nt N	lame _	Client ID # Date
	A CLI	TE INTOVICATION AND OR WITHDRAWAL (W/D) ROTENTIAL
	0	TE INTOXICATION AND/OR WITHDRAWAL (W/D) POTENTIAL
		Fully functioning, no signs of intoxication or W/D present.
	1	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others.  Minimal risk of severe W/D.
	2	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe W/D.
	3	Severe signs/symptoms of intoxication indicate an imminent danger to self/others. Risk of severe but manageable W/D; or W/D is worsening.
]	4	Incapacitated, with severe signs/symptoms. Severe W/D presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death).
mr	nents/	Level of Care Indications:
	BION 0	MEDICAL CONDITIONS AND COMPLICATIONS  Fully functioning and able to cope with any physical discomfort. No biomedical signs/symptoms present, or
]		biomedical problems are stable (ex. <u>Adolescents</u> : stable asthma or stable juvenile arthritis. <u>Adults</u> : stable hypertension or chronic pain).
]	1	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.
	2	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present. Serious biomedical problems are neglected.
	3	Poor ability to tolerate and cope with physical problems, and/or general health condition is poor. Serious medical problems neglected during outpatient or IOT services. Severe medical problems (ex. <u>Adolescents</u> : asthma or diabetes is complicated, or client is on a new treatment regimen; <u>Adults</u> : severe pain requiring medication, or hard to control Type 1 Diabetes) are present but stable.
	4	The person is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).
omr	nents/	Level of Care Indications:

ame _	Client ID # Date
EMO	TIONAL, BEHAVIORAL OR COGNITIVE (EBC) CONDITIONS AND COMPLICATIONS
0	Good impulse control, coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).
1	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.
2	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.
3	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self/others, but not dangerous in a 24-hr. setting
4	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self/others.
REAL	DINESS TO CHANGE (Consider both Substance Use and Mental Health Disorders)
<b>REAL</b> 0	DINESS TO CHANGE (Consider both Substance Use and Mental Health Disorders)  Engaged in treatment as a proactive, responsible participant. Committed to change.
0	Engaged in treatment as a proactive, responsible participant. Committed to change.  Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce or stop
0	Engaged in treatment as a proactive, responsible participant. Committed to change.  Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce orstop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.  Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through,
0 1 2	Engaged in treatment as a proactive, responsible participant. Committed to change.  Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce orstop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.  Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)
0 1 2 3 4	Engaged in treatment as a proactive, responsible participant. Committed to change.  Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce orstop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.  Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)  Minimal awareness of need to change. Only partially able to follow through with treatment recommendations.  Unable to follow through, little or no awareness of problems, knows very little about addiction, sees no connection between substance use/consequences. Not willing to explore change. Unwilling/unable to follow
	0 1 2 3

Client Name		Client ID #	Date
5.		PSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL ider both Substance Use and Mental Health Disorders)	
	0	Low or no potential for further substance use problems or has low relapse potential place.	al. Good coping skills in
	1	Minimal relapse potential. Some risk, but fair coping and relapse preventionskills.	
	2	Impaired recognition and understanding of substance use relapse issues. Able to se	elf-manage with prompting.
	3	Little recognition and understanding of relapse issues, poor skills to cope with relap	ose.
	4	Repeated treatment episodes have had little positive effect on functioning. No coprelapse/addiction problems. Substance use/behavior places self/others in imminer	_
Com	ments/	Level of Care Indications:	
6.	RECO	OVERY ENVIRONMENT (Consider both Substance Use and Mental Health Disorders)	
	0	Supportive environment and/or able to cope in environment.	
	1	Passive/disinterested social support, but not too distracted by this situation and sti	Il able to cope.
	2	Unsupportive environment, but able to cope with clinical structure most of the time	e.
	3	Unsupportive environment and the client has difficulty coping, even with clinical sti	ructure.
	4	Environment toxic/hostile to recovery (i.e. many drug-using friends, or drugs are re environment, or there are chronic lifestyle problems). Unable to cope with the neg environment on recovery (i.e. environment may pose a threat to recovery).	
Com	ments	Level of Care Indications:	

nt Name		Client ID #			Date			
ecommended Level of Care: Enter the ASAM Level of Care that offers the most appropriate treatment setting given ient's current severity and functioning. Please include specific level of care number (e.g. Level 3.5 Residential):								
Actual Level of Care: If a level of care of Please include specific level of care nu				•	next app	propriate level of c		
Reason for Discrepancy (Clinical Over and actual level of care provided, and	_			discrepancy between	level of	care recommende		
□ Not Applicable		Service not available		Provider judgment		Client preferenc		
□ Transportation		Accessibility		Financial		Preferred to wa		
□ Language/Cultural Consideration		Environment				Physical Health		
<ul> <li>Court/Probation Ordered</li> <li>Explanation of Discrepancy/Comments</li> </ul>		Other:						
Designated Treatment Provider Name A face-to face interaction between the for the client regarding this ASAM LO	e AOI	D counselor and the L	РНА	to verify the determ	ination (	of medical necessi		
						(if applicable)		
Counselor Name (if applicable)		Signature (if applicable)			Date			
LPHA* Name					Date			

<sup>\*</sup>Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.