Division of Public and Behavioral Health
Policy

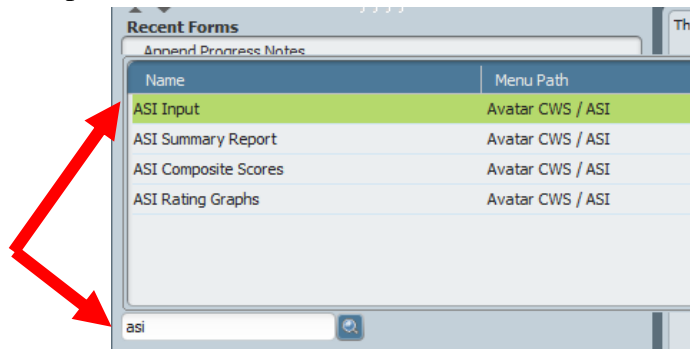| Control #	Rev.	Type	Title	Effective Date	Page
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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

All providers will complete an ASI (Addiction Severity Index) assessment for each client (except for those who are strictly on detox). The ASI must be updated annually while the client is in treatment, unless the client has a life-changing event occur during the course of treatment. If so, the ASI will need to be completed again. If a client is discharged from treatment and returns again within 30 days, an updated ASI is not necessary, unless the client had a life-changing even occur. If they return for additional treatment after 30 days, a new ASI will need to be completed.
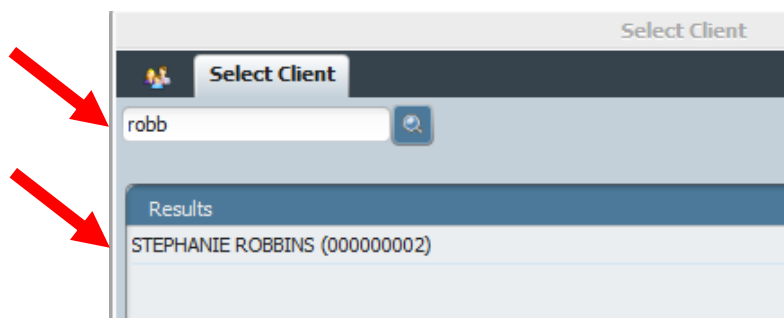
NOTE: THIS POLICY AND PROCEDURE WILL NOT OUTLINE HOW TO ASSESS A CLIENT.
It will be used as a quick tip guide for completing the form.

2.0 Procedure
1. In the Search Forms field, type ASI Input.
   a. Double-click the ASI Input.

2. The Select Client field will open.
   a. Search client by Client ID # or Last Name.
   b. Double-click the desired client.

3. The episode selection form will open.
   a. Double-click the episode to where the ASI should be attached.

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4. The ASI Input form will open.

5. There are 9 parts to this form. They can be found in the upper left hand corner of the ASI Input form.
    ALL QUESTIONS OF THE FORM MUST BE COMPLETED TO DOCUMENT A COMPLETE ASSESSMENT. DO NOT LEAVE FIELDS BLANK.
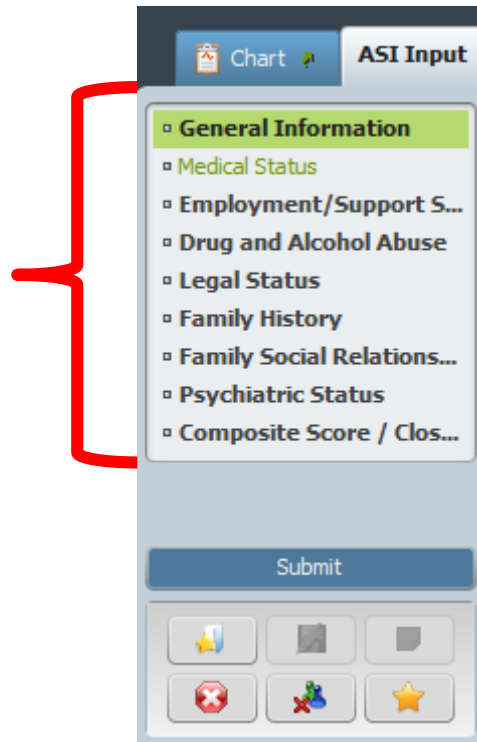   - General Information
    - Medical Status
    - Employment/Support Status

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- Drug and Alcohol Abuse
- Legal Status
- Family History
- Family Social Relationships
- Psychiatric Status
- Composite Score/Close ASI.

6. Some fields auto populate from previous screens.
7. Complete all necessary parts of the ASI Input form.
8. Use the criteria below as a guide to the data requested in certain fields:

G12	Special	Reason the assessment was not completed
G14	Lived at Address	YY/MM format. Ex: 5 years and 8 months = 05/08
M2	Last Hospitalization	YY/MM Ex: If the patients last hospitalization was 3 years and 2 months ago= 03/02
E1	Education Completed	YY/MM Ex: If the highest level of education is 5th grade= 05/00
E2	Training/Technical Education	N, X, or a Number N = not applicable X = client refuses to answer or does not know

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		# = number of years if that number is known
E6	Longest Full-Time job	YY/MM Ex: If the longest full-time job is 6 months= 00/06
D1 – D16		N, X, or a Number N = not applicable X = client refuses to answer or does not know # = number of years if that number is known
F2	How long in marital status	YY/MM Ex: If your patient has been married for 4 years= 04/00
F5	How long in living arrangements	YY/MM Ex: If your patient has lived in their apartment for 4 months= 00/04

9. When completed, click the submit button on the upper left hand corner of the page to submit the ASI.

10. In order to obtain the narrative version of the data that was entered into the **ASI Input** form, search for **ASI Summary Report** in the **Search Forms** widget on the HOME screen. This report puts the data into a narrative type of report.