

Section 2: Completed by CENS counselor

Client has Medi-Cal or My Health LA: _____	<input type="checkbox"/> If yes, Medi-Cal or My Health LA #: _____	<input type="checkbox"/> If no, Application #: _____ Submitted on: _____	Client's Sage Member ID Number: _____ Sage Referral ID Number (auto generated in Sage) _____
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SUD Screening Completed by CENS Counselor:

Date of Screening: _____	Screened by: _____	Phone: _____
CENS Agency: _____	Email: _____	

For CENS Counselors only - SUD Screening Results

Based on the American Society of Addiction Medicine (ASAM) Triage Tool the CENS Counselor recommends the following Provisional Level of Care (LOC):

SCREENED NEGATIVE OR EARLY INTERVENTION FOR TREATMENT

- SUD Treatment Not Recommended ASAM Level 0.5: Early Intervention

↳ WAS AT RISK EDUCATION WORKSHOPS PROVIDED?

- Yes No

SCREENED POSITIVE FOR OUTPATIENT TREATMENT

- ASAM Level 1.0: Outpatient Services
 ASAM Level 2.1: Intensive Outpatient Services
 ASAM Level 1-OTP: Opioid (Narcotic) Treatment Program
 ASAM Level 1-WM: Ambulatory WM without Extended On-Site Monitoring

SCREENED POSITIVE FOR RESIDENTIAL TREATMENT

- ASAM Level 3.1: Low-Intensity Residential Services
 ASAM Level 3.3: High-Intensity Residential Services, Population-Specific
 ASAM Level 3.5: High-Intensity Residential Services, Non-Population Specific
 ASAM Level 3.2-WM: Clinically Managed Residential WM

SCREENED POSITIVE FOR INPATIENT TREATMENT

- ASAM Level 3.7-WM: Medically Monitored Inpatient WM
 ASAM Level 4-WM: Medically Managed Intensive Inpatient WM

REFERRED TO OTHER SUPPORT SERVICES

- Recovery Support Services
 Recovery Bridge Housing (requires concurrent enrollment in ASAM 1.0, 2.1, 1-OTP, or 1-WM)
 Other (Specify): _____

Client Referred to SUD Treatment: Yes No Refused
If Yes, complete the following information:

Name of Treatment Agency: _____

Address: _____ Phone: _____

Contact Person: _____ Email: _____

Appointment Date: _____ Time: _____

If client is referred to SUD treatment, please complete Release of Information (ROI) form

[ROI – In Network Provider](#); [ROI – Out of Network](#)

The Release of Information (ROI) form has been signed. Yes No

Section 3: Treatment Provider Must Complete this Section and Return to CENS

Client showed up to appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, rescheduled to: _____ Date _____ Time _____		
If admitted LOC is different than the ASAM Co-Triage LOC, specify below: _____ (Specify LOC)	If admitted:	Admission Date: _____	Expected Completion Date: _____
		Weekly Treatment Hours: _____	Admission Counselor's Name: _____

Please return this form to the CENS via [Secure] FAX or email upon Admission, No Show, or Rescheduled Appointment.

Comments: