

## **Services Form**

Level 3.1 Residential Treatment and Level 3.2 Withdrawal Management Confidential Patient Information under HIPAA & 42 CFR, Part 2

Begin	Date:	

Begin Time: 12:01 a.m.

Facility Name:	ID:	Program Name:	ID:	
Consumer Name:	MRN:	Primary Provider/Staff Name:	ID:	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Total Service Time	Hours Minutes						
Service Strategies (choose up to 2)	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown	□50 – Peer/Family Delivered Services □51 – Psychoeducation □52 – Family Support □53 – Supportive Educ. □60 – Ethnic-specific □61 – Age-specific □99 – Unknown
Place of Service	☐Residential Tx Center						
Evidence-Based Practice (choose 1)	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown	☐ 12 (MI) Motivational Interviewing ☐ 13 (CBT) Cognitive Behavioral Therapy ☐ 99 Unknown	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown	□12 (MI) Motivational Interviewing □13 (CBT) Cognitive Behavioral Therapy □99 Unknown
Use of Interpreter	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):	□No □Yes (continue below) Name of Interpreter:  Language service provided (non-English):
SAPT or Other Non-DMC Residential Services OR Withdrawal Management	□201-00 Residential Client Day □203-00 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	☐201-00 Residential Client Day ☐203-00 Residential Dyad Day (Mom/Child) ☐209-00 Residential Day — Bed Hold	□201-00 Residential Client Day □203-00 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-00 Residential Client Day □203-00 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-00 Residential Client Day □203-00 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-00 Residential Client Day □203-00 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	☐201-00 Residential Client Day ☐203-00 Residential Dyad Day (Mom/Child) ☐209-00 Residential Day — Bed Hold
DMC Residential ASAM Level 3.1	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold	□201-40 Residential Client Day □203-41 Residential Dyad Day (Mom/Child) □209-00 Residential Day - Bed Hold
DMC Residential ASAM Level 3.2	☐202-40 Residential Client Day	☐202-40 Residential Client Day	□202-40 Residential Client Day	☐202-40 Residential Client Day	☐202-40 Residential Client Day	□202-40 Residential Client Day	☐202-40 Residential Client Day