The ASAM Criteria®, Fourth Edition Level of Care Assessment Guide

Adults

Instructions – General (please read before use)

1. This assessment guide is intended for adult patients with substance use disorder (SUD). It provides guidance for Levels 1.5 and more intensive levels of care as detailed in *The ASAM Criteria*, Fourth Edition, Volume 1: Adults. The guide does not include prevention or Level 1.0 (remission monitoring).
2. This assessment guide is intended to help the interviewer and patient utilize the Dimensional Admission Criteria detailed in *The ASAM Criteria*, Fourth Edition, Volume 1: Adults, pp 205-281[1]. **The score items in this assessment are not intended to take the place of the full Dimensional Admission Criteria**. The assessment relies on the interviewer's judgment of imminent risk. Please seek clinical supervision and/or consultation as needed.
3. This assessment guide is **not** intended to take the place of a comprehensive biopsychosocial assessment, which should be conducted post-admission as part of the Treatment Planning Assessment.
4. Medical questions do not require the interviewer to conduct a medical examination. Rather, they are meant to assess the urgency of the patient's need for evaluation and treatment of medical concerns.
5. The first part of the assessment is meant to quickly determine the need for referral to an emergency department and provisional need for Level 4 and/or Level 4 Psychiatric. **If the patient reports or seems to have emergent needs in Dimensions 1, 2, or 3, stop the assessment and transfer immediately to an emergency department**. If the patient does not need immediate medical care, please continue the assessment.
6. Once Dimensions 1-3 are completed, if the patient meets criteria in any subdimension for a minimum of Level 3.7, Level 3.7 BIO, or Level 3.7 COE, the assessment can end there.
    - If the interviewer needs to obtain risk ratings for all subdimensions or wants to collect additional information for initial treatment planning and the patient is able to comfortably participate, the assessment can continue.
7. Pay close attention to the skip logic in Dimensions 1-3. If the patient is not intoxicated or at imminent risk for withdrawal and/or does not have co-occurring physical or mental health conditions, the assessment questions corresponding to those subdimensions may not need to be answered in detail.
8. Questions preceded with the icon are asked directly to the patient. Questions and text in blue font with no preceding icon are for the interviewer and should not be asked directly to the patient.
9. Optional risk rating boxes are provided at the end of each section. To assign risk ratings, the interviewer should use the information gathered from the assessment to apply the Dimensional Admission Criteria in *The ASAM Criteria*, Fourth Edition, Volume 1: Adults, pp 214-278.
    - Full risk ratings may be required for utilization review and/or treatment program protocols.
    - Alternatively, the interviewer can use the Score Sheet at the end of this assessment guide to determine level of care recommendation using a more streamlined approach.
10. Some questions contain brackets to help the interviewer customize the assessment to the patient's specific situation. For instance, where the bracket states "[*primary substance of concern*]" the interviewer should substitute the patient's main substance of concern (eg, "heroin" or "meth" or "alcohol").
11. Some open-ended questions include probes to help the interviewer obtain the necessary information. The interviewer should ask the main question, listen to the patient's response, and then use probes to gather more information as needed to answer the question.
12. Questions that are highlighted with a key icon ( ) represent key decision points for assigning subdimensional risk ratings.
13. If a question has been answered already during the course of the interview, the interviewer does not need to ask it again. Rather, they should fill in the response based on information already provided and then move on to the next question.
14. If the assessment is conducted over the phone (audio-only telehealth), the interviewer should rely on patient report to answer questions since observation is not possible.
15. All comment boxes are optional.

1. Unless otherwise noted, all page citations in this document refer to *The ASAM Criteria*, Fourth Edition, Volume 1: Adults.

Instructions – Specific Assessment Sections

1. **Vital signs:** All facilities providing SUD services should be able to collect vital signs. However, if you are unable to obtain vital signs (eg, due to telehealth), try to assess the patient's physical wellness: Is the patient describing any symptoms of illness, such as racing heart or feeling feverish; nausea, vomiting or diarrhea? To a layperson, does the patient appear ill or in obvious distress? If the patient appears to be breathing unusually slowly or quickly; seems noticeably weak, faint, or dizzy; has tremors or excessive sweating; or is exhibiting any other worrying signs, obtain an urgent medical evaluation.
2. **Screen for Acute Medical Needs:** If signs and/or symptoms in Dimension 1 and/or Dimension 2 suggest the patient might need emergency medical care (Level 4), medical personnel should conduct this part of the assessment. If unsure, seek emergency medical evaluation.
3. **Screen for Acute Psychiatric Needs:** If signs and/or symptoms in Dimension 3 suggest the patient might need inpatient psychiatric care, a qualified mental health professional should conduct this part of the assessment. If unsure, seek emergency medical evaluation.
4. **Substance use (Q9)**:
    - The substance use table includes only information about recent use to inform decisionmaking about need for medical management of intoxication and/or withdrawal. It is not intended to collect a full substance use history, which would occur during the Treatment Planning Assessment (post-admission).
    - Optional write-in blanks are included under each substance category to allow the interviewer to specify if the patient uses more than one type of substance within that category.
    - Prescribed substances used appropriately without problems should not be considered in this section.
    - Last use: indicate the number of hours, days, weeks or months since last use, if known.
    - Past month: Daily/near-daily use - only check this if the patient reports daily or near-daily use of the substance(s) over at least the past month.
    - Under "Usual amount per day", specify amount, if known, by adding number and writing in measurement unit.
    - Route of use: write in the most frequent route of administration for each substance (eg, oral, snorted, smoked, injected).
5. **Availability of after-hours monitoring:** Please answer this question even if the patient will likely enter residential treatment. In that case, the response can inform eventual transition planning.
6. **Dimension 1**
    - Intoxication: Signs of intoxication may be delayed if the patient used substances right before the assessment. If there is any risk of overdose, or other signs or symptoms of severe intoxication, transfer immediately to emergency department.
    - Withdrawal: Complete this section if the patient has been using substances regularly, including during the past week. The interviewer should seek to determine anticipated peak severity of withdrawal symptoms based on the patient's reported timing of last use, duration of continuous use, and history of withdrawal.
    - Addiction Medication Needs: This subdimension addresses the need for medications to address SUD symptoms such as cravings, opioid withdrawal, or post-acute withdrawal symptoms (eg, buprenorphine or methadone for opioid use disorder; acamprosate or naltrexone for alcohol use disorder).
7. **Dimension 2**
    - Q20-24b: These questions contain brackets so the interviewer can customize the questions by specifying the patient's current self-reported health issues.
    - Q27: Patients may need integrated medical management (ie, in a medically managed level of care) if any of the following are true:
        - Their medical issues interact with the addiction (eg, injection site abscess, chronic pain), or might be complicated by substance discontinuation;
        - They have significant medical concerns and
            - Are unable or unlikely to access medical care externally;
            - External medical care is not available in a timely manner or is not accessible by the patient due to barriers such as insurance coverage or distance.

8. **Dimension 3**

- Q39: Patients may need integrated psychiatric medication management if any of the following are true:
    - They have significant psychiatric concerns that are expected to be complicated by substance discontinuation;
    - They will not be able to participate in addiction treatment if psychiatric care is not provided at the addiction treatment program (eg, due to mental health instability);
    - They need frequent (more than weekly) management of psychiatric medication, and/or access to a psychiatric specialist after hours;
    - They have significant psychiatric concerns and are unable or unlikely to access psychiatric care externally;
    - They need psychiatric care and it is not available in a timely manner externally, or is not accessible by the patient due to barriers such as insurance coverage or distance.
    - NOTE: If the patient's psychiatric needs are low-complexity and low to moderate acuity, and they are not initiating or titrating multiple medications, they may not require a specialized psychiatric practitioner (ie, psychiatrist or psychiatric nurse practitioner). If their medication management needs can be addressed by a physician with addiction treatment expertise, they do not necessarily require a medically managed (x.7) co-occurring enhanced (COE) program but may meet criteria for a standard medically managed (x.7, non-COE) program.
- Q40: Patients may need integrated skilled mental health interventions in a COE program if they have significant/unstable mental health symptoms and any of the following are true:
    - They will not be able to participate in addiction treatment if skilled mental health interventions are not provided within the addiction treatment program (eg, due to difficulty coping with the interpersonal intensity of group therapy; need for frequent redirecting/refocusing).
    - They need more individualized attention (higher staff-to-patient ratio) and/or a more flexible treatment environment than is available in a standard (non-COE) addiction treatment program.
        - Integrated skilled mental health interventions are routinely provided in co-occurring enhanced (COE) programs. COE programs have more staff with mental health expertise and ready access to psychiatric care. These programs routinely provide care to patients with the following: severe mood disorders, including those with psychotic features, and more intense bipolar spectrum disorders; schizophrenia spectrum disorders with continuing significant symptoms/disability; severe trauma-related or anxiety disorders that cause significant emotional instability; significant dissociative disorders; or severe personality disorders (eg, borderline personality disorder).
        - Patients with serious mental health diagnoses do not necessarily need a COE program if their symptoms are well controlled or are currently resolving with external mental health treatment and do not require a more flexible treatment environment or more individualized staff attention or accommodations.
            - Patients who are appropriate for standard (co-occurring capable) programs may also include those with mild to moderate severity mood, anxiety, or personality symptoms and disorders, such as suicidal thoughts without significant impulses or trauma related flashbacks; well-controlled schizophrenia or other psychotic disorders; and acute exacerbations of bipolar affective disorder that is in the process of resolution with treatment through affiliated or external providers. (*The ASAM Criteria*, Fourth Edition, pp 324-326)
- Risk Ratings: Dimension 3 includes two subdimensions: Acute Psychiatric Symptoms and Persistent Disability.
    - Acute Psychiatric Symptoms refers to mental health symptoms the patient is experiencing at the time of assessment, or which are anticipated to occur soon due to substance discontinuation/withdrawal.
        - Symptoms considered within this subdimension may include acute exacerbations of chronic mental health conditions.
    - Persistent Disability refers to persistent mental health-related or cognitive impairment that is not expected to improve substantially in response to (additional) mental health treatment, but may require accommodations to enable effective addiction treatment participation.
        - If the patient needs individualized skilled interventions or a higher staff to patient ratio to participate effectively in addiction treatment, a COE program may be appropriate.
        - However, if the patient does NOT require specialized accommodations to participate in addiction treatment, "ANY" should be selected.
        - A patient does NOT need to be eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) to meet criteria for COE services based on persistent mental health-related or cognitive impairment requiring specialized accommodation.

9. **Dimension 4**
    - The goal of this section is to assess (1) how likely the patient is to engage in risky substance use and/or risky SUD-related behaviors imminently if they do not receive treatment; and (2) how severe the consequences would be if the patient engaged in concerning substance use and/or behaviors.
        - When asking about likely consequences, the interviewer should focus on those that are likely to occur within hours or days, NOT weeks or months, if the patient engages in concerning substance use or risky SUD-related behaviors.
        - The interviewer should seek to determine if consequences of substance use/risky behaviors are likely to cause (1) serious harm (eg, serious medical consequences, injury or death; victimization, harm to others [eg, interpersonal violence, child abuse]) or destabilizing loss (eg, family disintegration, incarceration) versus (2) negative, but not destabilizing consequences (eg, inability to maintain employment, loss of employment or relationships that are less important to the patient).
            - "Destabilizing" means that the consequence would be likely to have significant impact on the patient's SUD symptoms and derail the patient's recovery.
    - Q41, 42a-44, 46-46a: These questions contain brackets so the interviewer can customize the questions by:
        - Using "avoid" or "control" depending on the patient's treatment goals (harm reduction versus abstinence).
        - Filling in the patient's primary substance of concern and/or specific risky SUD-related behaviors the patient has reported.
    - Q47-47a: These questions contain phrases separated by forward slashes (eg, "use/behaviors") so the interviewer can customize the questions by referring to the patient's reported substance use and/or risky SUD-related behaviors.
        - If the patient has reported no risky SUD-related behaviors, the interviewer should omit that part of the phrase when asking these questions.
        - If the patient has reported both concerning substance use and risky SUD-related behaviors, the interviewer can ask about both.

10. **Dimension 5**
    - This section assesses the patient's ability to function in the current environment (or the environment to which they will return, if transitioning from residential to outpatient care); and the safety and supportiveness of the patient's current environment.
        - Questions about the patient's ability to function are meant to establish their baseline degree of functional ability when NOT using substances. These questions strive to determine the level of clinical support, structure and/or supervision the patient will need to improve functioning. Here, "functioning" is defined as:
            - (1) the ability to manage life activities (eg, fulfilling home, work, and/or educational obligations); and
            - (2) the ability to manage social relationships (eg, creating and maintaining healthy interpersonal relationships).
        - The "Ability to Function Effectively in Current Environment" section focuses on functional challenges that are chronic and will not likely resolve upon discontinuation of substance use.

Instructions – Scoring

1. **There are two ways to score the assessment:**

   a) Assign risk ratings for each subdimension as you go through dimensional sections in the assessment. If using the fillable pdf, the risk rating sections at the end of each dimensional section should populate the full Risk Rating Form at the end.

   OR

   b) Use the Score Sheet at the end (a streamlined approach that does not provide full risk ratings).

      i. The Score Sheet uses a deductive approach as outlined in *The ASAM Criteria*, Fourth Edition, pp 279-281. It assesses need for: (1) medically managed residential care, (2) medically managed outpatient care, (3) clinically managed residential care, (4) clinically managed outpatient care, and (5) recovery residence. It contains skip logic to streamline the scoring process.

      ii. The Score Sheet begins with medically managed residential care and assumes that the patient does not need Level 4 or Level 4 Psychiatric, since need for those levels of care is considered separately at the beginning of the assessment.

      iii. In the Score Sheet, need for COE is embedded within score items where applicable. There is also a separate COE item in the score sheet after Medically Managed Residential. If COE is chosen in any Score Sheet item, the level of care recommendation must include COE.

   - For both approaches, the interviewer will apply the Level of Care Determination Rules to arrive at the level of care recommendation. Also see *The ASAM Criteria*, Fourth Edition, pp 279-281, for more information on Level of Care Determination.
   - Both the Score Sheet and the subdimensional Risk Rating Form use "minimum" (min.) risk ratings (eg, "min. Level 3.5").
   - After assigning risk ratings in the Score Sheet and/or Risk Rating form, identify the most intensive level of care met across the risk ratings.
      - If "min. recovery residence" was selected, and the patient did not meet criteria for any residential level of care, the level of care recommendation must contain both the outpatient level of care and the recovery residence.
         - If a recovery residence or level of care is unavailable, the level of care can be adjusted (usually to a more intensive level of care to support safety; see *The ASAM Criteria*, Fourth Edition, pp 208-209) in Level of Care Selection.

2. **The assessment also includes considerations for Dimension 6**, in which patient and interviewer discuss the patient's willingness and ability to attend the recommended level of care. If the level of care needs to be adjusted, please indicate the level of care selection and document the reason for discrepancy.

3. **Medically Managed Residential**
   - This section determines if the patient has any needs that may require a minimum of Level 3.7, 3.7 BIO, or 3.7 COE. Need for medically managed residential care is determined by (1) the severity of the patient's symptoms in Dimensions 1, 2, or 3; and (2) if the patient needs after-hours monitoring but lacks sufficient oversight at home to support safety.
      - For more information, please consult *The ASAM Criteria*, Fourth Edition, pp 125-130 for details on service characteristics of Levels 3.7, 3.7 COE, and 3.7 BIO. Also see Dimensional Admission Criteria for Levels 3.7 and 3.7 BIO in Dimension 1 (pp 216, 221-223, 226) and Dimension 2 (pp 233-235); and for Level 3.7 COE in Dimension 3 (pp 244-245).
   - For Score Sheet items 1A, 1B, and 1C: the interviewer may or may not have information about the patient's probable treatment plan (eg, if the patient will initiate extended-release naltrexone or needs intravenous fluids or medications) or likely side effects of medications. The interviewer should be guided by the program's policies and procedures which should be reviewed and approved by a qualified physician or advanced practice provider. They should use their best judgement based on information provided by the patient/collateral source or available in the patient's medical records.
      - If the patient meets criteria for medically managed residential care (Level 3.7, 3.7 BIO, or 3.7 COE), the assessment can end here. If the patient does NOT meet criteria for medically managed residential care, the interviewer should select "No" for these items.

4. **Co-Occurring Enhanced**
    - When considering if patients need co-occurring enhanced care, consider: (1) the patient's need for clinical support and/or supervision to maintain mental health functioning and safety; and (2) the patient's need for integrated skilled mental health interventions and/or a higher patient-to-staff ratio than available in standard addiction treatment programs.
        - Patients may need a higher patient-to-staff ratio if they require more individualized attention or assistance due to mental health-related or cognitive conditions.
            - For instance, a patient with severe anxiety, PTSD-related trauma or antisocial personality disorder may have difficulty with the interpersonal intensity of group therapy and may require periodic refocusing or de-escalation to enable effective treatment participation.
            - A patient with cognitive challenges may require information to be presented at a slower pace with more repetition than in a standard addiction treatment program, and/or may need individualized support to carry out activities of daily living.
    - For more information, please consult *The ASAM Criteria*, Fourth Edition, pp 62-64 for details on service characteristics of COE levels of care. Also see Dimension 3 Dimensional Admission Criteria for Levels 3.5 COE (p 246); 2.5 COE (pp 248-249); and 1.5 COE (pp 251, 253).
5. **Medically Managed Outpatient**
    - This section determines if the patient has needs that may require a minimum of Level 1.7, 1.7 COE, 2.7, or 2.7 COE. Need for medically managed outpatient care is determined by (1) the severity of the patient's symptoms in Dimensions 1, 2, or 3; and (2) how frequently the patient requires medical management and/or nurse monitoring.
        - Integrated medical management (medical services provided on-site in the context of addiction treatment) is needed for patients who require medical management for intoxication, withdrawal, or initiation or titration of addiction medication; are unable or unlikely to safely and reliably access external care for significant co-morbid concerns in Dimensions 2 and/or 3; or are unable to participate in addiction treatment without integrated medical management
            - If it has already been determined that the patient does not require integrated medical management, the interviewer should select "No" for these items.
        - For more information, please consult *The ASAM Criteria*, Fourth Edition, pp 117-124 for details on service characteristics of Levels 1.7 and 2.7. Also see Dimensional Admission Criteria for Levels 1.7 and 2.7 in Dimension 1 (pp 217, 223-225, 227-228) and Dimension 2 (pp 235-237); and for Levels 1.7 COE and 2.7 COE in Dimension 3 (pp 247-248, 249-250).
    - For Score Sheet items 3A and 3B: the interviewer may or may not have information about the patient's likely treatment plan (eg, medications they may receive). As in the Medically Managed Residential section, the interviewer should be guided by the program's policies and procedures and use their best judgement based on information provided by the patient/collateral source or available in the patient's medical records.
6. **Clinically Managed Residential and Clinically Managed Outpatient**
    - The Clinically Managed Residential section determines if the patient has needs that may require a minimum of Level 3.5, 3.5 COE, or 3.1.
    - The Clinically Managed Outpatient section determines if the patient has needs that may require a minimum of Level 2.5, 2.5 COE, 2.1, 1.5, or 1.5 COE.
    - When considering Dimension 4 risks, remember to focus only on consequences that would be likely to occur within hours or days, NOT weeks or months, if the patient continues current patterns of risky substance use/risky SUD-related behaviors. If the patient has already reduced or discontinued use, focus on what would happen if the patient were to resume previous peak/risky use or behavior patterns. (see Dimension 4 instructions above)
    - When considering functional impairment, focus on chronic functional deficits that are likely to continue when the patient has stopped using substances (or substantially reduced substance use, depending on the patient's treatment goals). Also see Appendix D for guidance on severity of functional impairment.
    - For more information, please consult *The ASAM Criteria*, Fourth Edition, for details on service characteristics of Level 1.5 (pp 72-74); Level 2.1 (pp 77-79); Level 2.5 (79-82); Level 3.1 (pp 91-94) and Level 3.5 (pp 95-101). Also see Dimensional Admission Criteria for these levels of care in Dimension 4 (pp 257-271) and Dimension 5 (pp 273-277).
7. **Recovery Residence**
    - This section assesses the need for recovery residence support. If the interviewer has already determined that the patient meets criteria for any residential level of care, this section does not need to be completed to score the assessment.

Instructions – Level of Care Recommendation

- Once the assessment has been scored, the interviewer should indicate the recommended level of care.
- The interviewer should also indicate if the patient is currently taking any medications for opioid use disorder (eg, methadone, buprenorphine, naltrexone) and needs to continue them.
- If the interviewer selected EVAL as the risk rating in Dimension 1 – Withdrawal and Associated Risks or in Dimension 1 – Addiction Medication Needs, they should check the "WM EVAL" and/or "AM EVAL" boxes in this section, as applicable.

Instructions – Dimension 6, Level of Care Selection

- After determining the level of care recommendation, the interviewer should engage in dialogue with the patient about their willingness and ability to attend the recommended level of care. This dialogue should explore the patient's needs and preferences affecting their ability to access addiction treatment. If the patient is hesitant to attend the recommended level of care, the interviewer should use motivational interviewing techniques to encourage them to attend these services. If the patient is unable to attend due to barriers such as caregiving or work responsibilities, the interviewer and patient should explore options for navigating these barriers.
- If the recommended level of care is unavailable or will not be a viable option for the patient, the interviewer should determine what other options exist to meet the patient's care needs. This often requires a more intensive level of care. See pp 209-10 for discussion.
- If the patient is unwilling or unable to attend the recommended level of care, the interviewer should ask the patient what level of care they would be willing and able to attend.
- If the recommended level of care needs to be adjusted, the interviewer should document the level of care selection and the reasons for discrepancy between the recommended versus selected level of care.
- Finally, the interviewer should note any anticipated consequences of adjusting the level of care.

Instructions – Appendices

- Appendix A contains the Score Sheet.
- Appendix B contains an optional complete medication list.
- Appendix C contains reference information to help interviewers assign risk ratings in Dimension 4.
- Appendix D contains reference information to help interviewers assign risk ratings in Dimension 5.

Disclaimer

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The ASAM Criteria standards do not purport to set a medical or legal standard of care and may not encompass all levels of service options that may be available in a changing healthcare field. Therefore, *The ASAM Criteria* as presented and discussed may not be wholly relevant to all levels and modalities of care—such as forensic treatment facilities, custodial care providers, and addiction treatment programs that address concomitant developmental disability disorders, among others—nor to external judgments—such as those made by legal or regulatory entities concerning the appropriateness of patient admission into various levels of care. *The ASAM Criteria* is designed to serve as a resource for general, mental health, and addiction treatment clinicians and counselors but is not intended to substitute for their independent clinical judgment based on the particular facts and circumstances presented by individual patients.

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Adults

Assessment Form

Patient Name:

Interviewer Name:

Date of Assessment:

Interviewer Credentials (eg, LCSW, MD, NP):

☐ **Clinical/mental health** (eg, SUD or mental health counselor, social worker, psychologist) – complete medical questions to the best of your ability following physician-approved protocols. If there is any concern for emergent medical needs, transfer to emergency department.

☐ **Medical/physical health** (eg, nurse, physician, advanced practice provider) – seek behavioral health consultation as needed.

Mode of Interview:

☐ **In person** ☐ **Telehealth** – both audio and video ☐ **Telehealth** – audio only (ie, telephone)

Thank you for speaking with me today. I'd like to ask you some questions to get a sense of what kind of care you need. My purpose today is to help and support you. Everything we talk about is confidential EXCEPT [*list limits to confidentiality*]. I'll do my best to make this a safe and comfortable space for us, but some of these questions may get personal and make you uncomfortable. You can decline to answer any question at any time. Do you have any questions for me? Would it be all right with you if we proceed?

Vital Signs

☐ Unable to measure

Blood Pressure: ____ **Heart Rate (bpm):** ____ **Temperature (°F):** ____ **Respiratory Rate (rpm):** ____ **Pulse Oximetry (%):** ____

Comments:

1. What brings you in today? [*probes:* What is leading you to seek help at this time? Who referred you to treatment?]

Screen for Acute Medical Needs

	2. Do you have any physical health issues that feel like an emergency?	☐ Yes	☐ No
	If yes, describe:		
	3. Are you concerned that you may have withdrawal symptoms severe enough to need care in a hospital?	☐ Yes	☐ No
	4. Have you ever been treated in a hospital for withdrawal?	☐ Yes	☐ No

	5. Interviewer Assessment: Does the patient describe or seem to have physical health symptoms (including withdrawal) that might need hospital care?	☐ Yes	☐ No

- Is the patient able to communicate clearly and coherently? Do they seem to be very confused or have severe difficulty speaking? (if patient is unable to communicate, transfer to emergency department)
  - (if patient is able to communicate) Does the patient describe any symptoms of severe illness or distress needing immediate medical attention? Does the patient expect to imminently experience very severe withdrawal?
- To a layperson, does the patient appear very unwell to the point where they might need emergency services?
  - Is the patient struggling to breathe? Breathing very fast or very slow?
  - Is the patient unable to stop vomiting? Vomiting or coughing up blood?
- (If able to measure): Does the patient have very high or low blood pressure or temperature? Very fast or slow heart rate?
- (If patient is pregnant): Is there bleeding? Contractions? Fluid loss? If at least 5 months pregnant, does the patient say they have stopped feeling the baby move?
- If the patient has been using alcohol or sedatives, do they report any history of severe withdrawal (eg, seizures, DTs)?

Comments:

→ IF YES to Q5, STOP assessment and TRANSFER to emergency department/Level 4
→ IF NO, CONTINUE

Screen for Acute Psychiatric Care Needs

	6. Are you having any mental health symptoms right now that feel like an emergency?	☐ Yes	☐ No
	7. Have you recently had any thoughts of killing or severely harming yourself or others?	☐ Yes	☐ No
	If "yes" to Q7, ask:		
	7a. Have you been thinking about how you might do this?	☐ Yes	☐ No
	7b. [*if yes*] Do you intend to act on these thoughts?	☐ Yes	☐ No
	7c. Have you ever acted on thoughts about hurting yourself before? [*if yes*] When?	☐ Yes	☐ No
	If "yes" to Q7a, Q7b, or Q7c, follow established clinical policies and procedures for full risk assessment.		

	8. Interviewer Assessment: Does the patient seem to be at imminent risk of harm to self or others? Are there other mental health signs/symptoms that may need inpatient psychiatric care?	☐ Yes	☐ No

- Does the patient express a plan with clear and imminent intent to harm themselves or others?
- Are they acting in a way that is unpredictable, aggressive, or violent?
- Are there signs that the patient is gravely disabled due to a severe mental health condition? (eg, are they so catatonic from depression or bipolar disorder, or so distracted by psychosis that they are unable to communicate coherently? Do they lack the capacity for even minimal self-care? Are they unable to keep themselves safe?)

Comments:

→ IF YES to Q8, STOP assessment and TRANSFER to emergency department/Level 4 Psychiatric
→ IF NO, CONTINUE to Substance Use

Substance Use

9. Which substances have you used recently? For each substance mentioned, ask the following:

- When was your last use of [*substance*]? [Specify number and indicate unit of time, eg, 14 hours (H) ago]
- In the past month, how often have you used [*substance*]? [Check box if daily or near-daily use]
- How much [*substance*] do you usually use per day during periods when you're actively using? [Add number, unit of measurement, and unit of time: eg, 2 bags/day; 8 drinks/day; 0.5 oz/day; 1 gram per day]
- How do you normally use [*substance*]? [eg, orally, smoke, snort, inject]

Substance	Last use?	Past month: Daily use?	Usual amount per day	Route of use
☐ None				
☐ Alcohol:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Sedative-hypnotics/anxiolytics (eg, alprazolam, other benzos):	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Opioids:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Stimulants (eg, meth, cocaine):	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Cannabis:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Hallucinogens:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Inhalants:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Tobacco/Nicotine:	_____ H D W M	☐		
	_____ H D W M	☐		
	_____ H D W M	☐		
☐ Other/Unknown: _____	_____ H D W M	☐		
☐ Other/Unknown: _____	_____ H D W M	☐		

Comments:

Availability of After-hours Monitoring

10. Is there someone reliable who could help take care of you outside of treatment hours?
[*probes*: If you receive medical treatment, could someone make sure you are okay overnight? If you need to attend medical appointments or remember to take medications, could someone help you do those things?]

Dimension 1

11. Interviewer Assessment: Based on your observations (if applicable) and the patient's report of recent substance abuse use: Is the patient intoxicated, or in withdrawal, or at imminent risk for withdrawal?	☐ Yes	☐ No

Comments:

→ IF NO, SKIP TO Addiction Medication Needs
→ IF YES, CONTINUE to Intoxication

Intoxication

12. Are you feeling the effects of any substances right now? If so, how concerned are you about these effects?
[*probe:* Do you think you might need medical treatment now for intoxication or overdose?]

Withdrawal

13. Are you experiencing withdrawal now or do you think you will soon?	☐ Yes	☐ No
(If patient is likely to experience withdrawal, ask Q14 - Q15b)		
14. How uncomfortable would your withdrawal symptoms likely become without treatment?		
15. Have you ever needed medical care for withdrawal?	☐ Yes	☐ No
15a. [*if yes*] Where did you recieve it? [eg, hospital, residential program, doctor's office]		
15b. [*if yes to 15*] Have you ever had severe withdrawal symptoms like seizures?	☐ Yes	☐ No

[if applicable] Current CIWA-Ar score: _____ **[if applicable] Current COWS score:** _____

Addiction Medication Needs

16. Have you recieved substance use treatment before?	☐ Yes	☐ No
16a. [*if yes*] Were you unable to complete treatment due to cravings or lingering withdrawal symptoms?	☐ Yes	☐ No
Comments:		

17. Are you now taking, or have you ever taken, prescribed medication to help control substance cravings or other unwanted symptoms when you're trying to stop? [eg, buprenorphone, methodone, naltrexone, acamprosate, bupropion, etc.]	☐ Yes	☐ No
17a. If yes, specify:		
17b. [*if yes to 17*] How has that worked for you? [*probes*: How much has it helped with cravings or lingering withdrawal symptoms? Did you have any difficulty starting or adjusting the medication dose?]		

18. Interviewer Assessment: Is the patient likely to need medically managed care for intoxication, withdrawal, or addiction medication needs (eg, to initiate or titrate addiction medications)?	☐ Yes	☐ No
Please provide rationale:		

Dimension 1 Risk Rating

Intoxication, Withdrawal, and Addiction Medications (*The ASAM Criteria*, pp 212-229)	Risk Rating
Intoxication and Associated Risks • Consider current intoxication only • Level 3.7 BIO is for patients who need IV fluids, IV medications, and/or advanced wound care	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Withdrawal and Associated Risks • Consider anticipated peak severity of current withdrawal episode based on recent use and history of prior withdrawal episodes • Level 3.7 BIO is for patents who need IV fluids, IV medications, and/or advanced wound care	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ EVAL = Prompt Evaluation ☐ 0 = No Specific Needs
Addiction Medication Needs • Consider the need to initiate or titrate addiction medications (eg, buprenorphine or methadone for opioid use disorder; acamprosate or naltrexone for alcohol use disorder) and the anticipated complexity of medication management. • For patients who are currently taking medication for OUD, "MOUD-C" is intended to flag the need to identify a program that will support medication continuation.	☐ C = Minimum Level 3.7 ☐ B = Minimum Level 2.7 ☐ A = Minimum Level 1.7 ☐ EVAL = Prompt Evaluation ☐ ANY = Any Level of Care ☐ MOUD-C = MOUD Continuation*

**MOUD-C can be selected alone or in addition to another risk rating. If the patient needs to continue MOUD and also initiate/titrate medications for another substance use disorder, the assessor can select both MOUD and an appropriate risk rating for the patient's other addiction medication needs.*

Dimension 2

19. Do you have any other health issues that are concerning you right now?	☐ Yes	☐ No	
19a. [*if yes*] What are they?			
20. [*if applicable*] Are you pregnant? [If unsure, offer pregnancy test as appropriate]	☐ Yes	☐ No	☐ Unsure
Comments:			

→ IF NO SIGNIFICANT HEALTH PROBLEMS or CURRENT PREGNANCY, SKIP to Dimension 3
→ IF PREGNANT, CONTINUE to Q20a
→ IF NOT PREGNANT, but has other health concerns, SKIP to Q21

20a. Are you receiving prenatal care from a doctor?	☐ Yes	☐ No
20b. Do you have, or have you ever had, pregnancy complications like high blood pressure, gestational diabetes, pre-eclamsia, placental problems, premature labor, or others?	☐ Yes	☐ No
If yes, describe complications:		
Comments:		

→ IF PREGNANT but no other health concerns, SKIP to Q25. Otherwise, CONTINUE

21. How concerned are you about [*your current health issue(s)*]?	☐ Not at all	☐ Somewhat	☐ Very
22. How much [do/does] [*your current health issue(s)*] affect your ability to take care of yourself (eg, hygiene, grooming, dressing, eating, housework, living independently, etc.), if at all?	☐ Not at all	☐ Somewhat	☐ A lot
23. How much do you think [*your current health issue(s)*] might affect your ability to participate in addiction treatment, if at all?	☐ Not at all	☐ Somewhat	☐ A lot
Comments:			

24. Are you seeing a medical professional now for [*these health issues*]? [*If there is any doubt, confirm via collateral sources/medical records if available.*]	☐ Yes	☐ No

24a. [*if taking medication - optional*] Which medications are you taking for physical health issues? Are you able to take them as directed (for example, not miss doses, remember to take them on time)?

Medication	Dose (if known)	Frequency	Taken as directed?
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More

24b. [*if yes to 24 or 24a*] Do you feel like you need more or different care for [*these health issues*] to participate in addiction treatment?	☐ Yes	☐ No

Comments:

→ IF treatment is current and health issues will NOT affect SUD recovery, SKIP to Dimension 3
→ OTHERWISE, CONTINUE

25. In the past, has it been hard to start or continue treatment [*or prenatal care*] for [*these health issues*]?	☐ Yes	☐ No

25a. [*if yes*] What has been challenging?

26. Do you feel able to attend medical appointments on your own in the community?	☐ Yes	☐ No

27. Interviewer Assessment: Is the patient likely to need integrated medical management to participate in addiction treatment? (ie, do you expect the patient will need medical services for co-occurring physical health/pregnancy needs to effectively participate in addiction treatment but is unable or unlikely to access concurrent care by an external medical provider?)	☐ Yes	☐ No

Please provide rationale:

Dimension 2 Risk Rating

Biomedical Conditions (*The ASAM Criteria*, pp 230-239)	Risk Rating
Physical Health Concerns • Level 3.7 BIO is for patients who need IV fluids, IV medications, and/or advanced wound care	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Pregnancy-related Concerns • Pregnant patients who are unable or unlikely to access prenatal care should receive a minimum of Level 1.7 • ANY means the pregnant patient is able and expected to access external prenatal care	☐ 4 = Level 4 ☐ 3 = Minimum Level 3.7 ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs

Dimension 3

	28. Do you currently have any troubling mental health symptoms?	☐ **Yes**	☐ **No**
	28a. [*if yes*] What are your current mental health symptoms? [*probes*: Have you had any impulses to harm yourself, or symptoms that limit your ability to take care of yourself/others, or do what you need to do each day? Do you have them even when not using or withdrawing from substances?]		
	28b. Do you have any mental health diagnoses? If so, which ones?		
	28c. Do you feel like you need to see a doctor or therapist urgently for mental health medication or talk therapy?	☐ **Yes**	☐ **No**
	Comments:		

	29. Interviewer Assessment: (if able to assess) Do you observe any concerning mental health symptoms? (Eg, is patient responding to internal stimuli, such as behaving or interacting as if someone or something unseen is present? Exhibiting signs of severe agitation or depression?)	☐ Yes	☐ No
	30. Interviewer Assessment: Does the patient seem to have, or do you suspect, cognitive or memory issues that are not related to current intoxication or withdrawal symptoms?	☐ Yes	☐ No

Comments:

→ IF NO current mental health or cognitive concerns, SKIP to Dimension 3 Risk Ratings
→ IF the patient DOES HAVE current mental health or cognitive concerns, CONTINUE

	31. Are you taking medication or getting "talk therapy" now for these symptoms? [*Interviewer Note: If there is any doubt, confirm via collateral sources/medical records if available.*]	☐ Medication	☐ Therapy

31a. [*if current treatment*] How is that going?

31b. [*if taking medication - optional*] Which medications are you taking for mental health? Are you able to take them as directed (for example, not miss doses, remember to take them on time)?

Medication	Dose (if known)	Frequency	Taken as directed?
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More

32. How concerned are you about your current mental health [*or learning/memory-related*] symptoms?	☐ Not at all	☐ Somewhat	☐ Very
33. How much do these symptoms affect your safety (eg, impulsive behaviors; thoughts of harm to self or others)?	☐ Not at all	☐ Somewhat	☐ A lot
34. How much do these symptoms affect your ability to care for yourself (eg, hygiene, grooming, dressing, eating, housework, living independently)?	☐ Not at all	☐ Somewhat	☐ A lot
35. How much do these symptoms affect your daily life (eg, social life, relationships, work/school performance)?	☐ Not at all	☐ Somewhat	☐ A lot
36. How much will these symptoms affect your ability to participate in addiction treatment?	☐ Not at all	☐ Somewhat	☐ A lot
Comments:			

→ IF treatment is current and symptoms are well controlled, SKIP to Dimension 3 Risk Ratings
→ OTHERWISE, CONTINUE

37. In the past, has it been hard to start or adjust medication for your mental health needs? That is, have you had concerning side effects or needed frequent medical visits to adjust the dose? [*if patient has not taken mental health medication, select N/A*]	☐ N/A	☐ Yes	☐ No
37a. [*if yes*] Describe:			
38. Do you feel able to attend mental health appointments on your own in the community?		☐ Yes	☐ No

39. Interviewer Assessment: Is the patient likely to need integrated psychiatric medication management? (ie, do you expect the patient will need to initiate or titrate psychiatric medications, but they are unable or unlikely to access concurrent care by an external psychiatric provider?)	☐ Yes	☐ No
40. Interviewer Assessment: Is the patient likely to need integrated skilled mental health interventions for issues that cannot be managed in standard addiction treatment? (ie, do you expect the patient will need mental health services to effectively participate in SUD treatment, but they are unable or unlikely to access these services concurrently through an external provider?)	☐ Yes	☐ No
Please provide rationale:		

Dimension 3 Risk Rating

Psychiatric and Cognitive Conditions (*The ASAM Criteria*, pp 240-254)	Risk Rating
Active Psychiatric Symptoms • Levels 4 Psychiatric, 3.7 COE, 2.7 COE and 1.7 COE provide specialized psychiatric management and skilled mental health interventions • Level 1.7 provides management of psychiatric medication for low acuity symptoms but does not provide skilled mental health interventions • Levels 3.5 COE, 2.5 COE, and 1.5 COE provide skilled mental health interventions but not specialized psychiatric medication management	☐ 4 = Level 4 Psychiatric ☐ 3B = Minimum Level 3.7 COE ☐ 3A = Minimum Level 3.5 COE ☐ 2B = Minimum Level 2.7 COE ☐ 2A = Minimum Level 2.5 COE ☐ 1C = Minimum Level 1.7 COE ☐ 1B = Minimum Level 1.7 ☐ 1A = Minimum Level 1.5 COE ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Persistent Disability • Consider mental health or cognitive symptoms that need individualized staff attention to enable addiction treatment participation	☐ 1Z = Minimum Level 1.5 COE ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs

→ IF patient meets criteria for LEVEL 3.7 or LEVEL 3.7 BIO in DIMENSIONS 1 and/or 2; OR IF patient meets criteria for LEVEL 3.7 COE in DIMENSION 3; assessment can END HERE, PROCEED to Level of Care Determination Rues

→ OTHERWISE, CONTINUE

Dimension 4

	41. When you are trying to avoid [*or control*] use, what is most likely to trigger you to use [*substances of concern*]? [*probes*: Cravings or withdrawal symptoms? Emotions/mental health symptoms? Physical health issues like chronic pain? Substance use in living or social environments? Relationship/family stress? Financial stress? Boredom?]			
	42. When something triggers you to want to use, how able are you to avoid using?	☐ **Not at all**	☐ **Somewhat**	☐ **Very**
	42a. What helps you avoid (or control) your use?			

43. While working on recovery, will you have a safe daily routine that helps you avoid [*or control*] use?	☐ Yes	☐ No
43a. Describe:		
44. Will you have enough support at night to help you avoid [*or control your*] use?	☐ Yes	☐ No
44a. How about during the day?	☐ Yes	☐ No
44b. Can you identify a healthy support system? If so, how often are they available?		

45. Have you found yourself in risky situations, or engaging in risky behaviors, while using or trying to get substances? If so, which ones?

☐ Problem gambling	☐ Driving while intoxicated	☐ Sharing needles	☐ Other: _____
☐ Risky sexual behavior (eg, unprotected sex, sex work)	☐ Illegal activities (eg, theft, B&E, drug sales)	☐ Perpetrating assault/violence	☐ Other: _____ _____

Comments:

46. Without treatment how soon do you think you would use [*or continue using*] [*substances of concern*]? Within…	☐ Hours	☐ Days	☐ Weeks	☐ Months or Years
46a. [*if risky SUD-related behaviors were endorsed*] Without treatment, how soon do you think you would resume [*risky behaviors*]? Within…	☐ Hours	☐ Days	☐ Weeks	☐ Months or Years

47. If you continued using/engaging in risky behaviors, what negative things would be likely to happen in the short term (within hours to days)? [*probes*: What has happened in the past? For example: has your substance use caused harm to you or others? Has it led to jail or prison time? If so, is your current pattern of use/behaviors similar to that time? Are there other negative consequences that haven't happened yet but could? How would that affect you?]

48. Interviewer Assessment: Without appropriate treatment, how likely is the patient to engage in risky substance use and/or risky SUD-related behaviors imminently (within hours or days)? How serious are the potential consequences?

Dimension 4 Risk Rating

Substance Use-related Risks (*The ASAM Criteria*, pp 255-271)	Risk Rating
Likelihood of Engaging in Risky Substance Use • See Appendix C for guidance	☐ E = Minimum Level 3.5 ☐ D = Minimum Level 3.1 ☐ C = Minimum Level 2.5 ☐ B = Minimum Level 2.1 ☐ A = Minimum Level 1.5
Likelihood of Engaging in Risky SUD-related Behaviors • Consider risky behaviors while intoxicated or trying to obtain substances, eg, risky sex work, DUI, sharing needles, aggression or exposure to violence or victimization • See Appendix C for guidance	☐ E = Minimum Level 3.5 ☐ D = Minimum Level 3.1 ☐ C = Minimum Level 2.5 ☐ B = Minimum Level 2.1 ☐ A = Minimum Level 1.5 ☐ 0 = No Specific Needs

Dimension 5

Ability to Function Effectively in Current Environment

49. When not using substances, do you ever have a hard time taking care of yourself or meeting daily obligations?
[*probes*: Keeping up with personal hygiene? Medications? Appointments? Household tasks? Work, school, or caregiving responsibilities?]

50. Do you have difficulty getting along with others? If so, how much?	☐ **Not at all**	☐ **Some**	☐ **A lot**
50a. [*if "some" or "a lot"*] To what extent are these problems related to your substance use?	☐ **Not at all**	☐ **Somewhat**	☐ **Very**

Comments:

Safety and Support in Current Environment

51. Are you currently housed? [*Interviewer note: couch surfing or living in car is "No"*]	☐ Yes	☐ No
51a. [*if yes*] Are you likely to lose your current housing soon?	☐ Yes	☐ No
52. Do you feel safe in your current living situation?	☐ Yes	☐ No
53. Do any of your current relationships pose a threat to your safety?*	☐ Yes	☐ No
53a. [*if yes*] Do you think this person might try to hurt you or your family?*	☐ Yes	☐ No
54. Do you currently live somewhere where others are regularly using alcohol or other drugs?	☐ Yes	☐ No
54a. [*if yes*] Do you have an alternative place to stay that is free of alcohol and other drugs?	☐ Yes	☐ No
55. Are you able to safely get from place to place on your own without missing treatment sessions?	☐ Yes	☐ No
56. [*if patient is soon to be released from a controlled environment, like jail, prison, or a residential treatment facility*] Do you have a safe, supportive, and reliable place to stay after you're released?	☐ Yes ☐ N/A	☐ No

**If yes, follow emergency protocols for your agency and county in situations involving imminent danger and reportable events.*

57. Interviewer Assessment: What is the patient's level of functional impairment, if any?

58. Interviewer Assessment: How safe and supportive are the patient's current environments (or the environments to which they will return after release from a controlled environment)?

Dimension 5 Risk Rating

Recovery Environment Interactions (*The ASAM Criteria*, pp 272-278)	Risk Rating
Ability to Function Effectively in Current Environment • Consider impairment in ability to fulfill daily obligations and navigate interpersonal interactions • Consider baseline functional impairment that is NOT expected to resolve upon substance discontinuation • See Appendix D for guidance	☐ D = Minimum Level 3.5 ☐ C = Minimum Level 3.1 ☐ B = Minimum Level 2.5 ☐ A = Minimum Level 2.1 ☐ ANY = Any Level of Care ☐ 0 = No specific needs
Safety in Current Environment • Consider abuse or neglect, homelessness	☐ A = Minimum Recovery Residence ☐ 0 = No specific needs
Support in Current Environment • Consider presence of alcohol, drugs or other triggering influences in current environment • If current environment is not supportive, consider if a recovery residence would be sufficient. If the patient lacks the necessary skills to effectively participate in a recovery residence, consider residential care.	☐ B = Minimum Level 3.1 ☐ A = Minimum Recovery Residence ☐ 0 = No specific needs

→ CONTINUE to Level of Care Determination Rules

Level of Care Determination Rules

***The ASAM Criteria*, pp 279-281)**

The following rules should be applied to determine the patient's recommended level of care.

Inpatient Care: Levels 4 and 4 Psychiatric

- If the patient requires Level 4 in any subdimension, refer or transfer to Level 4.
- If the patient meets criteria for Level 3.7 BIO and any COE level of care (including Level 4 Psychiatric), refer or transfer to Level 4.
- If the patient meets criteria for Level 4 Psychiatric and does NOT meet criteria for Level 4 or 3.7 BIO in any subdimension, refer or transfer to Level 4 Psychiatric.

Medically Managed Care: Levels 1.7, 2.7, and 3.7

- If the patient does not require Level 4 care, first determine if the patient requires medically managed care. Does any subdimension require a minimum of Level 1.7, 2.7, or 3.7 care?
    - If YES: Does any subdimension require a minimum of Level 3 care (ie, Level 3.1, 3.5, or 3.7)?
        - If YES: Recommend Level 3.7 or Level 3.7 BIO (if indicated in any subdimension).
        - If NO: Does any subdimension require a minimum of Level 2 care (ie, Level 2.1, 2.5, or 2.7)?
            - If YES: Recommend Level 2.7.
            - If NO: Recommend Level 1.7.

Clinically Managed Residential Care: Levels 3.1 and 3.5

- If the patient does not require medically managed care, first determine if the patient requires clinically managed residential care. Does any subdimension require a minimum of Level 3.1 or Level 3.5 care?
    - If YES: Determine what intensity of clinical services is required. Does any subdimension require Minimum Level 2.5 or Minimum Level 3.5 care?
        - If YES: Recommend Level 3.5.
        - If NO: Recommend Level 3.1.

Clinically Managed Outpatient Care: Levels 1.5, 2.1. and 2.5

- If the patient does not require medically managed or residential care, determine if the patient requires clinically managed outpatient care. What is the most intensive level of clinically managed outpatient care indicated in any subdimension?
    - If Minimum Level 2.5: Recommend Level 2.5.
    - If Minimum Level 2.1: Recommend Level 2.1.
    - If Minimum Level 1.5: Recommend Level 1.5.

Co-occurring Enhanced (COE) Care

- If the patient meets criteria for any COE level of care, the final recommendation should be a COE level of care, with the specific level of care determined based on the previous rules.
    - Exceptions:
        - If the patient meets criteria for Level 4 and Level 4 Psychiatric:
            - Recommend Level 4, NOT Level 4 Psychiatric.
        - If the patient meets criteria for Level 3.7 BIO and any COE level of care (including Level 4 Psychiatric):
            - Recommend Level 4, NOT Level 4 Psychiatric.
        - If the patient would otherwise be recommended Level 3.1 but requires COE care:
            - Recommend Level 3.5 COE.
        - If the patient would otherwise be recommended Level 2.1 but requires COE care:
            - Recommend Level 2.5 COE.

Recovery Residence

- If, based on the previous level of care determination rules, the patient is recommended outpatient or intensive outpatient care (ie, Level 1.5, 1.7, 2.1, 2.5, or 2.7), does any subdimension in Dimension 5 indicate the need for a minimum of a recovery residence?
    - If YES: Recommend the specific level of care determined based on the previous rules PLUS a recovery residence.

When the recommended level of care or recovery residence is not available, a strategy must be crafted that provides the patient with the needed services in an alternative level of care or through coordinated services with external providers or programs (The ASAM Criteria, p 208).

Risk Rating Form

Interviewer instruction: If you want or need to complete a full risk rating form (eg, for clinical or utilization management purposes), please use the following form (risk ratings will populate if dimensional sections were filled out during the assessment). Refer to *The ASAM Criteria*, Fourth Edition, Volume 1: Adults, pp 214-278 to inform risk ratings. Otherwise, continue to Level of Care Recommendation.

Dimension 1 Risk Rating

Intoxication, Withdrawal, and Addiction Medications (*The ASAM Criteria*, pp 212-229)	Risk Rating
Intoxication and Associated Risks	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Withdrawal and Associated Risks	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ EVAL = Prompt Evaluation ☐ 0 = No Specific Needs
Addiction Medication Needs	☐ C = Minimum Level 3.7 ☐ B = Minimum Level 2.7 ☐ A = Minimum Level 1.7 ☐ EVAL = Prompt Evaluation ☐ ANY = Any Level of Care
	☐ MOUD-C = MOUD Continuation*

**MOUD-C can be selected alone or in addition to another risk rating. If the patient needs to continue MOUD and also initiate/titrate medications for another substance use disorder, the assessor can select both MOUD and an appropriate risk rating for the patient's other addiction medication needs.*

Dimension 2 Risk Rating

Biomedical Conditions (*The ASAM Criteria*, pp 230-239)	Risk Rating
Physical Health Concerns	☐ 4 = Level 4 ☐ 3B = Minimum Level 3.7 BIO ☐ 3A = Minimum Level 3.7 (non-BIO) ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Pregnancy-related Concerns	☐ 4 = Level 4 ☐ 3 = Minimum Level 3.7 ☐ 2 = Minimum Level 2.7 ☐ 1 = Minimum Level 1.7 ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs

Dimension 3 Risk Rating

Psychiatric and Cognitive Conditions (*The ASAM Criteria*, pp 240-254)	Risk Rating
Active Psychiatric Symptoms	☐ 4 = Level 4 Psychiatric ☐ 3B = Minimum Level 3.7 COE ☐ 3A = Minimum Level 3.5 COE ☐ 2B = Minimum Level 2.7 COE ☐ 2A = Minimum Level 2.5 COE ☐ 1C = Minimum Level 1.7 COE ☐ 1B = Minimum Level 1.7 ☐ 1A = Minimum Level 1.5 COE ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs
Persistent Disability	☐ 1Z = Minimum Level 1.5 COE ☐ ANY = Any Level of Care ☐ 0 = No Specific Needs

Dimension 4 Risk Rating

Substance Use-related Risks (*The ASAM Criteria*, pp 255-271)	Risk Rating
Likelihood of Engaging in Risky Substance Use	☐ E = Minimum Level 3.5 ☐ D = Minimum Level 3.1 ☐ C = Minimum Level 2.5 ☐ B = Minimum Level 2.1 ☐ A = Minimum Level 1.5
Likelihood of Engaging in Risky SUD-related Behaviors	☐ E = Minimum Level 3.5 ☐ D = Minimum Level 3.1 ☐ C = Minimum Level 2.5 ☐ B = Minimum Level 2.1 ☐ A = Minimum Level 1.5 ☐ 0 = No Specific Needs

Dimension 5 Risk Rating

Recovery Environment Interactions (*The ASAM Criteria*, pp 272-278)	Risk Rating
Ability to Function Effectively in Current Environment	☐ D = Minimum Level 3.5 ☐ C = Minimum Level 3.1 ☐ B = Minimum Level 2.5 ☐ A = Minimum Level 2.1 ☐ ANY = Any Level of Care ☐ 0 = No specific needs
Safety in Current Environment	☐ A = Minimum Recovery Residence ☐ 0 = No specific needs
Support in Current Environment	☐ B = Minimum Level 3.1 ☐ A = Minimum Recovery Residence ☐ 0 = No specific needs

Level of Care Recommendation

Based on the Level of Care Determination Rules, the patient meets criteria for the following level of care:

☐ **Level 4**	☐ **Level 3.7**	☐ **Level 2.7**	☐ **Level 1.7**
☐ **Level 4 Psychiatric**	☐ **Level 3.7 COE**	☐ **Level 2.7 COE**	☐ **Level 1.7 COE**
	☐ **Level 3.7 BIO**	☐ **Level 2.5**	☐ **Level 1.5**
	☐ **Level 3.5**	☐ **Level 2.5 COE**	☐ **Level 1.5 COE**
	☐ **Level 3.5 COE**	☐ **Level 2.1**	
	☐ **Level 3.1**		

Is recovery residence recommended in addition to an outpatient level of care?	☐ **Yes**	☐ **No**

Additional Service Needs

Is the patient taking medications for opioid use disorder (MOUD) and need to continue them?	☐ Yes	☐ No
[*if yes*] Specify the medication(s):		

Does the patient need prompt evaluation (EVAL) but NOT integrated medically managed care for withdrawal management (WM) or addiction medication (AM) needs? (select all that apply)
 	
NOTE: If the Risk Rating Form was used, indicate here if the patient received a risk rating of "EVAL" in Dimension 1 – Withdrawal and Associated Risks or Dimension 1 – Addiction Medication Needs. Otherwise, follow the guidance below to determine if the patient needs prompt evaluation for withdrawal management or addiction medication needs.
 	
For WM EVAL:
• Does the patient have, or are they anticipated to have, mild withdrawal that has not been evaluated by a medical professional? If so:
  • Do you anticipate that their symptoms can be addressed in any level of care (eg, with behavioral management strategies, referral to external medical provider)?
  • Can they reliably self-administer medications for symptomatic relief of mild withdrawal?
  • Do you expect their withdrawal symptoms be manageable without frequent medical check-ins?
 	
For AM EVAL:
• If the patient has not recently been evaluated by a medical professional for addiction medication needs:
  • Does the patient have a history of difficulty achieving recovery with clinically managed care alone?
  • For example, have they often returned to substance use soon after entering addiction treatment due to cravings or post-acute withdrawal symptoms?
	☐ WM EVAL
	
	☐ AM EVAL	

Dimension 6

59. Are you willing to attend the recommended level of care? [*If patient is ambivalent, use motivational interviewing techniques to encourage them to attend LOC*]	☐ Yes	☐ No
60. Are you able to attend the recommended level of care?	☐ Yes	☐ No
60a. [*if no to 59 or 60*] What are your concerns? [eg, caregiving or employment responsibilities; transportation concerns, criminal legal system requirements]		
60b. [*if no to 59 or 60*] Do you think having additional support or services might help you to attend the recommended level of care?	☐ Yes	☐ No
[*if yes*] What kinds of support or services do you need?		
[*if yes*] What type of addiction treatment do you think you could participate in at this time, if any?		

61. Interviewer Assessment: Does the level of care recommendation need to be adjusted due to barriers to care or patient preference?	☐ Yes	☐ No

Please indicate the selected level of care (where the patient plans to attend) below:

☐ Level 4	☐ Level 3.7	☐ Level 2.7	☐ Level 1.7
☐ Level 4 Psychiatric	☐ Level 3.7 COE	☐ Level 2.7 COE	☐ Level 1.7 COE
	☐ Level 3.7 BIO	☐ Level 2.5	☐ Level 1.5
	☐ Level 3.5	☐ Level 2.5 COE	☐ Level 1.5 COE
	☐ Level 3.5 COE	☐ Level 2.1	
	☐ Level 3.1		

Is recovery residence recommended in addition to an outpatient level of care?	☐ Yes	☐ No

Additional Service Needs

MOUD Continuation	☐ Yes	☐ No
[*if yes*] Specify the medication(s):		
Prompt Evaluation, Withdrawal Management	☐ Yes	☐ No
Prompt Evaluation, Addiction Medication Needs	☐ Yes	☐ No

[*if applicable*] Please indicate the reasons for discrepancy between the recommended level of care and the selected level of care:

☐ LOC is not available in area	☐ Financial barriers	☐ Court or other treatment mandates	☐ LOC available but patient is ineligible; specify reason: _____
☐ Clinician judgment	☐ Recommended LOC is too far away	☐ Lack of physical access (transportation or mobility challenges)	☐ Patient declined MOUD
☐ Patient preference	☐ Family/caregiver responsibilites	☐ Language accesibility	☐ Other (specify): _____
☐ Waiting list for LOC recommended	☐ Employment responsibilities	☐ LOC available but will not admit patient; specify reason: _____ _____	☐ Other (specify): _____ _____

Anticipated consequence(s) of level of care adjustment (check all that apply):

Serious harm ☐ Admission to an acute care setting ☐ Overdose ☐ Victimization ☐ Perpetration of violence
Destabilizing Loss ☐ Divorce/loss of meaningful relationship ☐ Loss of child custody ☐ Loss of housing ☐ Incarceration (ie, loss of freedom)
☐ **Negative but not destabilizing consequences**
☐ **Continued service in acute care facility**
☐ **Patient will be discharged without ongoing engagement in care**
☐ **Other (specify):**

Appendix A: Score Sheet

In this section, use the information gathered in the assessment questions above to assign risk ratings.
Consider the questions and bulleted examples within the context of the Dimensional Admission Criteria.

1. Medically Managed Residential

1A. Based on responses to questions in Dimensions 1, 2, and 3, does the patient need medically managed care in a residential setting? [Also see *The ASAM Criteria*, Fourth Edition, pp 216, 221-223, 226; pp 233-235, 238; pp 244-245]	☐ Yes (Minimum Level 3.7) ☐ No

- Do they have symptoms of intoxication, withdrawal or other physical or mental health issues that might need after-hours nurse monitoring and/or medical care? (Q12, 14-15b, 17-18; 19-23, 25-27; 28-30, 32-36, 39)
  - Do they lack a safe, stable home environment/recovery residence with overnight monitoring? (Q10)
  - Is the patient and/or caregiver unable to understand or follow through on home care instructions? (Q10)
- Are they withdrawing from multiple substances and require frequent monitoring, including after-hours? (Q9)
- Does the patient anticipate, or is there concern for, severe worsening of co-occurring mental or physical health conditions during the withdrawal period? (Q14-15a)
- Are they at immenent risk for opioid withdrawal and likely to start extended-release naltrexone for opioid use disorder? (Q9, 17-17b)
- Are they pregnant with severe opioid dependence (eg, from fentanyl use)? Might they switch from methadone to buprenorphine while pregnant? (Q9, 17-17b; 20)

→ **If YES to 1A (Level 3.7), and the patient needs Level 3.7 for Dimensions 1 or 2, CONTINUE to 1B (Level 3.7 BIO)**
→ **IF YES to 1A (Level 3.7), and the patient needs Level 3.7 for mental health concerns only, SKIP to 1C (Level 3.7 COE)**
→ **IF NO to 1A (Level 3.7), SKIP to 2 - Co-occurring Enhanced Care**

1B. Based on responses to questions in Dimensions 1 and 2, might the patient need IV (intravenous) fluids and/or IV meds? Advanced wound care like vacuum assisted closure (wound VAC)? [Also see *The ASAM Criteria*, Fourth Edition, pp 216, 221, 233]	☐ Yes (Minimum Level 3.7 BIO) ☐ No

- Are they transitioning from a hospital setting with ongoing need for advanced wound care or IV fluids/IV meds?
- Might the patient become severely dehydrated from persistent vomiting or diarrhea? (Q9, 14-15a)
- Does the patient say they have any deep abscesses or pressure wounds that might require advanced wound care? (if able to observe) Do you see any?
- Does the patient report current infections or health issues for which they need IV fluids or IV medications? (Q19a)

→ **CONTINUE**

1C. Based on responses to questions in Dimension 3, does the patient need residential care with skilled mental health interventions in addition to psychiatric medication management? [Also see *The ASAM Criteria*, Fourth Edition, pp 244-245]	☐ Yes (Minimum Level 3.7 COE) ☐ No

Does the patient…

- Report active suicidal and/or aggressive impulses with some (but not immediate) intent to act? (Q7-7c)
- Seem disoriented or seem to be seeing/hearing/feeling things that aren't there? If so, do these symptoms seem to trouble the patient or cause unpredictable (but not violent) behavior? (Q29, 32-33)
- Have severe mental illness that does not present immediate danger, but significantly impairs daily function/ability to participate in addiction treatment and needs psychiatric management? (Q34-36, 39)
- Need initiation/titration of multiple psychiatric medications? (Q31-31b)
- Need after-hours monitoring for significant (not life-threatening) side effects of psychiatric meds? (Q37-37a)

→ **If YES to any of the above, SKIP to Level of Care Determination Rules**
→ **If NO to all of the above, CONTINUE to 2 - Co-occurring Enhanced Care**

2. Co-Occuring Enhanced Care

Based on responses to questions in Dimension 3, does the patient need a co-occurring enhanced level of care? [Also see *The ASAM Criteria*, Fourth Edition, pp 62-64, pp 319-350]	☐ Yes = COE ☐ No

Does the patient...

- Have mental health needs that require integrated skilled mental health interventions and/or a higher staff-to-patient ratio than available in standard addiction treatment? (Q28a-28b, 32-36, 40)
- Have cognitive needs (eg, brain injury; neurodivergent condition) that require more individualized staff attention/assistance than available in standard addiction treatment? (Q30, 36)
- Need integrated psychiatric management and/or psychiatric nursing care to achieve sufficient stability for effective addiction treatment participation? (Q36, 39)

→ **CONTINUE to 3 – Medically Managed Outpatient**

3. Medically Managed Outpatient

3A. Based on responses to questions in Dimensions 1, 2 and 3, does the patient need medically managed intensive outpatient care on a daily or near-daily basis? [Also see *The ASAM Criteria*, Fourth Edition, pp 217, 223-224, 227; pp 235-236, 238; pp 247-248]	☐ Yes = Minimum Level 2.7 ☐ Yes = Minimum Level 2.7 COE ☐ No

Does the patient...

- Have severe opioid dependence (eg, due to frequent use of fentanyl) that may require intensive outpatient monitoring, multiple medications, and/or frequent titration of medications for opioid use disorder (MOUD)? (Q9)
- Have risk for opioid withdrawal AND have a physical or mental health condition that may complicate MOUD initiation?
    - Eg, a stable renal or hepatic condition that might affect drug metabolism and requires closer monitoring; significant mental health or cognitive symptoms that might affect medication adherence or reporting of side effects; possible interactions between MOUD and medications for other health conditions (Q9, 17b, 19a, 28-30);
- Have unstable (changing) physical or mental health symptoms and need frequent daytime monitoring, but have enough monitoring at home or in a recovery residence to be safe overnight? (Q10, 19a, 28a)
- Need to initiate and/or titrate medication for a co-occurring physical or mental health issue AND one or more of the following is true?
    - Medication side effects can be serious (but not life-threatening) (Q25a, 37a);
    - History of difficulty with initiation/titration (eg, medication reactions) (Q25a, 37a);
    - Needs help with medication adherence during weekdays but has home support nights/weekends (Q10);
- Have a current pregnancy AND a stable co-occurring condition (eg, pre-existing diabetes; chronic hypertension) that needs daily or near-daily nurse monitoring? (Q19a-20)
- Need daily or near-daily psychiatric management and/or nursing care (ie, in a **COE program**) to achieve sufficient stability for addiction treatment participation, AND have adequate impulse control to resist acting upon any thoughts of harm to self or others? (Q28a, 31a-36, 39)

→ **If YES to 3A (Level 2.7), SKIP to 4 – Clinically Managed Residential**

→ **If NO, CONTINUE**

3B. Based on responses to questions in Dimensions 1, 2, and 3, does the patient need medically managed outpatient care more than weekly (but less than daily/near-daily)? [Also see *The ASAM Criteria*, Fourth Edition, pp 224-225, 227-228; pp 237, 239; pp 249-250]	☐ Yes = Minimum Level 1.7 ☐ Yes = Minimum Level 1.7 COE ☐ No

Does the patient...

- Have risk for opioid withdrawal and MOUD initiation is expected to be uncomplicated (ie, no co-occurring conditions or medication interactions that might complicate MOUD initiation)? (Q9, 17b, 19a, 28-29, 31)
- Have a non-opioid substance use disorder (eg, AUD) for which they will initiate addiction medication, AND have a history of leaving addiction treatment early? (Q9, 16a, 17b)
- Have physical or mental health symptoms that are improving, but need quick access to medical staff? (Q19a, 28a)
- Plan to initiate or titrate medication AND medication side effects may be uncomfortable, requiring quick symptom relief? (Q17b, 24a-24b, 25a, 31a, 37a)
- Have a current pregnancy without complications? Are they unable to access prenatal care reliably outside the addiction treatment program? (Q20a-20c, 26)
- Need integrated psychiatric medication management for a low-complexity mental health issue (eg, mild to moderate depression or anxiety) that does not require a psychiatric specialist (ie, the concerns can be managed by a physician or advanced practice provider with addiction expertise in a strandard [**non-COE program**])? (Q28a-b, 31a, 37a)
- Need integrated psychiatric medication management for multiple low-acuity mental health issues, or have a history of difficulty finding the right psychiatric medication in the past? (Q28a-b, 31a, 37a) Do they require a psychiatrist or psychiatric MD or NP to initiate or titrate psychiatric medications (ie, in a **COE program**)? (Q39)

→ **CONTINUE to 4 – Clinically Managed Residential**

4. Clinically Managed Residential

4A. Based on responses to questions in Dimensions 3, 4, and 5, does the patient need clinically managed high-intensity residential treatment? [Also see *The ASAM Criteria*, Fourth Edition, p 246; pp 257-259, 265-266; pp 273-274]	☐ Yes = Minimum Level 3.5 ☐ Yes = Minimum Level 3.5 COE ☐ No

Does the patient...

- Have severe mental health symptoms that significantly impact safety and/or daily function (Q28a-30, 33-34)? Do they need 24-hour support and/or supervision to monitor for changes in status and rapidly respond to any crises? Do they need integrated skilled mental health interventions or more individualized staff support (ie, in a **COE program**) to effectively participate in treatment? (Q40)
- Have high likelihood of engaging in risky substance use (and/or risky SUD-related behaviors) with risk of serious harm or destabilizing loss if they do not receive appropriate treatment? (Q48)
- Need 24-hour supervision, structure, and/or a high-intensity residential therapeutic milieu to avoid risky substance use and/or risky SUD-related behaviors? (see Appendix C)
- Have very severe functional impairment (Q57; see Appendix D)?

→ **If YES to 4A (Level 3.5), SKIP to Level of Care Determination Rules**

→ **If NO, CONTINUE**

4B. Based on responses to questions in Dimensions 4 and 5, does the patient need clinically managed low-intensity residential treatment? [Also see *The ASAM Criteria*, Fourth Edition, pp 259-260, 266-267; pp 274-275, 277]	☐ Yes = Minimum Level 3.1 ☐ No

Does the patient...

- Have moderate likelihood of engaging in risky substance use (and/or risky SUD-related behaviors) with risk of serious harm or destabilizing loss? (Q48) Do they have the ability to avoid risky use/behaviors with daytime structure? (Q43) Do they need nighttime support? (Q44-44a)
- Need 24-hour residential support (but not 24-hour supervision) and/or a residential therapeutic milieu to help them avoid risky substance use and/or risky SUD-related behaviors? (see Appendix C)
- Need frequent access to clinical support and/or a residential therapeutic milieu to help them engage with others in a healthy manner, utilize peer support, regulate their emotions, and/or resist environmental triggers? (Q41-42a; 50)
- Have moderately severe functional impairment (see Appendix D)?
- Need regular assistance managing a daily routine and/or co-occurring medical or mental/cognitive health concerns that affect functioning or require medication adherence support (and lack this support at home)? (Q10)

→ If YES to both 4B (Level 3.1) AND either 3A or 3B (Level 1.7/2.7), SKIP to Level of Care Determination Rules

→ If YES to 4B (Level 3.1) AND COE (Score Sheet section 2), SKIP to Level of Care Determination Rules

→ If NO to 4B (Level 3.1), CONTINUE to 5 – Clinically Managed Outpatient

5. Clinically Managed Outpatient

5A. Based on responses to questions in Dimensions 3, 4, and 5, does the patient need clinically managed high-intensity outpatient treatment? [Also see *The ASAM Criteria*, Fourth Edition, pp 248-249; pp 261-262, 268-269; p 275]	☐ Yes = Minimum Level 2.5 ☐ Yes = Minimum Level 2.5 COE ☐ No

Does the patient...

- Have mental health symptoms that do not threaten safety, but impact daily life and interfere with participation in addiction treatment (Q28a, 30, 35-36)? Do they need daily or near-daily skilled mental health interventions (ie, in a **COE program**), for example, for recurrent suicidal ideations without plan or intent; or for severe anxiety that increases risk of return to use? (Q28a, 40, 41, 42)
- Have moderate likelihood of engaging in risky substance use (and/or risky substance use-related behaviors) with risk of serious harm or destabilizing loss? (Q48) OR a high likelihood of engaging in risky substance use (and/or risky substance use-related behaviors) with risk of negative but not seriously destabilizing consequences? (Q48)

  AND

  Lack daytime structure to avoid use/behaviors during the day but have nighttime support? (Q43-44)
- Need daily or near-daily clinical support with a high-intensity outpatient therapeutic milieu to help them avoid risky substance use and/or risky substance-use-related behaviors? (Q42-44b, 46-46a; see Appendix C)
- Have severe functional impairment (eg, poor prosocial skills; inability to function effectively in work or school; very limited ability to function independently in the community)? (Q49-50a, 57; see Appendix D)

→ If YES to 4B (Level 3.1), AND YES or NO to 5A (Level 2.5), SKIP to Level of Care Determination Rules

→ If NO to 4B (Level 3.1), AND YES to 5A (Level 2.5), SKIP to 6 - Recovery Residence

→ If NO to both 4B (Level 3.1) AND 5A (Level 2.5), CONTINUE to 5B (Level 2.1)

5B. Based on responses to questions in Dimensions 4 and 5, does the patient need clinically managed intensive outpatient treatment? [Also see *The ASAM Criteria*, Fourth Edition, pp 262-263, 269-270; p 276]	☐ Yes = Minimum Level 2.1 ☐ No

Does the patient...

- Have low likelihood of engaging in risky substance use (and/or risky SUD-related behaviors) with risk of serious harm or destabilizing loss? (Q48)
- Have moderate likelihood of engaging in risky substance use (and/or risky SUD-related behaviors) with risk of negative but not seriously destabilizing consequences? (Q48)
- Need clinical support with an outpatient therapeutic milieu several times weekly to help them avoid risky substance use and/or risky SUD-related behaviors? (Q42-44b, 46-46a; see Appendix C)
- Have moderate functional impairment? (Q57; see Appendix D)

→ **If YES to 5B (Level 2.1), SKIP to 6 – Recovery Residence**

→ **If NO, CONTINUE**

5C. Based on responses to questions in Dimensions 3 and 4, does the patient need clinically managed outpatient therapy? [Also see *The ASAM Criteria*, Fourth Edition, pp 251, 253; pp 263-264, 270-271]	☐ Yes = Minimum Level 1.5 ☐ Yes = Minimum Level 1.5 COE ☐ No

Does the patient...

- Have mental health symptoms that do not significantly affect safety or function, but may make it more difficult for the patient to participate in addiction treatment? (Q33-36)? Do they need non-intensive (less than three days per week) skilled mental health interventions, and/or individualized staff attention (eg, to help patient cope with interpersonal dynamics during group therapy) in a **COE program**? (Q40)
- Have persistent mental health or cognitive disability and need accommodations (eg, higher staff-to-patient ratio with more individualized staff attention in a **COE program**) to enable treatment participation? (Q30, 34-35)
- Have very low likelihood of engaging in risky substance use (and/or risky substance use-related behaviors) with risk of serious harm or destabilizing loss? (Q48)
- Have low likelihood of engaging in risky substance use (and/or risky substance use-related behaviors) with risk of negative but not seriously destabilizing consequences? (Q48)
- Need non-intensive clinical support (ie, less than three days per week) to help them avoid risky substance use and/or risky substance-use-related behaviors? (Q42-44b, 46-46a; see Appendix C)

6. Recovery Residence

Based on responses to questions in Dimension 5, does the patient need residential structure, support, or a safe living environment during addiction treatment? [Also see *The ASAM Criteria*, Fourth Edition, pp 277-278]	☐ Yes = Recovery Residence ☐ No

- Does the patient lack housing (Q51-51a), OR does their living environment include regular substance use (or other stressors/triggers) (Q54-54a), OR is their living environment unsafe (due to any kind of abuse, neglect, or immediate physical risks) (Q52-53a)?
- Is the patient soon to be released from a controlled environment (eg, jail, prison, other residential facility) and lacking a safe, supportive place to stay while in treatment? (Q56)

***If the patient cannot effectively participate in a recovery residence, the interviewer should reassess if the patient needs residential treatment.

→ **GO to Level of Care Determination Rules**

Appendix B: Current Medications

Current Medications (from Dimension 2)

Medication	Dose (if known)	Frequency	Taken as directed?
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More

Comments:

Current Medications (from Dimension 3)

Medication	Dose (if known)	Frequency	Taken as directed?
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More

Comments:

Appendix C: Dimension 4, Substance Use-related Risks

Likelihood* of Risky Use/Behaviors	Imminent† Consequences	Clinical Support Needs
High	Serious harm/ destabilizing loss	24-hour support and supervision with high intensity clinical services
Moderate	Serious harm/ destabilizing loss	Structure and support when the patient is at highest risk for substance use and/or risky SUD-related behaviors (eg, daytime structure or after-hours structure and support) • If the patient lacks daytime structure but will have nighttime support‡: Daily/near-daily structure and support with high intensity clinical services • If the patient can avoid use/behaviors with current daytime structure but needs after-hours support: 24-hour residential structure and support with intensive clinical services
High	Negative but not seriously destabilizing	Daily/near-daily structure and support with high intensity clinical services
Low	Serious harm/ destabilizing loss	Intensive clinical services several days per week
Moderate	Negative but not seriously destabilizing	
Very Low	Serious harm/ destabilizing loss	Non-intensive clinical services
Low	Negative but not seriously destabilizing	

* This column refers to the patient's likelihood of engaging in risky substance use or risky SUD-related behaviors without appropriate treatment. To estimate likelihood of engaging in risky substance use or risky SUD-related behaviors, the clinician should consider the patient's recent and historical patterns of use, insight, motivation for change, relapse prevention skills, access to substances, anticipated stressors during recovery, and level of structure and support outside of treatment. (*The ASAM Criteria*, Fourth Edition, p 256)

- A person with **high** likelihood of engaging in risky substance use and/or SUD-related behaviors has little to no skills or structure to help them avoid these behaviors without high-intensity clinical support on a daily or near-daily basis. This person would be likely to return to risky use and/or behaviors within 24 hours if no clinical intervention were provided.
- A person with **moderate** likelihood of engaging in risky substance use and/or SUD-related behaviors has some skills to avoid these behaviors as long as they have sufficient structure, but still needs clinical support at least several times per week to reliably do so. This person would be likely to return to risky use and/or behaviors within days if no clinical intervention were provided.
- A person with **low** likelihood of engaging in risky substance use and/or SUD-related behaviors has developed sufficient skills and structure to avoid these behaviors much of the time, but may still struggle with triggers/stressors. This person might require clinical services weekly or several times per week (but not daily/near-daily) to achieve recovery.
- A person with **very low** likelihood of engaging in risky substance use and/or SUD-related behaviors is typically in early recovery, has built strong skills and a support network and is able to utilize external sources of support independently, but still needs access to clinical support to deal with significant and/or unforeseen stressors. This person has no imminent risk of return to risky use and/or behaviors and would likely require no more than weekly clinical services to maintain recovery.

† "Imminent" refers to consequences that would likely occur within hours or days (not weeks or months) of the patient's continued or return to risky substance use or SUD-related behaviors. (*The ASAM Criteria*, p 257) "Serious harm" refers to consequences that would cause serious injury or death. "Destabilizing loss" refers to consequences that would seriously exacerbate the patient's SUD and/or MH symptoms and derail recovery. "Negative, but not destabilizing consequences" refers to outcomes that would not seriously exacerbate the patient's SUD or MH symptoms but would be likely to adversely impact their life. (*The ASAM Criteria*, p 256)

‡ Here, "support" refers to lay support (emotional, social, functional, structural, or otherwise) in the home environment or recovery residence, or professional support in a congregate living facility such as a nursing or group home that enables the patient to pursue treatment and recovery safely and effectively. Clinical judgment should be used to determine if the support available in the patient's recovery environment is sufficient to ensure safety and stability outside of addiction treatment program hours. (*The ASAM Criteria*, p 284)

Appendix D: Dimension 5, Ability to Function Effectively in Current Environment

Degree of Functional Impairment	Social Functioning* - Examples	Vocational/Educational Functioning - Examples	Household/Community Functioning - Examples
Very Severe	Very poor prosocial skills, as evidenced by constant conflict with others that prevents effective functioning in society	Unable to get or keep a job or pursue educational goals; no skills or effort to be productive	Cannot function independently in the community or participate in tasks of daily living† like paying bills or grocery shopping
Severe	Poor prosocial skills, as evidenced by frequent conflict with others and the inability to form prosocial connections	Cannot function effectively in work and/or school due to chronic difficulties with planning, focusing, multitasking	Very limited ability to function independently in the community and participate in daily household tasks; needs a great deal of assistance during the day but has after-hours support
Moderately Severe	Some prosocial skills, but significant difficulty creating a recovery-supportive network, resolving interpersonal conflicts and/or respecting boundaries	Has difficulty holding a job or staying in school due to inconsistent follow-through or performance	Moderate difficulties with organizing and accomplishing daily tasks; can carry out some tasks of daily living independently, but often needs reminders and/or assistance (and lacks after-hours home support)
Moderate	Some prosocial skills, but has moderate difficulty creating a recovery-supportive network, resolving interpersonal conflicts and/or respecting boundaries	Some effort to be productive in work or school, but needs frequent clinical support to develop skills to be successful	Some difficulties with consistently organizing and accomplishing daily tasks and needs frequent clinical support to improve consistency
None/Minimal	May have some difficulties in these domains, but does not require targeted services or supports in these areas to effectively participate in addiction treatment or recovery		

* Indicators of social, vocational/educational, and household functioning may include, but are not limited to, the examples listed below. **Patients do NOT need to demonstrate functional deficits in all three areas (social, vocational/educational, and household) or demonstrate the exact symptoms listed within a box to meet the specified degree of functional impairment**. Please also consider the amount of daily/nightly support the patient has when assigning risk ratings.

† Here, "tasks of daily living" refers not to basic ADLs like bathing or dressing oneself, but to **instrumental ADLs** (the ability to function independently in the community and accomplish daily tasks like grocery shopping, managing household finances, etc.).

