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| Person Served Name: | |
| Avatar ID Number: | **Admission Date:** Enter Date |

Fresno County Department of Behavioral Health will accept only Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 diagnoses for persons-served within the Substance Use Disorder System of Care. Determination of a primary or additional substance use diagnosis must be completed by the Medical Director or Licensed Practitioner of the Healing Arts (LPHA). The basis for the diagnosis shall be a narrative summary based on the current DSM criteria, demonstrating the Medical Director or LPHA evaluated each person served assessment and intake information, including their personal, medical, and substance use history.

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| ***Medical Director or LPHA Face-to-Face with Assessing Counselor (For Initial Diagnosis Only):*** | | |
| If assessment and intake information is completed by a Counselor, the Medical Director or LPHA shall review the intake information and assessment with the assessing counselor to establish if medical necessity criteria is met. By signing below, the assessing counselor and diagnosing Medical Director or LPHA confirm that the required face-to-face interaction was conducted:  *in person* or  *telehealth* on the date of Enter Date. | | |
| **Assessing Counselor Name Printed, Title:** | **Assessing Counselor Signature:** | **Date:** |
| **LPHA/Medical Director Name Printed, Title:** | **LPHA/Medical Director Signature:** | **Date:** |

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| ***Medical Director or LPHA Determination of Medical Necessity (For Initial Diagnosis Only):*** |
| **Medical Director or LPHA Must Initial Either 1 or 2:**   1. **\_\_\_\_\_\_\_\_** After review of the evaluation, I have determined that treatment is medically necessary and that there are no conditions that would place the person served at excess risk in the treatment program planned, and that the person served is receiving appropriate and beneficial treatment that can reasonably be expected to improve the diagnosed condition. |
| 1. **\_\_\_\_\_\_\_\_** After review of the evaluation, I have determined that treatment is **not** medically necessary, and the person served should be discharged from treatment. |

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| ***Diagnosing Medical Director or LPHA Evaluation (For Initial or Updated Diagnosis):*** | | |
| The Medical Director or LPHA shall evaluate each person served and diagnose for a possible substance use disorder. Information that has been considered includes personal, medical, and substance use history along with the most recent physical examination.  ***Diagnostic Justification:* Medical Director or LPHA MUSTarticulate specific problematic pattern of substance(s) used (i.e. amount and frequency) leading to specific impairments to support each diagnosed Substance Related Disorder.**  (Use the + sign to the bottom right of the diagnosis box to document multiple diagnoses) | | |
| **DSM-5 Diagnosis:** Enter Diagnosis (F Code, Substance Related Disorder and Severity Level) Choose type of Diagnosis  **Narrative Basis for Diagnosis:** Enter Narrative for each Diagnosis | | |
| **LPHA/Medical Director Name Printed, Title:** | **LPHA/Medical Director Signature:** | **Date:** |