



Macomb County Community Mental Health – Substance Use Services

FOCUS – SUD CHANGE IN LEVEL OF CARE

Name: \_\_\_\_\_ Case #: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_

Provider: \_\_\_\_\_ Location Type: \_\_\_\_\_ Address: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Change in Level of Care

Request Date: \_\_\_\_\_ Requesting Therapist: \_\_\_\_\_
Times Available: \_\_\_\_\_

DIAGNOSIS

Table with 5 columns: Pri, ICD-10, Description, Status Date, Status. Rows include Sec, Ter, and Quat.

Diagnostic Formulation

Large empty box for diagnostic formulation.

Level of Care Information

Current Level of Treatment

- Withdrawal MGMT, ST Residential, LT Residential, PHP, IOP, OP, Case Management

Additional Service Categories

- Peer Recovery Coach, Case Management, Recovery Home

Request Change To

- Withdrawal MGMT, ST Residential, LT Residential, PHP, IOP, OP, Case Management, Peer Recovery Coach, Recovery Home

Current Substance(s) of Abuse

Table with 4 columns: Type of Substance, Date Last Used, Frequency of Use, Route of Administration, Amount Used in Last 30 Days. Sub-columns: Primary, Secondary, Tertiary.



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Results of past 30 days drug screen (testing date, substance and result)

[Empty text box for drug screen results]

MOUD only: Current medication and dose amount

[Empty text box for medication and dose amount]

Is Client Currently (check all that apply):

Injecting Drugs?

Yes  No

Pregnant?

Yes  No  N/A

On Rx Methadone?

Yes  No

A Parent at risk of losing child(ren) due to substance use?

Yes  No

Eligible for Women Specialty Funds?

Yes  No

ASAM Result

Dimension 1:		Dimension 4:	
Dimension 2:		Dimension 5:	
Dimension 3:		Dimension 6:	

Level of Care Comments:

[Empty text box for Level of Care Comments]

General Comments:

[Empty text box for General Comments]