halfway House patients receiving IOP services at Walden/Sierra
Dual Diagnosis patients in Talbot County
Opportunity for Funding (OTF) contract – Anne Arundel County
CRF funds for detox with Hudson Health Services by Somerset County
CRF funds for detox with Hudson Health Services by Wicomico County
CRF funds for detox with Hudson Health Services by Worcester County
COP I patients (P&P funding only)
CASS/COP II patients (P&P funding only )
35% Break the Cycle Initiative patients – (P&P funding only)
Break the Cycle (Other than Baltimore City)
Other BSAS funding
Senate Bill 512/495 (SB5/495) Prenatal
Senate Bill 512/495 (SB 512/495) Post Partum
House Bill 1160 (HB 1160) (TCA) patients
House Bill 7 (HB 7) patients who are referred to treatment by the Child Welfare Addiction Specialist
Deaf patients in the U of MD’s Deaf Addiction Services
Warwick Manor CRF Funding
HGA 8570 Funding for Jude House
BSAS Drug Treatment Court

**SPECIAL PROJECTS - update**

The Hands Project
Patients in the Addicted Homeless Project Grant
R.E.A.C.H. Mobile Health Counseling at the University of Maryland
Patients in the “Employment in Recovery” Pilot Project.
Patients receiving treatment for detox from a Baltimore City detox program and counseling from a Baltimore City outpatient treatment program
Treatment in two clinics at the same time for Recovery Network
IOP patients receiving Buprenorphine in their medical clinic
<b>Residential and IOP Women &amp; Children programs*</b>
Disaster & Terrorism Related Services

BSAS - Referral off-site for MH Services, treatment received
BSAS - Referral off site for MH Services, treatment NOT received
BSAS - Referral on-site for MH Services, treatment received
BSAS – Referral on-site for MH Services, treatment NOT received
BSAS – MH Services – No referral made
BSAS – MH Services – Already in treatment- no referral made
Total Health Care Detox
Evacuees from Katrina Affected Area

**Was client in treatment during the:**

Past 12 months?	<b>Yes</b>	<b>No</b>
Past 30 days?	<b>Yes</b>	<b>No</b>

If ‘yes’ is selected for “past 30 days”, ‘yes’ must also be selected for “past 12 months”.

If ‘no’ is selected for “past 12 months”, ‘no’ must also be selected for “past 30 days”.

**Days Waiting to Enter Treatment**

Enter the number of days that elapsed from the first request for treatment services until the first available clinical appointment (whether patient keeps the appointment or not). Weekends and holidays are included when counting the days. If the agency (not the patient) reschedules the appointment, the additional days should be counted.

**Treatment Setting**

This item indicates the environment in which the patient received his/her substance abuse and/or mental health services.

**Community**

This category includes treatment settings other than local or state corrections.

**Local Detention**

This category includes treatment services rendered at a substance abuse program within a local jail or detention center.

**State Department of Corrections (DOC)**

This category includes treatment services rendered at a substance abuse program within a state correctional facility.

**Treatment Services**

This item indicates the type of treatment services that will be rendered to the patient during his/her treatment episode. Multiple selections can be made for this item.



**Buprenorphine**

This is a synthetic narcotic given to a patient during his/her treatment episode.

**Counseling/Therapy**

This category includes sessions where patients meet with trained professionals.

**Gender Specific-Men**

This category includes treatment sessions targeted to men only.

**Gender Specific-Women**

This category includes treatment sessions targeted to women only.

**Mental Health and Substance Abuse**

This category includes treatment sessions available for patients with co-occurring disorders.

**Current Educational Activities**

This section indicates the current educational activities of the patient at time of admission. **Check all categories that apply.**

**Attending K-12**

This category indicates the patient is enrolled in one of the academic levels between kindergarten and grade twelve.

**GED (General Education Development) Program**

This category indicates the patient is pursuing a certificate equivalent to a high school diploma.

**Higher Education (e.g. college, graduate school)**

This category indicates the patient is attending an accredited educational institution beyond the high school level.

**Vocational Training**

This category indicates the patient is currently enrolled in a program which will equip him/her with an expertise or specialty. This training is also geared towards obtaining skills that would help the patient in his/her current or future position (for example, dental assistance, auto repair, and cosmetology).

**Employment Status**

Select one of the following categories to indicate the patient's employment status. To qualify as being employed, the patient's earnings must be subject to income tax. For example, stipends and welfare payments are not taxable; the patient whose sole source of income is derived from these monies would not be considered employed. If there is a question, any employment takes precedence.

**Disabled (cannot work)**

This category includes patients who have a physical, sensory or mental impairment seriously affecting their day-to-day activities on a long-term basis.

**Employed Full Time (35 hours or more a week)**

This category includes patients with jobs totaling at least 35 hours a week, and patients on strike who worked full time before the strike. This also includes persons who are self employed working 35 hours a week or more. Students who are employed full time should be included in this category.

**Employed Part Time In Steady Job**

This category includes patients with jobs totaling less than 35 hours a week, and patients on strike who worked less than 35 hours a week before the strike.

**Homemaker Full Time**

This category includes patients, females or males, married or unmarried, who are otherwise unemployed, maintaining a household and physically responsible for the care of one or more dependents living at home.

**Incarcerated (cannot work)**

This category includes patients who are confined to a local detention center or correctional facility for a specific period of time. If on work release, select employed full time or part time.

**In Skill Development, Training or School**

This category includes patients participating in a skill development program that provides vocational training, e.g., secretary, barber, mechanic. This category also includes patients in a training or educational program, i.e., primary, GED, secondary, college, or school program.

**Other Out of Work Force**

This category includes patients who are not seeking employment. This category may also include patients on home detention.

**Retired/Permanently Out of Work Force**

This category includes patients who have concluded their working and professional careers and are not presently employed. They are not considered part of the labor force.

**Unemployed Full Time Student**

This category includes patients attending grades K through 12 or college students carrying 12 credits a semester or more.

**Unemployed, not seeking work**

This category includes patients who have not sought employment in the last 30 days.

**Unemployed, seeking work**

This category includes patients who have registered with public or private employment agencies, responded to ads and submitted resumes to potential employers. It also includes those who are waiting to start a new job or waiting for recall from layoffs.

**Annual Household Income**

Select one of the following categories for the patient’s gross annual family income at the time of admission. This includes total household income before income taxes (gross income) and other deductions. Family income refers to the total income received by all members of the patient’s family who reside with him/her. This number can be approximated.

- \$ 0 - 999
- \$ 1,000 4,999
- \$ 5,000 9,999
- \$10,000 19,999
- \$20,000 29,999
- \$30,000 39,999
- \$40,000 49,999
- \$50,000 and over
- Unknown

If a patient is in foster care, select the income of the family with whom he/she is living.

**Primary Income Source**

Select one of the following categories. If more than one category applies, enter the source that provides the greatest part of the patient’s income/support.

**Disability**

This category includes patients who have a physical, sensory or mental impairment which seriously affects their day-to-day activities on a long-term basis.

**Public Assistance/TCA**

These are patients identified and referred by DSS under the Maryland Welfare Innovation Act of 1997 (Department of Social Services) to receive substance abuse treatment as a condition of the receipt of benefits.

**Retirement/Pension**

This category includes patients who received a fixed sum of money following the conclusion of their careers.

**Self Employment**

This category includes patients who work for themselves or have their own businesses.

**Unemployment Compensation**

This category includes patients who receive compensation paid at regular intervals (by a government agency) due to a layoff.

**Wages/Salary**

This category indicates taxable payments of moneys received for labor or services rendered.

**Other**

This is any other source of income/support that is not mentioned above, e.g., alimony, child support.

**Unknown/Refused to Respond****Expected Payment Source**

The fee for the patient's treatment is expected to be paid from one of the following sources:

**ADAA (State Funding)**

This category includes patients whose treatment is supported with ADAA funds.

**DHMH Medicaid Managed Care/HealthChoice**

This category includes health insurance covered through the State's managed care program.

**Medicaid Other than HealthChoice**

This category includes coverage through this jointly-funded, federal-state health care program for certain low-income and needy people.

**Medicare**

This category includes coverage through this federal health care program.

**Other Public Funds**

This category includes county funds, Department of Juvenile Justice funding, and funds from civic groups or religious organizations.

**Non-Managed Private Insurance**

This category includes prepaid health insurance plans where patients are able to choose their own physicians and other health care providers.

**Out of Pocket Payment**

This category includes private payments from patients.

**Private Managed Care/HMO**

This category includes prepaid health insurance plans that provide medical services to members of the plan.

**Other**

This includes other forms of payment not included in any of these categories.

**Insurance Type**

This refers to the patient's health insurance coverage, which may or may not cover substance abuse treatment or the cost of the current treatment episode. Insurance type is not the same as the expected payment source.

**No Health Insurance****DHMH Medicaid Managed Care/HealthChoice****Medicaid (Other Than HealthChoice)****Medicare****Other Public Funds****Non Managed Private Insurance****Private Managed Care/HMO****Living Arrangement****For Outpatient Programs**

**At Admission** -Enter the patient's current living arrangement at time of admission.

**For Residential and Correctional Programs**

**At Admission** - Select the patient's living arrangement immediately preceding residence in the treatment program. If the patient was homeless (anytime within the past 30 days), he/she should be categorized as homeless (code 1).

**Child/Adolescent Foster Care**

This is temporary care in a home for a child or adolescent who has been removed from his/her home due to abuse or neglect.

**Group Home**

This is a small, supervised residential facility in which residents typically participate in daily tasks.

**Halfway House, Transitional Living**

This is a rehabilitation facility for patients who no longer require the complete facilities

of a hospital or other institution but who are not yet prepared to return to their communities.

**Hospital, Nursing Home, or Other Residential Facility**

These are institutions where the patient receives inpatient medical care.

**Independent Living**

This category includes people living on their own and homemakers. This category applies to any adult, 18 years and older, living with family members without supervision.

**Jail/Prison/Detention Facility**

These are settings that confine persons held in legal custody. These facilities would be under the jurisdiction of a local government.

**Private Residence (apartment, home)**

**Residential Substance Abuse Treatment**

**Shelter**

**Sober Living Facility**

Sober living facilities are residences where recovering alcoholics, drug users or substance abusers can live in an environment free of mood-altering substances.

**Street/Outdoors (sidewalk, abandoned building)**

This category would include homeless not living in a shelter.

**Marital Status**

**Common Law/Domestic Partner**

This category includes the patient whose marriage is not officially licensed and in public record.

**Divorced**

This category includes the patient who has legally dissolved his/her marriage.

**Married**

This category includes the patient who is legally married.

**Never married**

This category includes the patient whose marriage has been annulled.

**Separated**

This category includes the married patient not living with his/her spouse by choice, even if the separation is not legal.

**Unknown See if we can expire this category**

**Widowed**

This category includes the patient whose spouse has passed away.

**Number of Dependent Children**

Enter the number of children the patient is or would be responsible if not for their addiction. If the child is in foster care, he/she can be counted. Do not count the child if the parental right is severed through adoption.

**POSIT SCORES**

The Problem Oriented Screening Instrument for Teenagers (POSIT) is the screening instrument required for adolescents (under age 18) who enter any certified substance abuse treatment program.

**The possible responses range from 00 to 26.**

If a POSIT is not required for the patient, leave this entire section blank.

STD/HIV Risk is being developed by the National Institute on Drug Abuse (NIDA). Instructions for the completion of STD/HIV Risk will be forthcoming from NIDA. Enter “26” for this item until instructions are sent.

**Substance Matrix at Admission**

Identify and enter the substances that contribute to the patient’s dysfunction at the time of admission and at the time of discharge. Complete the entire matrix in SMART to make the record complete.

Up to three substances can be reported. The substance most responsible for the patient’s dysfunction should be listed first. If it is clinically determined that the substances are contributing equally to the patient’s impairment, they can be listed in any order. In determining the degree of impairment, the following considerations should be made:

- a. Patterns of drug involvement**
- b. Degree of present or past physical, mental and social dysfunction caused by the substance**
- c. Degree of present or past physical or psychological dependency on the substance, regardless of the frequency of use of a specific substance**

If there is no second or third substance involved, leave the categories blank.

For non primary or early intervention patients, the substance matrix will remain blank.

### **Substance Type**

The same substance can be listed twice in the substance matrix if different routes of administration are used. For example - Heroin can be listed twice if a patient is both injecting and inhaling (snorting) the substance.

#### **Alcohol**

Alcohol is an intoxicating agent containing approximately 95 percent ethanol. Examples include beer, wine, liquor, and hard liquor.

#### **Amphetamines-Amphetamine**

An amphetamine is a stimulant and appetite suppressant.

#### **Amphetamines-Methamphetamine (Speed)**

A methamphetamine is another type of stimulant.

#### **Amphetamines- Methylenedioxymethamphetamine (MDMA/Ecstasy)**

Ecstasy is a chemically manufactured stimulant that combines the properties of methamphetamine or with those of hallucinogens.

#### **Amphetamines- Other**

Other forms of stimulants (e.g., dextromethamphetamines) fall in this category.

#### **Barbiturate Sedatives-Phenobarbital (Solfoton)**

Phenobarbital is a type of sedative-hypnotic in pill or injectable form.

#### **Barbiturate Sedatives-Secobarbital (Seconal)**

Secobarbital are short-acting barbiturates.

#### **Barbiturate Sedatives-Secobarbital/Amobarbital (Tuinal)**

Secobarbital/Amobarbital is also used to overcome sleep difficulties.

#### **Barbiturates-Other**

Other forms of barbiturates fall in this category.

#### **Benzodiazepines-Alprazolam (Xanax)**

Alprazolam is used to treat anxiety, nervousness, and panic disorders.

#### **Benzodiazepines- Chlordiazepoxide (Librium)**

Chlordiazepoxide is also used to treat anxiety and symptoms associated with alcohol withdrawal.



**Benzodiazepines-Clonazepam (Klonopin, Rivotril)**

Clonazepam is used to treat seizure disorders.

**Benzodiazepines- Clorazepate (Tranxene)**

Clorazepate is similar to clonazepam.

**Benzodiazepines- Diazepam (Valium)**

Diazepam is used to treat skeletal muscle spasms.

**Benzodiazepines- Flunitrazepam (Rohypnol)**

Flunitrazepam is a sleeping pill which is widely used as a date-rape drug.

**Benzodiazepines- Flurazepam (Dalmane)**

Flurazepam is also used to treat insomnia.

**Benzodiazepines- Lorazepam (Ativan)**

Ativan is a mild tranquilizer used to treat agitation and to calm people with mania and schizophrenia.

**Benzodiazepines- Triazolam (Halcion)**

Triazolam is also a sleeping pill which is rapidly absorbed in the bloodstream.

**Benzodiazepines- Other**

Other benzodiazepines (not mentioned above) fall in this category.

**Cocaine Other Than Crack**

Is a powerfully addictive stimulant drug of natural origin (coca plant). The powdered, hydrochloride salt form of the drug can be snorted or dissolved in water and injected.

**Crack**

Is cocaine that has been processed from cocaine hydrochloride to a free base for smoking. Crack cocaine is processed with ammonia or sodium bicarbonate (baking soda) and water. It is then heated to remove the hydrochloride producing a form of cocaine that can be smoked. The term “crack” comes from the crackling sound made when it is heated.

**Diphenylhydantoin/Phenytoin (Dilantin)**

Diphenylhydantoin/Phenytoin is a widely used seizure medicine.

**GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)**

GBL is a chemically-based sedative also widely used as a date-rape drug and an alternative to anabolic steroids. Once orally administered, GBL converts to GHB.

**Hallucinogens- LSD (Lysergic acid diethylamide)**

LSD is a highly potent and mood-changing chemical.

**Hallucinogens-Other**

Other hallucinogens (other than PCP) fall in this category.

**Heroin**

Is a highly addictive drug and is the most widely abused and most rapidly acting of the opiates. Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants,

**Inhalants Aerosols**

These are poisons found in many typical household items. Examples include hairsprays and nail polish removers.

**Inhalants- Nitrites**

Nitrites are inhalants (deriving from Amyl or Butyl).

**Inhalants-Other**

Other forms of mind-altering solvents and gases fall in this category.

**Inhalants –Solvents**

Solvents are liquids that vaporize at room temperature and are found in products such as paint thinners/removers, dry-cleaning fluids, gasoline, correction fluids, and felt-tip marker fluids.

**Ketamine (Special K)**

Ketamine is a non-barbiturate anesthetic, also being abused as a date-rape drug.

**Marijuana/Hashish**

Marijuana is a mixture of green, brown, or gray shredded leaves, stems, and seeds of the hemp plant. Hashish is a stronger form of marijuana.

**Meprobamate (Miltown)**

Meprobamate is another skeletal muscle pain relaxant.

**Opiates/Synthetics- Codeine**

Codeine is a narcotic analgesic that relieves pain.

**Opiates/Synthetics- Heroin**

Is a highly addictive drug and is the most widely abused and most rapidly acting of the opiates. Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants.

**Opiates/Synthetics- Hydrocodone (Vicodin)**

Hydrocodone is another orally active narcotic analgesic with potency similar to or greater than that of oral morphine.

**Opiates/Synthetics- Hydromorphone (Dilaudid)**

Hydromorphone is another narcotic analgesic used as a pain reliever.

**Opiates/Synthetics- Meperidine (Demoral)**

Meperidine is another kind of pain reliever.

**Opiates/Synthetics- Non-prescription methadone**

Non-prescription methadone is methadone obtained and used without a legal prescription.

**Opiates/Synthetics- Oxycodone (OxyContin, Percocet, Percodan)**

Oxycodone is another pain reliever and cough suppressant.

**Opiates/Synthetics- Pentazocine (Talwin)**

Pentazocine is an analgesic combination used for moderate to severe pain.

**Opiates/Synthetics- Propoxyphene**

Propoxyphene is also an analgesic combination used for pain relief.

**Opiates/Synthetics-Tramadol (Ultram)**

Tramadol is also a pain reliever.

**Opiates/Synthetics-Other**

Other pain relievers (not mentioned above) fall in this category.

**Over The Counter- Diphenhydramine (Benadryl)**

Benadryl is an anti-histamine medication.

**Over The Counter-Other**

Other legally obtained nonprescription medication (not mentioned above) fall in this category.

**PCP or PCP Combination**

Phencyclidine is a chemically-based substance with anesthetic effects.

**Sedatives- Ethchlorvynol (Placidyl)**

Ethchlorvynol is a sedative and hypnotic that is used to treat insomnia.

**Sedatives- Glutethimide (Doriden)**

Glutethimide is another sedative and hypnotic that is also used to treat insomnia.

**Sedatives- Methaqualone (Quaaludes)**

Methaqualone is also a depressant or sleep inducer.

**Sedatives- Other**

**Stimulants- Methylphenide (Ritalin)**

Methylphenide is medication prescribed for individuals (usually children) who have attention-deficit hyperactivity disorder.

**Stimulants-Other**

Other stimulants (not mentioned above) fall in this category.

**Tranquilizers**

Tranquilizers are drugs used to reduce mental disturbance (such as anxiety and tension).

**Other Drug**

This category is for any other drug not falling in one of the specified categories. TOBACCO PRODUCTS AND NICOTINE DO NOT FALL WITHIN THIS CATEGORY.

**Severity**

The level of severity is defined as the extent to which the use/abuse of the substance(s) has contributed to the patient's physical, mental, emotional or social dysfunction. Clinical judgment will ultimately determine the level of severity for each substance listed. However, the following factors should be considered:

- a. Substance problems are not necessarily based on the frequency of use at admission/discharge or the ASI Composite Scores. Severity is based on the clinician's professional judgment of the substance's contribution to the patient's dysfunction.
- b. In cases of dual addiction or poly-substance abuse, the substance that contributes most to the patient's dysfunction should be reported first in the Substance Matrix.
- c. Upon admission, substances used/abused that cannot be clinically coded at least a "1" (mild problem) should not be listed. At discharge, however, the severity of substances used can be coded as zero if there is use of the substance that no longer causes any problem/dysfunction in the patient's life.

Select one of the following severity levels for each substance type listed.

Moderate Problem/Dysfunction

Mild Problem/Dysfunction

Severe Problem/Dysfunction

Not a Problem (Discharge Only)

## **Frequency**

Select one of the following values to indicate the frequency of use during the 30 days prior to admission or discharge for each substance type recorded in the Substance Matrix. If the entire treatment period is less than 30 days, select the frequency value at the time of current discharge.

**More Than 3 Times Daily**

**2 - 3 Times Daily**

**Once Daily**

**3 - 6 Times Per Week**

**1 - 2 Times Per Week**

**1 - 3 Times in Past Month**

**No Use Past Month (or no use during treatment if the entire treatment period is less than 30 days)**

## **Route of Administration**

Enter the appropriate code for the usual route of administration for each substance identified in the substance matrix.

**Inhalation (snorting or huffing)**

**Injection – Intravenous (IV)**

**Non IV Injection - Intramuscular - (IM) or Subcutaneous (Sub-Q)**

**Other**

**Oral (swallowing)**

**Smoking (includes free basing)**

## **Age of First Drug Use and/or Alcohol Intoxication**

For drugs other than alcohol, enter the age of the first willful use, unless the patient was an addicted newborn, in which case 00 should be entered.

For alcohol, enter the age of first willful intoxication (when the patient became drunk) or the age when alcohol was considered to cause problems in the patient's life. If the exact age is unknown, estimate as closely as possible.

### **Number of Days in Support Group in Last 30 Days**

Enter the number of days the patient was involved in a support group of any kind in the last 30 days (church group, domestic violence support group, substance abuse abstinence group, victim support group, etc).

### **Number of Days Attended AA/NA/Similar Meetings in Last 30 Days**

Enter the number of days the patient attended a self-help meeting in the last 30 days.

### **Tobacco Use Past 30 Days**

This item refers to the current use/abuse of any type of tobacco product chewed, snorted, smoked or snuffed within the past 30 days. This does not include nicotine products used for withdrawal purposes (e.g., patch, gum, etc.).

**Yes**

**No**

### **Number of Arrests during the past 12 months and past 30 days**

Enter the number of times the patient was arrested during each specific time frame. This item does not require a conviction and relates to any alleged offenses committed during both the past thirty days and twelve months prior to admission. This includes arrests for DWI/DUI during this period. Do not include minor traffic infractions.

## **ASI COMPOSITE SCORES**

The Addiction Severity Index (ASI) must be completed by all certified substance abuse treatment programs for patients 18 years of age and over except as described below:

ASI administration is optional for the following patients:

- a. Non-primary patients**
- b. Adolescent patients (under age 18)**

**Note: For those patients (18 years of age) enrolled in an adolescent program, the POSIT scores should be entered on the Youth screen on the admission module.**

ASI Composite Scores are generated either by SMART, or other software packages. If completed in SMART, the scores can be automatically downloaded using the hyperlink “Load Latest Assessment Scores”.

ASI scores range from 0.000 to 1.000. When entering the scores manually using software other than SMART and the score are missing from a domain, all 4 spaces should be coded 9.999.

**Example:**

A score of zero shows as: 0 . 0 0 0

**Example:**

A score of 1.000 shows as: 1 . 0 0 0

A score of 0.346 shows as: 0 . 3 4 6

If the score is missing, all 4 spaces should be coded as 9.999: 9 . 9 9 9

When admission data are completed prior to the administration of the ASI, the ASI Composite Scores must be entered and will be included in the following report month (i.e., if a patient is admitted on the 30th of March but the ASI is administered on April 10th).

**Controlled Environment**

**SMART offers two options for Controlled Environment:**

- The Controlled Environment selection in the SMART ASI is found in the General Profile screen, item number 19.
- When manually entering the ASI Composite Scores, Controlled Environment selection is found within the Admission on the Assessment Scores (Assmt. Scores) screen.

This category indicates whether the patient’s use of a substance was restricted by having been in one of the environments during the 30 days preceding admission:

**No**

**Jail**

**Alcohol/Drug Treatment**

**Medical Treatment**

## Psychiatric Treatment

### Other

#### Actual Level of Care/Actual Environment

Select one of the following ASAM levels of care for each item:

<b>0.5</b>	<b>Early Intervention</b> Early intervention services are designed to explore and address problems or risk factors that appear to be related to substance use and to help the individual recognize the harmful consequences of inappropriate substance use. This includes patients in the early stages of alcohol and drug abuse or dependence. An example includes counseling with at-risk individuals.
<b>I</b>	<b>Outpatient (OP) Treatment</b> In outpatient treatment, addiction treatment staff, including addiction-credentialed physicians, provides professionally directed evaluation, treatment, and recovery services. Such services are provided to patients who require less than 9 hours weekly. Examples include office practices, health clinics, primary care clinics, mental health clinics, and “step down” programs.
<b>I-D</b>	<b>Ambulatory Detoxification Without Extended Onsite Monitoring</b> The patient is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting, is free of severe physical and psychiatric complications, and would safely respond to several hours of monitoring, medication and treatment.
<b>I OMT</b>	<b>Opioid Maintenance Therapy</b> Opioid maintenance therapy is addiction treatment services for opiate-addicted patients. Patients receive pharmacological interventions including but not limited to methadone and LAAM. Examples include methadone maintenance programs.
<b>II.1</b>	<b>Intensive Outpatient Treatment</b> Intensive outpatient treatment services are provided to patients who require 9 or more hours weekly. These structured services include counseling and education about substance-related and mental health problems. Examples include day or evening outpatient programs.



<b>II.5</b>	<p><b>Partial Hospitalization</b></p> <p>Partial hospitalization services are provided to patients who require 20 or more hours of intensive treatment. Programs at this level typically have direct access to psychiatric, medical, and laboratory services.</p>
<b>II-D</b>	<p><b>Ambulatory Detoxification with Extended Onsite Monitoring</b></p> <p>The patient is assessed as being at moderate risk of severe withdrawal syndrome outside the program setting, is free of severe physical and psychiatric complications, and would safely respond to several hours of monitoring, medication and treatment.</p>
<b>III.1</b>	<p><b>Clinically Managed Low-Intensity Residential Treatment</b></p> <p>At this level, residential treatment services are offered at least 4 hours a week. These services may also include individual, group, and family therapy; medication management and medication education. Examples include halfway houses with “recovery” or “discovery” (precontemplative) services and group homes with in-house Level I intensity services and a structured recovery environment.</p>
<b>III.3</b>	<p><b>Clinically Managed Medium-Intensity Residential Treatment</b></p> <p>At this level, residential treatment services are provided in a structured environment often referred to as long term care. A common example is a therapeutic rehabilitation facility for extended care.</p>
<b>III.5</b>	<p><b>Clinically Managed High-Intensity Residential Treatment</b></p> <p>At this level, residential treatment services are focused on treating patients with significant social and psychological problems. Treatment is highly intense and structured with ancillary services. Examples include therapeutic communities or residential treatment centers and step-down treatment facilities from Level III.7.</p>
<b>III.7</b>	<p><b>Medically Monitored Intensive Inpatient Treatment</b></p> <p>At this level, residential treatment services are provided in a planned, regimented inpatient setting. Examples include an inpatient treatment center and an intermediate care facility.</p>
<b>III.7-D</b>	<p><b>Medically Managed Intensive Inpatient Services</b></p> <p>At this level, patients are treated in restricted settings such as acute hospitals and acute psychiatric hospitals. Examples include an acute psychiatric unit in a general hospital and a licensed chemical dependence specialty hospital with an acute care medical and nursing staff.</p>

<b>IV</b>	<b>Medically Managed Intensive Inpatient</b> This is an organized service, delivered in an acute care inpatient setting. It is appropriate for patients whose acute biomedical, emotional, behavioral and cognitive problems are so severe that they require primary medical and nursing care
<b>IV. D</b>	<b>Medically Managed Intensive Inpatient Detox</b> The patient is experiencing signs and symptoms of severe withdrawal, or that severe withdrawal syndrome is imminent.
<b>OMT-D</b>	<b>Opioid Maintenance Therapy Detox</b> This treatment encompasses a variety of pharmacologic and nonpharmacologic treatment modalities, including, the therapeutic use of specialized opioid compounds such as methadone, LAAM and Buprenorphine.

**Note- After the patient's admission is completed, he/she should then be enrolled within the program where treatment services are being rendered.**

**Program Enrollment**

Program Enrollment is used to track a patient's continuous episode of care from admission to discharge within a facility. A patient can be enrolled in multiple programs simultaneously (example: a patient can be enrolled in a residential program and an outpatient program at the same time).

**Program Name** - ASAM Level of Care the patient will be enrolled in.

**Program Staff** - Name of staff person admitting the patient into treatment

**Start Date** - This date reflects the day:

- a) the patient was admitted into treatment
- b) the patient was referred and enrolled in another ASAM Level of Care

## DISCHARGING A PATIENT

**Note- In order to discharge a patient in SMART, he/she must first be dis-enrolled from the program(s) where treatment services are being rendered.**

### Program Dis-Enrollment

**End Date - This date reflects the day:**

- a) an enrollment was ended and the patient was referred to another ASAM Level of Care
- b) the patient is discharged from treatment

### Reasons for Termination - (See Chart below)

Reason for Termination	Explanation
Admin Termination	The patient is discharged for violation of program rules. The treatment plan is incomplete
Deceased	The patient is discharged because of his/her death. The treatment plan is incomplete.
Disciplinary violation	The patient is discharge because he/she violated a sanction. The treatment plan is not complete
Incarcerated	When the patient has been incarcerated and is therefore unable to participate in treatment at the program. The treatment plan is incomplete
Left against Tx. Advise	The patient is discharged because of his/her decision to leave the agency before the treatment plan has been completed.
Left without notice	The patient is discharged because of his/her decision to leave the agency before treatment has been completed.
Referred	The patient completes his/her prescribed treatment plan in the agency but requires additional treatment at another agency.
	The patient did not complete his/her treatment plan. As a result, the patient was referred to another substance abuse treatment agency.
Transferred	A patient who moves from one level of care to another within the same treatment episode as prescribed in his/her treatment plan. The transfer can take place within an agency.
	The patient did not complete his/her treatment plan. As a result, the patient was transferred to a more intensive level of care within an agency.
Tx. Completion	The patient has completed his/her prescribed treatment plan and is found no longer to have a substance problem.

## **DISCHARGE MODULE**

### **Date of Discharge (MM/DD/YYYY)**

Enter the date of the last *face to face* treatment contact documented in the patient's record. Enter two digits each for month and day and 4 digits for the year.

**Example:** April 4, 2005

04/04/2005

*A patient must be discharged in SMART if he/she has not received a face to face treatment contact at least once in a 30 day period.*

**Note- In SMART (on the discharge module) - The date must be the same for the items “Discharged” and “Date of Last Contact”.**

### **Reason for Discharge**

Select one of the following categories to indicate the reason for discharge from the agency. All data must pertain to the patient at the time of his/her last face to face treatment contact. **(See Table below for consistency requirements supporting Reason for Discharge)**

#### **Completed Treatment Plan**

This category is used to indicate the patient has completed his/her prescribed treatment plan and no longer has a substance problem and no longer requires substance abuse treatment.

#### **Completed Treatment Plan/Referred**

This category is used when the patient completes his/her prescribed treatment plan in the agency, but requires additional treatment at another agency.

#### **Completed Treatment Plan/Transferred**

This category is used for a patient who moves from one level of care to another within the same treatment episode as prescribed in his/her treatment plan (example: from a Level II.1 [IOP program] to a Level I [OP program]). The transfer can only take place within an agency with multiple levels of care. .

#### **Incomplete Treatment/Client Left Before Completing Treatment**

This category is used when the patient is discharged because of his/her decision to leave the agency before the treatment plan has been completed.

#### **Incomplete Treatment/Death**

This category is used when the patient is discharged because of his/her death. The treatment plan is incomplete.

**Incomplete Treatment/Non-compliance with Program Rules**

This category is used when the patient is discharged for violation of program rules. The patient's treatment plan is incomplete and a referral may be recommended.

**Incomplete Treatment/Health Problem**

This category is used when the patient is unable to complete his/her substance abuse treatment plan because of either a physical or mental health problem.

**Incomplete Treatment/ Incarcerated**

This category is used when the patient has been incarcerated and is therefore unable to participate in treatment at the program. The treatment plan has not been completed, and further treatment is indicated.

**Incomplete Treatment/Referred**

This category is also used when the patient did not complete his/her treatment plan. As a result, the patient was referred to another substance abuse treatment program.

**Incomplete Treatment/Transferred**

This category is used when the patient did not complete his/her treatment plan. As a result, the patient was transferred to a more intensive level of care. This transfer must take place within a agency with multiple levels of care.

**REFERENCE CHECK FOR REASON FOR DISCHARGE**

	Reason for Discharge	Treatment Referral	Ancillary Services	Substance Matrix
1.	Completed Treatment Plan	No Treatment Referral	Any Ancillary Service (except detox services)	Blank
2.	Completed Treatment Plan/ Referred	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service
3.	Completed Treatment Plan/ Transferred	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service
4.	Incomplete Treatment /Client Left Before Completing Treatment	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service
5.	Incomplete Treatment/Death	No Treatment Referral	Leave Ancillary Service Blank	Matrix should reflect substance problems at the last treatment service
6.	Incomplete Treatment/ Health Problems	No Treatment Referral	Any Ancillary Service (except detox services)	Matrix should reflect substance problems at the last treatment service
7.	Incomplete Treatment/Incarcerated	No Treatment Referral	Other Ancillary Service	Matrix should reflect substance problems at the last treatment service
8.	Incomplete Treatment/Non-compliance with Program Rules	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service
9.	Incomplete Treatment/ Referred	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service
10.	Incomplete Treatment/ Transferred	All Levels of Care	Any Ancillary Service	Matrix should reflect substance problems at the last treatment service

**Never list a substance with “0” severity and “0” frequency.**

**Never list a substance with “0” severity at admission.**

**Please see pages 38-40 for complete explanations.**

### **Number of Arrests Up to 30 Days During Treatment**

Enter the number of times the patient was arrested in the last 30 days of the enrollment period. If the enrollment period is less than 30 days, enter the number of arrests during treatment in this field. This also includes arrests for DWI/DUI during this period. Again, do not include minor traffic infractions.

### **Currently Pregnant**

This refers to whether or not the patient is pregnant at the time of discharge.

**Yes**

**No**

### **Living Arrangement**

When entering Living Arrangement it is necessary to differentiate between Outpatient programs and Residential and Correctional programs

- For outpatient programs: enter the patient's living arrangement as of the last day of treatment. If the patient's living arrangement on the date of the last direct treatment service is unknown, enter the option for the patient's last known living arrangement. For residential and correctional programs:
- For a patient who completes treatment and/or is referred, enter the patient's **anticipated living arrangement immediately after discharge from your treatment program.**
- For a patient who leaves treatment early, and any other patient whose living arrangement after discharge is unknown, select the category of the patient's last known living arrangement or the living arrangement at admission.

#### **Child/Adolescent Foster Care**

This is temporary care in a home for a child or adolescent who has been removed from his/her home due to abuse or neglect.

#### **Dependent Living**

Dependent children or adults living in a *supervised* setting such as correctional institutions, halfway houses, group homes or other supervised settings.

#### **Group Home**

This is a small, supervised residential facility in which residents typically participate in daily tasks.

**Halfway House, Transitional Living**

This is a rehabilitation facility for patients who no longer require the complete facilities of a hospital or other institution but who are not yet prepared to return to their communities.

**Hospital, Nursing Home, or Other Residential Facility**

These are institutions where the patient receives inpatient medical care.

**Independent Living**

This category includes people living on their own and homemakers. This category applies to any adult, 18 years and older, living with family members without supervision.

**Jail/Prison/Detention Facility**

These are settings that confine persons held in legal custody. These facilities would be under the jurisdiction of a local government.

**Private Residence (apartment, home)****Residential Substance Abuse Treatment****Shelter****Sober Living Facility**

Sober living facilities are residences where recovering alcoholics, drug users or substance abusers can live in an environment free of mood-altering substances.

**Street/Outdoors (sidewalk, abandoned building)****Employment Status**

Select one of the following categories to indicate the patient's employment status. To qualify as being employed, the patient's earnings must be subject to income tax. For example, stipends and welfare payments are not taxable; the patient whose sole source of income is derived from these monies would not be considered employed.

**Disabled (cannot work)**

This category includes patients who have a physical, sensory or mental impairment seriously affecting their day-to-day activities on a long-term basis.

**Employed Full Time (35 hours or more a week)**

This category includes patients with jobs totaling at least 35 hours a week, and patients on strike who worked full time before the strike. This also includes persons who are self employed working 35 hours a week or more. Students who are employed full time should be included in this category.



**Employed Part Time In Steady Job**

This category includes patients with jobs totaling less than 35 hours a week, and patients on strike who worked less than 35 hours a week before the strike.

**Homemaker Full Time**

This category includes patients, females or males, married or unmarried, who are otherwise unemployed, maintaining a household and physically responsible for the care of one or more dependents living at home.

**Incarcerated (cannot work)**

This category includes patients who are confined to a local detention center or correctional facility for a specific period of time. If on work release, select employed full time or part time.

**In Skill Development, Training or School**

This category includes patients participating in a skill development program that provides vocational training, e.g., secretary, barber, mechanic. This category also includes patients in a training or educational program, i.e., primary, GED, secondary, college, or school program.

**Other Out of Work Force**

This category includes patients who are not seeking employment. This category may also include patients on home detention.

**Retired/Permanently Out of Work Force**

This category includes patients who have concluded their working and professional careers and are not presently employed. They are not considered part of the labor force.

**Unemployed Full Time Student**

This category includes patients attending grades K through 12 or college students carrying 12 credits a semester or more.

**Unemployed, not seeking work**

This category includes patients who have not sought employment in the last 30 days.

**Unemployed, seeking work**

This category includes patients who have registered with public or private employment agencies, responded to ads and submitted resumes to potential employers. It also includes those who are waiting to start a new job or waiting for recall from layoffs.

**DISCHARGE SPECIAL STUDY CATEGORIES  
SPECIAL FUNDING**

<b>Categories</b>
House Bill 1160 (HB 1160) (Temporary Cash Assistance) (TCA)
Senate Bill 512/495/Prenatal (SB 512/495)
Senate Bill 512/Post Partum (SB 512)

**\* There are no special projects at discharge at this time.**

**Primary Source of Income/Support**

Select one of the following categories. If more than one category applies, enter the source that provides the greatest part of the patient’s income/support.

**Disability**

This category includes patients who have a physical, sensory or mental impairment which seriously affects their day-to-day activities on a long-term basis.

**Other**

This is any other source of income/support that is not mentioned above, e.g., alimony, child support.

**Public Assistance/TCA**

These are patients identified and referred by DSS under the Maryland Welfare Innovation Act of 1997 (Department of Social Services) to receive substance abuse treatment as a condition of the receipt of benefits.

**Retirement/Pension**

This category includes patients who received a fixed sum of money following the conclusion of their careers.

**Self Employment**

This category includes patients who work for themselves or have their own businesses.

**Unemployment Compensation**

This category includes patients who receive compensation paid at regular intervals (by a government agency) due to a layoff.

**Wages/Salary**

This category indicates taxable payments received for labor of services rendered.

## **SUBSTANCE MATRIX**

Refer to pages 30-34. **Make sure page numbers are correct.**

### **Was Mental Health Service Received?**

#### **Yes**

This category refers to patients who received treatment administered by any licensed mental health professional, which should be documented in the patient record. Treatment by any therapist certified to work with patients who have a dual diagnosis of addiction and mental health disorders is included. This also applies to patients who are seen on a regular basis by a psychiatrist or private physician for psychotropic medications.

#### **No**

This category refers to patients not seen by any licensed mental health professional.

### **Primary Payment Source**

The fee for the patient's treatment was paid *primarily* from one of the following sources:

#### **ADAA (State Funding)**

This category includes patients whose treatment is supported with ADAA funds.

#### **DHMH Medicaid Managed Care (HealthChoice)**

This category includes health insurance covered through the State's managed care program.

#### **Medicaid (Other than HealthChoice)**

This category includes coverage through this jointly-funded, federal-state health care program for certain low-income and needy people.

#### **Medicare**

This category includes coverage through this federal health care program.

#### **Non-Managed Private Insurance**

This category includes prepaid health insurance plans where patients are able to choose their own physicians and other health care providers.

#### **Private Managed Care/HMO**

This category includes prepaid health insurance plans that provide medical services to members of the plan.

**Other**

This includes other form of payments not included in any of these categories.

**Other Public Funds**

This category includes county funds, Department of Juvenile Justice funding, and funds from civic groups or religious organizations.

**Out of pocket payment**

This category includes payments from patients.

**Additional Payment Sources (Choose Maximum of 2 from above list)**

(If applicable)

**Discharge Referral**

This field is prefilled from the Profile Screen

**Available Ancillary Services (Choose Maximum of 3)**

The following categories indicate the types of supplementary services to which patients are referred:

**To Community Mental Health Services**

This category includes referrals to programs that provide mental health treatment to patients and their families.

**To General Hospital**

Patients are referred to a general medical facility.

**To Self Help Programs (AA-NA)**

Patients are referred to groups where people get together to support each other and share experiences and knowledge.

**Other Ancillary Referrals**

This category includes other non-alcohol and drug treatment referrals.

**Current Educational Activities**

This section indicates the current educational activities of the patient at time of discharge. Select all categories that apply.

**Attending K-12**

This category indicates the patient is enrolled in one of the academic levels between kindergarten and grade twelve.

**GED (General Education Development) Program**

This category indicates the patient is pursuing a certificate equivalent to a high school diploma.

**Vocational Training**

This category indicates the patient is currently enrolled in a program which will equip him/her with an expertise or specialty. This training is also geared towards obtaining skills that would help them in their current or future position (for example, dental assistance, auto repair, and cosmetology).

**Higher Education (e.g. college, graduate school)**

This category indicates the patient is attending an accredited educational institution beyond the high school level.

**Number of Individual Counseling Sessions**

Enter the total number of individual counseling sessions the patient received in this treatment agency from the time of his/her admission to the time of discharge. The content of all sessions must be documented in the patient's case record.

**Number of Group Counseling Sessions**

Enter the total number of group counseling sessions the patient received during his/her current treatment period (from the time of admission to the time of discharge). The content of all sessions must be documented in the patient's case record.

**Number of Family Counseling Sessions**

Enter the total number of family counseling sessions concerning the patient during the treatment period. The patient may or may not have attended the session(s). The content of all sessions must be documented in the patient's case record.

**Number of Urinalysis Tests**

Enter the total number of urinalysis tests collected that were analyzed by a lab during the patient's current treatment episode. Do not include tests that were taken during his/her intake. If the same sample is re-tested, do not count it as an additional test. Enter 0 for none. Dips are not counted. Include only tests conducted by your agency.

**Number of Positive Urinalysis Tests**

Enter the total number of positive urinalysis tests reported. One sample may test positive for more than one substance, but should be counted as only one positive. Do not count tests administered at other agencies. Enter 0 for none. Include only positive tests conducted by your agency.

**Number of Days in Detox**

If detox ASAM level is selected, enter the number of days the client was maintained at this level.

## V. APPENDICES

### Appendix A

#### POINTS TO REMEMBER

- a. If an adolescent is considered high-risk, he/she should be categorized as a non-primary patient and placed in ASAM level 0.5 (Early Intervention).
- b. At discharge, the substance matrix must correlate with the reason for discharge. See Appendix B (Reference Check for Reason for Discharge) on page 51.
- c. The date of discharge is reported as the date the decision was made to discharge the patient; instead, the date of discharge must be the date of the last therapeutic, face to face treatment contact.
- d. The zip code is not in the patient's subdivision of residence; please make sure that the zip code and residence code are consistent.

**Note- If more than 30 days have elapsed since the last face-to-face, documented treatment contact, the patient must be discharged.**

## Appendix C

### **POLICY ON THE ADMINISTRATION OF THE ADDICTION SEVERITY INDEX (ASI) REVISED JULY 2005 POLICY**

EFFECTIVE AUGUST 2005, ALL DHMH CERTIFIED SUBSTANCE ABUSE TREATMENT PROGRAMS ARE REQUIRED TO ADHERE TO THE TIMEFRAMES DEFINED BELOW FOR COMPLETING ASI ASSESSMENTS AND ASI FOLLOW-UP ASSESSMENTS

#### I. Rationale

A standardized assessment will enable programs to more accurately develop patient-centered treatment plans based on individual need. Additionally, a standardized assessment will assist the ADAA in meeting its legislative mandate to evaluate treatment effectiveness. The ASI has been shown to be effective for both purposes.

The ASI need not be the sole assessment instrument used to develop the patient's treatment plan. Programs are encouraged to supplement the assessment with other assessment data for this purpose. It is important to note that the critical element in using the patient information derived from the ASI to develop a treatment plan is the interviewer's clinical judgment.

#### II. Procedure

The ASI is to be completed by all substance abuse treatment programs for patients 18 years of age and over.

The following are patients exempt from an ASI:

- a. short term (7 days or less) detox patients
- b. family members (Category for type of client = non-primary)
- c. adolescent patients (under age 18).

A completed ASI must be administered or obtained within the following timeframe:

<b>Outpatient:</b>	<b>within the first two (2) weeks of treatment</b>
<b>Intensive Outpatient:</b>	<b>within the first week of treatment</b>
<b>Residential:</b>	<b>within the first week of treatment</b>



## **POLICY ON THE ADMINISTRATION OF THE ADDICTION SEVERITY INDEX (ASI)**

An ASI can be obtained from another program provided it was completed within 30 days prior to the patient's admission to the current program. If an ASI was completed within the past 12 months but is older than 30 days, programs have the option of requesting the previous ASI and completing a follow-up ASI based on the previous assessment instead of completing the full ASI.

## **POLICY ON THE ADMINISTRATION OF THE ADDICTION SEVERITY INDEX (ASI)**

If a patient is readmitted to the same treatment program, a new ASI must be administered; if the readmission occurs within 30 days of a full ASI having been administered, the program has the option of using the previous ASI and applying those scores to the current program admission; or if the readmission occurs within twelve months of a full ASI having been administered, the program has the option of using the previous ASI and completing a follow-up ASI based on the prior assessment instead of completing the full ASI.

ASI or ASI Follow-up composite scores must be reported via SMART when a patient is admitted to a program.

The patient's case record must include a copy of both the initial ASI and, when applicable, the ASI Follow-Up.

If a patient has been in a controlled environment in the 30 days immediately prior to the ASI interview, in A8 of the ASI Composite scores, the following codes should be used to indicate what type of controlled environment he/she is coming from:

- 1- Not in controlled environment
- 2 - Jail/Prison
- 3 - Residential Alcohol or Drug Treatment
- 4 - Inpatient Medical Treatment
- 5 - Psychiatric Treatment (Inpatient)
- 6 - Some other controlled environment

This will enable the ADAA to identify patients coming from a "controlled environment" whose composite scores, particularly for alcohol and drug usage, may seem artificially low.

Any program can administer additional ASI Follow-up assessments to compare with the initial ASI for clinical treatment outcomes or for the purpose of the development of patient-centered treatment plan reviews. Composite scores calculated on additional ASI assessments during a single treatment episode do not need to be reported via SMART.

### **III. Implementation**

Programs shall incorporate this policy and procedure into their Policy and Procedure Manuals by October 1, 2005.

## **ASI FOLLOW UP Procedures**

For this purpose, it is understood that a “program” may consist of more than one clinic and have several different clinic ID’s. For example, a Health Department that operates both an outpatient and ICF facility would be considered one “program”; a facility that has both an outpatient and intensive outpatient clinic would also be considered one “program”. The patient’s case record must include a copy of both the initial ASI and when applicable, the ASI Follow Up.

The ASI Follow Up questions are the items that are circled on the original ASI form developed by Thomas McClellan, Ph.D.; the “Case Software Compatible Suggested ASI Form” developed by ADAA has also been revised to indicate Follow Up questions with a circle. When the circled question requests both 30 day and lifetime responses, the Follow Up requires a response only to the 30 day portion.



[www.maryland-adaa.org](http://www.maryland-adaa.org)

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