

ODASL WITHDRAWAL MANAGEMENT PLACEMENT

Date (_____)

Client ID (_____)

WITHDRAWAL MANAGEMENT (WM) DECISION TREE

OPTION ONE

DIMENSION 1 Severity rating *if available is 3 or 4* (____) *Refer to 1 WM, 3.7 WM or OTP depending on consumer needs and resources*

OR, IF

OPTION TWO

*QUESTION 3 Answer is 2, 3 or 4

AND

QUESTION 4 Answer is 3 or 4

AND

QUESTION 5 Answer is 3 or 4

AND

QUESTION 6 Answer is 2, 3 or 4

THEN

Refer to 3.7 WM MEDICALLY SUPERVISED WITHDRAWAL MANAGEMENT SERVICES

IF ALSO

OPTION THREE

*QUESTIONS 7&8 Answers are yes

THEN

1 WM AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING

OR

OPIOID TREATMENT PROGRAM *only for severe opioid use disorder*

ALL ASAM WITHDRAWAL MANAGEMENT LEVELS OF SERVICE

1 WM AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING

2 WM AMBULATORY WITHDRAWAL MANAGEMENT WITH EXTENDED ON-SITE MONITORING

3.2 WM NON-MEDICAL RESIDENTIAL WITHDRAWAL MANAGEMENT

3.7 WM MEDICALLY SUPERVISED, MEDICALLY MONITORED WITHDRAWAL MANAGEMENT

4 WM MEDICALLY MANAGED INTENSIVE INPATIENT WITHDRAWAL MANAGEMENT:

OTP OPIOID TREATMENT PROGRAM

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	(____)		

LEVEL OF SERVICE INDICATED (____) LEVEL OF SERVICE RECEIVED (____)

REASON FOR OVERRIDES(S), *If utilized:* _____

Clinician (_____)

January 2018