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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Care and Treatment Services DHS 75  F-00115 (08/2016) | | |
| **WISCONSIN UNIFORM PLACEMENT CRITERIA (WI-UPC)**  **aDULT PLACEMENT SCORING INSTRUMENT**  Use of this form is voluntary; however, this instrument meets the requirements of DHS 75 for Department approved placement criteria, to be used to determine first level of care and ongoing need for continued level of care services or a change in level of care. The personally identifiable information is used for a level of substance use treatment services and will be used only for this purpose. | | |
| Name of Individual (Last, First, MI) | Date of Birth | Today’s Date |
| Address (Street) | | Telephone Number |
| City | State | Zip Code |
| Name of Interviewer (Last, First, MI) | | Telephone Number |
| Name of Agency | | Agency Telephone Number |
| Address (Street) | | |
| City | State | Zip Code |
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| **Instructions for Completion of WI-UPC Adult Placement Scoring Instrument**   1. Identify/rule out intoxication and/or incapacitation. Evaluate withdrawal potential. 2. Complete substance use disorder screening. 3. Evaluate the individual for treatment service qualifying criteria based on information acquired from the substance use disorder screening. 4. Evaluate the individual within treatment dimensions and severity indicators. 5. Transfer treatment indicator scores to grid and identify recommended level of care. 6. Completeinterviewer’s comments and record any need for an alternative level of care. 7. Record the individual’s willingness/acceptance statement. 8. Complete referral information and signature section. | | |
| **A. Is the individual intoxicated?** | | |
| Yes – If the individual is intoxicated but not incapacitated, and is in need of monitoring to safely recover from intoxication, the lowest level of care appropriate is Non-Medical, Non-Ambulatory Intoxication Monitoring Service (Level D-1). If the individual’s condition is such that withdrawal potential can be adequately assessed, either directly or through collateral sources, please go to Dimension Question 1.  No – Please go to Question B. | | |
| **B. Is the individual incapacitated?** | | |
| Yes – If the individual is incapacitated, the lowest level of care appropriate is Medically Monitored, Non-Ambulatory Withdrawal Service (Level D-3). If the individual’s condition is such that withdrawal potential can be adequately assessed, either directly or through collateral sources, please go to Dimension Question #1.  No – Please go to Dimension Question 1. | | |

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| **DIMENSION QUESTION 1**  Does the patient exhibit any signs or symptoms of WITHDRAWAL, and/or is there history to suggest that a significant risk of withdrawal is present?  No – Please go to the seven “Treatment Service Qualifying Questions” below.  Yes – Please answer each of the five “Severity Indicator Questions” below. |
| **SEVERITY INDICATOR QUESTIONS** |
| a.  Yes – D-4 The withdrawal screening score indicates a severe alcohol and/or sedative withdrawal, or *Grade 4* opiate withdrawal. |
| b.  Yes – D-3 The withdrawal screening score indicates *moderate* alcohol and/or sedative withdrawal, or *Grade 3* opiate withdrawal. |
| c.  Yes – D-2 The withdrawal screening score indicates *mild* alcohol and/or sedative withdrawal, or *Grade 2* opiate withdrawal. |
| d.  Yes – D-1 The withdrawal screening score indicates *minimal* alcohol and/or sedative withdrawal, and although the patient is functionally impaired, there is no evidence of intoxication with substances other than alcohol and/or sedatives. |
| e.  Yes – D-1 The individual *lacks family/community support* such that a structured setting of professional observation is necessary to achieve safe resolution of current alcohol and/or sedative intoxication. |
| **TREATMENT SERVICE QUALIFYING CRITERIA** |
| 1.  Yes Individual has recently experienced negative *educational/vocational* consequences that are linked to a substance use disorder. |
| 2.  Yes Individual has recently experienced negative *physical/mental health* consequences that are linked to a substance use disorder. |
| 3.  Yes Individual has recently experienced negative *financial* consequences that are linked to a substance use disorder. |
| 4.  Yes Individual has recently experienced negative *legal* consequences that are linked to a substance use disorder. |
| 5.  Yes Individual has recently experienced negative *personal relationship* consequences that are linked to a substance use disorder. |
| 6.  Yes Individual has recently experienced impairment in his or her *role as a caregiver and/or homemaker* that is linked to a substance use disorder. |
| 7.  Yes Individual has a history of having experienced one or more of the above consequences, has successfully completed treatment, but is currently at high risk of relapse. |
| **NOTES**   * If the response to ALL of the above questions was “NO,” substance abuse symptoms sufficient to indicate the need for services in the formal substance abuse treatment delivery system, as defined in DHS 75, **have not been reported**. You may want to consider a referral to a community support group or other referral system if indicated. Go to SUMMARY page to complete WI-UPC. * If the response to ANY of the above questions was “YES,” substance abuse symptoms sufficient to indicate the *possible need* for some level of services in the formal substance abuse treatment delivery system, as defined in DHS 75, **have been reported**. Please complete the following questions (Dimension and Severity Indicator Questions 2 through 5) to determine appropriate level(s) of treatment frequency and intensity. |
| **DIMENSION AND SEVERITY INDICATORS** |
| **DIMENSION QUESTION 2**  Are there current PHYSICAL/MENTAL HEALTH conditions or complications evident or any which become evident when the patient is under the influence?  No – Please go to “Dimension Question 3,” disregard “Severity Indicators” below.  Yes – Please answer each of the seven “Severity Indicator Questions” below. |
| **SEVERITY INDICATOR QUESTIONS** |
| a.  Yes **4** The individual has physical/mental health conditions or complications that require hospitalization per physician screen or consultation. |
| b.  Yes **3** The individual has physical/mental health conditions or complications that, while under the influence of substance(s), create a danger to self or others AND is at high risk of relapse. |
| c.  Yes **3** The individual’s physical/mental health conditions or complications require 24-hour-per-day monitoring and intervention in order to promote treatment progress/recovery; i.e., has demonstrated that he or she is unable to maintain psychiatric stability for more than 24 consecutive hours during the past 30 days. |
| d.  Yes **3** The individual’s cognitive status requires 24-hour-per-day monitoring and intervention in order to promote treatment progress/recovery. |
| e.  Yes **2** The individual’s cognitive status requires intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery. |
| f.  Yes **2** The individual’s mental health conditions or complications require intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery; i.e., has demonstrated he or she is able to maintain psychiatric stability for more than 24 consecutive hours, but not more than 72 consecutive hours during the past 30 days. |
| g.  Yes **1** The individual’s mental health conditions or complications require monitoring and intervention (less than 12 hours weekly) in order to promote treatment progress/recovery; i.e., has demonstrated that he or she is able to maintain psychiatric stability for more than 72 consecutive hours, but not more than seven consecutive days during the past 30 days. |
| **DIMENSION QUESTION 3**  Are there current EMOTIONAL conditions or complications and/or BEHAVIORAL patterns evident or any which become evident when the patient is under the influence?  No – Please go to “Dimension Question 4,” disregard “Severity Indicators” below.  Yes – Please answer each of the four “Severity Indicator Questions” below. |
| **SEVERITY INDICATOR QUESTIONS** |
| a.  Yes **3** The individual’s emotional status and/or behavioral patterns, while under the influence of substance(s), create a danger to self or others AND is at high risk of relapse. |
| b.  Yes **3** The individual’s emotional status and/or behavioral patterns require 24-hour-per-day monitoring and intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated that he or she is unable to maintain emotional/behavioral stability for more than 24 consecutive hours during the past 30 days. |
| c.  Yes **2** The individual’s emotional status and/or behavioral patterns require intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery; i.e., has demonstrated he or she is able to maintain emotional/behavioral stability for more than 24 consecutive hours, but not more than 72 consecutive hours during the past 30 days. |
| d.  Yes **1** The individual’s emotional status and/or behavioral patterns require monitoring and intervention (less than 12 hours weekly) in order to promote treatment progress/recovery; i.e., has demonstrated that he or she is able to maintain emotional/behavioral stability for more than 72 consecutive hours, but not more than seven consecutive days during the past 30 days. |
| **DIMENSION QUESTION 4**  Does the patient present significant RELAPSE POTENTIAL?  No – Please go to “Dimension Question 5,” disregard “Severity Indicators” below.  Yes – Please answer each of the nine “Severity Indicator Questions” below. |
| **SEVERITY INDICATOR QUESTIONS** |
| a.  Yes **3** The individual has demonstrated that he or she is unable to remain substance free for any 24 consecutive hour period during the past 30 days, despite one or more interventions, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery. |
| b.  Yes **3** The individual has demonstrated that he or she is consistently unable to attend day treatment sessions substance free, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery. |
| c.  Yes **2** The individual has demonstrated that he or she is unable to remain substance free for more than 72 consecutive hours during the past 30 days, despite one or more interventions, which significantly interferes with his or her ability to engage and progress with treatment goals and recovery. |
| d.  Yes **2** The individual has demonstrated that he or she is consistently unable to attend outpatient treatment sessions substance free, which significantly interferes with his or her ability to engage and progress with treatment goals and recovery. |
| e.  Yes **1** The individual has demonstrated that he or she is unable to remain substance free for more than seven consecutive days during the past 30 days, which significantly interferes with his or her ability to engage and progress with treatment goals and recovery. |
| f.  Yes **1** The individual has demonstrated that he or she is unable to avoid relapse due to his or her lack of coping/daily living skills, and this combination significantly interferes with his or her ability to maintain and/or progress with recovery. |
| g.  Yes **1** The individual has demonstrated that she is unable to be completely substance free during current pregnancy. |
| h.  Yes **1** The individual demonstrates preoccupation with substance use to the extent that he or she is at high risk of relapse, which significantly interferes with his or her ability to maintain and/or progress with recovery. |
| i.  Yes **1** The individual demonstrates lack of appropriate reaction to life stressors to the extent that he or she is at high risk of relapse, which significantly interferes with his or her ability to maintain and/or progress with recovery. |
| **DIMENSION QUESTION 5**  Does the patient’s ENVIRONMENT create a coercion to continue or return to substance abuse?  No – Please go to WI-UPC Summary section, disregard “Severity Indicators” below.  Yes – Please answer each of the four “Severity Indicator Questions” below. |
| **SEVERITY INDICATOR QUESTIONS** |
| a.  Yes **3** The individual or a collateral source reports that other members of the individual’s living environment exhibit abusive behaviors (physical/sexual) such that safety concerns significantly interfere with his or her ability to engage and progress with treatment goals/recovery on an ambulatory basis. |
| b.  Yes **2** The individual’s living environment purposely or unintentionally sabotages (i.e., substance use triggers/cues, ongoing substance use/abuse) treatment goals/recovery AND friends, family, OR co-workers are not supportive of the individual’s recovery efforts. |
| c.  Yes **1** The individual’s living and/or work environment purposely or unintentionally sabotages (i.e., substance use triggers/cues, ongoing substance use/abuse), treatment goals/recovery; HOWEVER, the individual has some personal support for recovery efforts from friends, family OR co-workers. |
| d.  Yes **1** The individual’s friends, family or co-workers are not supportive of his or her recovery efforts. |

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| **SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Record the selected “Qualifying Criteria” (page 2) below by placing an “X” in the appropriate space. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Transfer the scores from each “**Yes**” response to the “Severity Indicators” of each dimension to the grid below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Withdrawal/Detoxification | | | | | | | | | | Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dimension 1 | | | | | | | | | | Dimension 2 | | | | | | | Dimension 3 | | | | | | | | | Dimension 4 | | | | | | | Dimension 5 | | | | | | |
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| Enter the single highest score found under Dimension 1: | | | | | | | | | | | | | | Enter the single highest score found under Dimensions 2, 3, 4, **and** 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Score 1** | | | |  | | | |  | | | | | | **Score 2** | | | | |  | | |  | | | | | | | | | | | | | | | | | |
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| **NOTE:** In accordance with DHS 75.14(7), admission to a **Transitional Residential Treatment Service** is appropriate only for one of the following reasons:   1. The individual was admitted and discharged from another level of rehabilitation care (Level 1 – Level 4) within the last 12 months, or is currently being served in Day Treatment or Outpatient Treatment Service. The information must be included in the Interviewer’s Comments section.   **OR**   1. The individual has an extensive lifetime treatment history and has experienced at least two detoxification episodes during the past 12 months; and the specific criteria from the Assets and Needs in Section II for this level of care have been met. This information must be included in the Interviewer’s Comments sections. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Match **Score 1** and **Score 2** with the appropriate level of care indicated in the Level of Care Key.  These scores indicate the lowest recommended level of service appropriate for this patient. **If special circumstances exist which allow an alternative level of care for this individual, please indicate them in the Interviewer’s Comments section and select the appropriate alternative level of care.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEVEL OF CARE KEY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D-1** | | | Residential Intoxication Monitoring Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D-2** | | | Ambulatory Detoxification Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D-3** | | | Medically Monitored, Residential Detoxification Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D-4** | | | Medically Managed, Inpatient Detoxification Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1A** | | | Transitional Residential Treatment Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | | | Outpatient Treatment Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | | | Day Treatment Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | | | Medically Monitored Treatment Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | | | Medically Managed, Inpatient Treatment Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Interviewer’s Comments |

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| Individual’s Statement – Willingness to accept recommended level of care |

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|  | WI-UPC Recommended Level(s) of Service from  Score 1 and/or Score 2 |  | Alternative level(s) of service identified due to special  circumstances outlined in Interviewer’s Comments | |  |
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|  | Level(s) of care |  | Level(s) of Care | |  |
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| Name of Agency Individual is Being Referred | | | | Agency Telephone Number | |
| Agency Address | | | | | |
| **SIGNATURE** – Individual | | | | Date Signed | |
| **SIGNATURE –** Interviewer | | | | Date Signed | |