

ODASL TREATMENT SERVICE LEVEL PLACEMENT

Date (_____)

Client ID (_____)

DIM 1 Score (____) DIM 2 Score (____) DIM 3 Score (____) DIM 5 Score (____) DIM 6 Score (____) DIM 4 Score (____)

Remember when entering Dimension scores that Dimension 4 has been moved to the end of the instrument

LEVELS OF SERVICE DECISION TREE

0.5 EARLY INTERVENTION:

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
0	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	0 to 1	2 to 4	2 to 3	3 to 4

1 OUTPATIENT:

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
0 to 1 or 2 to 4 if in 1WM	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	0 to 1 or 2 to 3 if the answer to Dim 3 question 9 is yes	0 to 2	0 to 2	0 to 2 or 3 to 4 if all five other Dimension scores are 0 to 1

OTP 1 OPIOID TREATMENT PROGRAM (OTP):

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
3 to 4	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	0 to 1 or 2 to 3 if the answer to Dim 3 question 9 is yes	2 to 4	0 to 2	0 to 2

2.1 INTENSIVE OUTPATIENT TREATMENT:

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
0 to 1 or 2 to 4 if in 1 WM	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	0 to 2	2 to 3	2 to 3	2 to 3

2.5 PARTIAL HOSPITALIZATION SERVICES (DAY TREATMENT)

3.1 HALFWAY HOUSE:

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
0 to 1 or 2 to 4 if in 1 WM	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	0 to 1 or 2 to 3 if the answer to Dim 3 question 9 is yes	1 to 3	3 to 4	0 to 3

3.3 CLINICALLY MANAGED, POPULATION SPECIFIC HIGH-INTENSITY RESIDENTIAL SERVICES

3.5 RESIDENTIAL TREATMENT

DIMENSION 1	DIMENSION 2	DIMENSION 3	DIMENSION 5	DIMENSION 6	DIMENSION 4
0 to 1 or 2 to 4 if in 1 WM	0 to 1 or – 2 to 3 if the answer to Dim 2 question 8 is yes	3 to 4 or 1 to 2 if Dim 4 is 3 to 4	3 to 4	3 to 4	3 to 4 or 1 to 2 if Dim 3 is 3 to 4

3.7 MEDICALLY MONITORED INTENSIVE INPATIENT SERVICES

4 MEDICALLY MANAGED INTENSIVE INPATIENT SERVICES

OVERRIDES

Check all that apply

Services not available (____)

Provider judgment (____)

Geographic accessibility (____)

Consumer preference (____)

Family responsibility (____)

Language barriers (____)

On wait list for level of care (____)

No payment resource (____)

SERVICE INDICATED (____)

SERVICE RECEIVED (____)

REASON FOR OVERRIDE(S): _____

Clinician (_____)

January 2018