

*UCLA-ISAP has compiled a list of frequently asked questions and answers. Please contact UCLA-ISAP ([abellowslee@mednet.ucla.edu](mailto:abellowslee@mednet.ucla.edu)) or refer to the manual for further information. <http://www.uclaisap.org/dmc-ods-eval/html/bquiptool.html>*

**Q. Now that the 4<sup>th</sup> edition of the ASAM Criteria book has been released, will the BQulP results adhere to the 4<sup>th</sup> edition standards?**

A. By the end of 2024, UCLA ISAP plans to release the BQulP 4.0 which will be based on the 4<sup>th</sup> edition of the ASAM Criteria

**Q. Shouldn't patients go to residential or inpatient for withdrawal management? I completed the BQulP and my patient needs withdrawal management, but the placement recommendation is for outpatient services.**

A. While withdrawal management is OFTEN delivered at a residential level of care, it CAN BE delivered at outpatient levels of care. It is up to the assessor to determine for each patient whether withdrawal management services can safely be delivered during outpatient treatment or if inpatient/residential withdrawal management is necessary.

**Q. I want to add more notes and change some responses, but there's no 'BACK' button. What do I do?**

A. Before the BQulP interview questions are completed, it is possible to scroll up and down and change answers and add notes. After you click on the "Questionnaire is Complete" button you will not be able to change responses, but you will have two more opportunities to add notes. The first opportunity is a "notes" box in the "Questions for the BQulP User" section. The second is when you download the BQulP Report as a Word document. You may add your notes to that document.

Please refer to the BQulP User's Manual for more detailed instruction. The link to the online BQulP User's Manual is: [http://uclaisap.org/dmc-ods-eval/assets/documents/bquip/BQulP\\_30manualJune2019\\_beta.pdf](http://uclaisap.org/dmc-ods-eval/assets/documents/bquip/BQulP_30manualJune2019_beta.pdf)

**Q. What are the requirements needed for staff to conduct a BQulP screening? Does this need to be a clinical staff such as a registered counselor or LPHA? Or can support staff that are unlicensed workers conduct screenings?**

A. Initial screenings such as the BQulP can be conducted by anyone the county deems appropriately trained. Anyone who has been through the full BQulP online training and is deemed to be appropriately trained to conduct initial screenings by their supervisor/county/agency, can conduct the BQulP. (The archived training webinar can be found at <https://www.uclaisap.org/bquiptool/>)

**Q. Can we add the BQulP tool application into our existing Electronic Health Records?**

A. For the beta version of the BQulP, it may not be possible for a county to fully integrate the tool into its existing EHRs. However, it is possible to

download the BQulP reports as PDF or Word documents and upload or scan the BQulP Report into an electronic record.

**Q. The length of the BQulP seems to be unrealistic to use in our county...We are understaffed, how do we make time for the BQulP on top of our other responsibilities?**

A. The intention of the BQulP is to be a brief questionnaire. (As opposed to a full ASAM Criteria-based assessment which might take 90 minutes.) If the BQulP regularly takes longer than about 10 minutes, please contact UCLA-ISAP ([abellowslee@mednet.ucla.edu](mailto:abellowslee@mednet.ucla.edu)) to discuss ways to make the initial screening more efficient. Keep in mind, a patient with a *less complicated* presentation will only take *a few minutes* to complete the BQulP, while someone with *multiple presenting problems* in multiple risk areas *will take longer*. Additionally, The BQulP is intended for use over the phone at a Beneficiary Access Line, or in person for example at a walk-in clinic by dedicated screening staff who are performing brief screenings as part of their regular duties.

**Q. Why doesn't the BQulP provide an ASAM-Level of Care?**

A. The BQulP is intended to help guide the patient to the "right door", which means the right *modality* (e.g., outpatient or residential) for a full assessment, not a specific ASAM Criteria-based level of care (e.g., 2.1, 3.2). The BQulP is also intended to alert providers to issues that may need further evaluation, but it does not give a diagnosis. The BQulP is not an ASAM Level of Care determination tool and does not establish "medical necessity." The four possible treatment modalities that the BQulP may recommend are: Residential, Intensive Outpatient, Outpatient and Narcotic/Opioid Treatment Program (NTP/OTP) setting, office-based opioid treatment (OBOT), or Outpatient Suboxone Clinic.

**Q. Do I have to read every question EXACTLY as it is written in the BQulP?**

A. No, please convey to the caller the meaning of the question to get the most accurate information possible. Please also feel free to fill in the answers that you already know based on collateral sources of information (e.g., parole officer, social worker, spouse, etc.). The intent of the BQulP is to be *brief* and to quickly guide the referral of the caller to the most appropriate treatment setting for a full assessment and placement.

**Q. My county only has one residential treatment provider. Can we customize the BQulP to recommend that treatment provider by name rather than "residential" in the BQulP Report?**

A. No, for the beta version of the BQulP tool, it is not possible to customize the output for your county's treatment provider network. The BQulP is a standardized tool intended for state-wide use. It is possible that future versions of the BQulP could be customized by each county as long as the validity of the BQulP tool is not compromised.

**Q. Our county has several documentation requirements for our screenings that are not included in the BQulP tool (e.g. criminal justice status). Can we add**

**questions or customize the BQulP tool for our county's specific documentation requirements?**

- A. No. It is not possible to add questions to the beta version based on your county's specific documentation requirements. However, it is possible that future versions of the BQulP could be adapted by a county as long as the validity of the BQulP tool is not compromised.

**Q. What if the patient is not using drugs or alcohol?**

- A. The BQulP is meant for potential recipients of adult substance use disorder services. If they are not a candidate for SUD treatment, do not use the BQulP tool.

**Q. Can this be used with our youth population?**

- A. No, this tool was developed for potential recipients of adult substance use disorder services. UCLA-ISAP has been made aware of the need for a youth tool.