

DIMENSION 6 – RECOVERY/LIVING ENVIRONMENT

1. In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? (Negative response indicates homelessness.)

Yes No (**Note to interviewer:** respond "No" if the patient is "couch surfing", living outdoors, or living in a car)

Describe:

2. Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (Positive response indicates risk of homelessness.)

Describe:

3. Do you need different housing than what you currently have? Yes No

Describe:

4. Who do you live with? (friends, family, partner, roommates)

Describe:

5. Are you working/going to school/retired/disabled/unemployed?

School Work Retire Disability Other: _____

Describe: (Probe for job skills)

6. What are the sources of your financial support?

Paid work Benefits (SSI, SSDI) Family/Friends Illegal/Under the table Other: _____

a. Which of these is the biggest source of your income? (Circle one)

7. How do you spend your free time (e.g., when not working? Probe for free time when not using alcohol or other drugs)?

Describe:

8. Do you have any reading or learning challenges that need support (e.g., in school did you require supports, do you require support for disabilities at work? Are you able to use workbooks, computers and email)?

Yes No

Please describe:

9. Do you have needs in any of the following areas to help support you as you cut back on alcohol or other drug use?

- Transportation Childcare Housing Employment
 Education Legal Financial Other: _____

Notes:

► **Interviewer instruction:** Use MI skills to develop discrepancy between any problems they have previously mentioned and whether they might need support in the areas listed.

10. Are you engaged with any of the following social service agencies?

- Child Protective Services Tribal Service Agency Health and Human Services
 Other: _____

11. Have you had criminal justice issues related to alcohol or other drug use?

Note if patient engages in criminal behavior related to their drug use (e.g., for money for alcohol or other drugs, or because they are under the influence)

Are you currently engaged with probation, parole, or diversion courts?

Describe any history of incarceration:

- Yes* No

- Yes No

12. Are you required to go to SUD treatment? (e.g., by Child Protective Services, employer, professional groups, probation, parole).

Please describe:

- Yes No

13. Are you a veteran? (Veterans may have access to special benefits such as housing)

Veteran status/Eligibility for VA benefits:

- Yes No

14. Have you ever participated in peer support groups such as NA/AA, SMART recovery, Dual Recovery Anonymous, Women for Recovery, SOS or others?

- Yes No

15. Do you currently live in an environment where others are regularly using drugs or alcohol?

a. If yes, Do you have an alternative place to live where others are not regularly using drugs or alcohol?

- Yes* No

- Yes No

16. Do any of your current relationships pose a threat to your safety?

a. If yes:

i. Has this person used a weapon against you or threatened you with a weapon?

ii. Has this person threatened to kill you or your children?

iii. Do you think this person might try to kill you?

- Yes* No

- Yes* No

- Yes* No

- Yes* No

17. Do any other current situations pose a threat to your safety?

- Yes* No

18. Does your alcohol or other drug use ever create situations that are dangerous for you or threatening to others?

Please describe:

- Yes* No

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

- Immediate (TODAY) Urgent (WITHIN DAYS)
 Timely placement is required as part of regular treatment

Self-Report Scales

I am going to read you a list of questions about things in your environment that may affect you. The response options are "Not at all" "A Little" "Somewhat" "Very" or "Extremely."

19. Are there people, places, or things that are supportive of your quitting or cutting back your AOD use?	Supportive people: (List)					Supportive places:					Supportive things:				
	Not at all	A Little	Somewhat	Very	Extremely	Not at all	A Little	Somewhat	Very	Extremely	Not at all	A Little	Somewhat	Very	Extremely
a. How supportive are they?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Are there people, places or things that make quitting or cutting back more difficult?	People:					Places:					Things:				
a. How difficult?	Not at all	A Little	Somewhat	Very	Extremely	Not at all	A Little	Somewhat	Very	Extremely	Not at all	A Little	Somewhat	Very	Extremely
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Problem Statements and Goals (Optional, for treatment planning purposes)

21. What concerns or problems do you have with your current living situation or environment?	Problem(s):										Notes:				
22. What changes in your work/home/community are you able or willing to make to support cutting back or stopping your alcohol or other drug use? (e.g., get peer support, move, change jobs, change friends)	<input type="radio"/> Nothing <input type="radio"/> Not sure Goal(s):														
23. What changes in your work/home/community are you unable or unwilling to make to support cutting back or stopping your alcohol or other drug use? (e.g., get peer support, move, change jobs, change friends)	<input type="radio"/> Nothing <input type="radio"/> Not sure Describe:														
24. If things improved in your environment, what would that look like? What are your goals for your environment? This might include getting a job, going back to school, getting social services, etc.	Goal(s):														

Please circle the intensity and urgency of the patient's CURRENT needs for services based on the information collected in Dimension 6:

Severity Rating - Dimension 6 (Recovery/Living Environment))

0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe
<ul style="list-style-type: none"> • Able to cope in environment/supportive 	<ul style="list-style-type: none"> • Passive/disinterested social support, but still able to cope • No serious environmental risks 	<ul style="list-style-type: none"> • Unsupportive environment, but able to cope in the community with clinical structure most of the time 	<ul style="list-style-type: none"> • Unsupportive environment, difficulty coping even with clinical structure 	<ul style="list-style-type: none"> • Environment toxic/hostile to recovery • Unable to cope and the environment may pose a threat to safety
	<p>May need assistance in:</p> <ul style="list-style-type: none"> • finding a supportive environment • developing supports re: skills training • childcare • transportation 	<p>Needs assistance listed in "Mild," as well as</p> <ul style="list-style-type: none"> • assertive care management 	<p>Needs more intensive assistance in</p> <ul style="list-style-type: none"> • finding supportive living environment • skills training (depending on coping skills and impulse control) • assertive care management 	<ul style="list-style-type: none"> • Patient needs immediate separation from a toxic environment • Assertive care management • Environmental risks require a change in housing/environment • For acute cases with imminent danger: patient needs immediate secure placement

Additional Comment(s):

Interviewer Instructions:

See pgs. 53, 88 and 89 in *The ASAM Criteria*, 3rd ed, for assistance with assessing Dimension 6.

ASAM Summary of Multidimensional Assessment:

Transfer information gathered from medical records and brief assessments to the table below:						SEVERITY				
SUD Diagnosis		<input type="checkbox"/> Provisional	<input type="checkbox"/> Confirmed		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe			
			Diagnostic Tool Used:							
SUD Diagnosis		<input type="checkbox"/> Provisional	<input type="checkbox"/> Confirmed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			Diagnostic Tool Used:							
Co-occurring Diagnosis		<input type="checkbox"/> Provisional	<input type="checkbox"/> Confirmed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			Diagnostic Tool Used:							
Other Diagnosis						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Diagnosis						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

A higher severity rating indicates a need for higher intensity and dosage of services as well as a lower level of patient functioning.

DIMENSION	SEVERITY RATING					NOTES
	<input type="checkbox"/> Not at all	<input type="checkbox"/> A Little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very	<input type="checkbox"/> Extremely	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
DIMENSION 2 Biomedical Conditions and Complications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
DIMENSION 4 Readiness to Change	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
DIMENSION 6 Recovery/Living Environment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

Withdrawal Management

Substances for which WM is indicated:

- Nicotine/tobacco Alcohol Opioid Sedatives/Hypnotics/Benzodiazepines
 Stimulants (e.g., cocaine, methamphetamine, MDMA)
 Other: _____ WM not indicated

- Note: Forced or non-medically directed withdrawal can be dangerous, is unethical, and is counterproductive. Safe and comfortable withdrawal enhances engagement in treatment.

Notes:

There is a continuum of withdrawal management. For example, if withdrawal is not stabilized at Level 2, then patient should be raised to Level 3.

**Level 3.2WM can be considered for patients who need 24-hour support to complete withdrawal management/increase likelihood of continuing treatment, and who can self-administer medications with supervision.

1-WM	2-WM	3.7-WM	4-WM
<ul style="list-style-type: none">• Outpatient• Secure home environment• High general functioning• Needs daily or less than daily supervision• Likely to complete WM and continue treatment or recovery	<ul style="list-style-type: none">• Intensive outpatient• Need for support all day• At night has supportive family or living situation such as, supportive housing/shelter **• Likely to complete WM <p>Has ability to access medical care in person or telemedicine (not ER)</p>	<ul style="list-style-type: none">• Residential• Severe withdrawal• Needs 24-hour nursing support and daily access to physician <p>Unlikely to complete WM without medical monitoring</p>	<ul style="list-style-type: none">• Hospital• Severe, unstable withdrawal• Needs 24-hour nursing and daily physician visits to manage medical instability <p>Setting must include addiction services</p>

Medications for Addiction Treatment

Medications are available for treatment of acute withdrawal from opioids, alcohol, sedatives, and nicotine and for ongoing treatment of opioid, alcohol and nicotine use disorder.

These should be offered to patients entering treatment.

Completed by: _____ (Print) Date: _____

Signature: _____

Clinical Supervisor (as required): _____ (Print) Date: _____

Signature: _____

ASAM CRITERIA LEVEL OF CARE: CONCURRENT TREATMENT AND RECOVERY SERVICES

Opioid Treatment Program	NTP, methadone program
Office Based Opioid Treatment	Buprenorphine, naltrexone
Other MAT, (for SUD other than OUD)	E.g., Primary care, psychiatrist, nurse practitioner. Pharmacotherapy, i.e., medications for alcohol and nicotine use disorder
COC	Co-Occurring Capable treatment, integration of services for stable mental health conditions and SUD
COE	Co-Occurring Enhanced treatment, integration of services and equal attention for unstable mental health conditions and SUD
Biomedical Enhanced	Biomedical Enhanced treatment, integration of services and equal attention for serious physical health conditions and SUD
*Housing	Patient needs safe supportive housing. *Patient can receive Outpatient or Intensive Outpatient care if in stable supportive living environment, i.e., Recovery residence/sober living, supportive friend's or relative's home Notes:
Recovery Support Services	Patient needs <input type="radio"/> Transportation <input type="radio"/> Childcare <input type="radio"/> Legal Services <input type="radio"/> Vocational <input type="radio"/> School Counseling <input type="radio"/> Financial Assistance <input type="radio"/> 12 Step <input type="radio"/> Peer Support <input type="radio"/> Other: _____ Notes:

For guidance see *The ASAM Criteria, 3rd ed. p. 124 "Decisional flow to Match Assessment and Treatment/Placement Assignment"*

Referred to (treatment provider name): _____

INDICATED LOC				ACTUAL LOC			
<input type="radio"/> Level 4 – Medically Managed Intensive Inpatient Services	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 4	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.7 – Medically Monitored Intensive Inpatient	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 3.7	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.5 – Clinically Managed High-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 3.5	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.3 – Clinically Managed Population-Specific High-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 3.3	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 3.1 – Clinically Managed Low-Intensity Residential	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 3.1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.5 – Partial Hospitalization	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 2.5	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 2.1 – Intensive Outpatient	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 2.1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS
<input type="radio"/> Level 1 – Outpatient Services	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS	<input type="radio"/> Level 1	<input type="radio"/> COE	<input type="radio"/> BIO	<input type="radio"/> OTS

See Appendix for guidance

Reasons for Discrepancy between Indicated and Actual Placement

Circle all that apply:

- 1 = Not applicable - no difference
- 2 = Patient preference.
- 3 = Recommended program is unavailable in geographic region.
- 4 = Lack of physical access (e.g., transportation, mobility).
- 5 = Conflict with job/family responsibilities.
- 6 = Patient lacks insurance.
- 7 = Patient has insurance, but insurance will not approve recommended treatment.
- 8 = Program available but lacks opening or wait list too long.
- 9 = Program available but declines to accept patient due to patient characteristic(s), e.g., history, clinical status.
- 10 = Inappropriate court or other mandated treatment contradicts ASAM Criteria recommendation
- 11 = Patient rejects any treatment at this time.
- 12 = Patient left/eloped.
- 13 = Clinician disagrees with ASAM Criteria recommendation (*please explain*): _____
- 14 = Final Disposition is not known.
- 15 = Other (*please explain*): _____

"See *The ASAM Criteria*, 3rd ed., p. 59: "Determining Dimensional Interaction and Priorities." See also p. 73, "Matrix for Matching Adult Severity and Level of Function with Type and Intensity of Service."

Appendix

Distinguishing Differences Between The ASAM Levels of Care

	ASAM LOC	Additional services available at these ASAM Levels of Care			Notes:
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)	
Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.					
Any D1, D2, or D3 are rated Very Severe, and/or need to address acute problems requiring primary medical and nursing care managed by a physician in a hospital or psychiatric hospital	4	On-site	On-site	On-site	
Patient needs 24-hour nursing care with medical monitoring: • Severe problems in D1 or D2 or D3 • Moderate severity in at least 2 of the 6 dimensions, at least one of which is D1, D2, or D3	3.7	On-site or OTS	On-site	On-site	
Patient needs 24-hour supportive addiction treatment • Patient environment is provocative to relapse • There is considerable likelihood of continued use or relapse with imminent serious/dangerous consequences • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour SUD addiction specialty, addiction supports to prevent acute emergency • Cannot go unsupervised, not appropriate for waiting list	3.5	On-site or OTS	On-site, Primary, or Specialty care	On-site	
Patient's temporary or permanent limitations, e.g., due to cognitive impairment, make outpatient treatment strategies not feasible or not effective • Needs 24-hour structure with addiction specialty support • Needs individualized plan to address the identified cognitive/behavioral issues (e.g., slower pace, more concrete and more repetitive treatment, behavioral modification) until stable	3.3	On-site or OTS	Primary, or Specialty care	On-site or link to specialty care	
Patient likely to immediately relapse or continue use, or may not be able to function (engage in recovery), or is unsafe in the "real world" unless receiving 24-hour supportive structure • No need for 24-hour medical monitoring • No significant cognitive impairments • Needs 24-hour structure with addiction specialty support • Safely able to access the community and outpatient services unsupervised	3.1	On-site or OTS	Primary, or Specialty care	On-site and specialty consultation	
Patient is safe in outpatient treatment, but not able to engage in or progress in treatment without daily monitoring or management • Not ready for full immersion in the "real world" • For patients with OUD, can go to OTP • Moderate or low severity in D2, as well as moderate severity in D4 or D5 or D6 • Physical health problems don't interfere with addiction treatment but can be distracting and need medical monitoring e.g., unstable hypertension or asthma; chronic back pain	2.5 or OTP	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation	

Start at the top. If the description in the row does not match current needs of the patient, then proceed to the next row to reach appropriate LOC.	ASAM LOC	Additional services available at these ASAM Levels of Care			Notes:
		Medication for OUD*	Bio-medical enhanced	Co-Occurring Enhanced (COE)	
Patient can progress in treatment with supports while practicing new recovery skills and tools in the “real world” • For patients with OUD, can go to OTP • No to low severity in D1, D2, and D3; as well as moderate severity in D4 or D5 or D6	2.1 or OTP	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation	
Patient has Opioid Use Disorder, current/recent dependence according to federal requirements. (See ASAM Criteria, 3rd Ed. text box on p. 290. See p. 296 for diagnostic admission criteria) • Patient can receive OTP services as stand-alone services or concurrently with another LOC.	OTP	OTP	Primary, or Specialty care	On-site and specialty consultation	
Patient needs less than 9 hours per week of treatment. • Patient is committed to recovery, high level of readiness to change; problems are stable but need professional monitoring. Patient is able to engage in collaborative treatment. Or • Patient is in early stages of change and not ready to commit to full recovery. A more intensive Level of Care may lead to increased conflict, passive compliance or even leaving treatment. Or • Patient has achieved stability in recovery but needs ongoing monitoring and disease management.	1 or OBOT	OTP or OBOT	Primary, or Specialty care	On-site and specialty consultation	

*Medication should also be made available for Alcohol Use Disorder and Nicotine Use Disorder.

► **Interviewer Instruction:** Start at the top (Level 4) of the table above to find the least intensive, most effective Level of Care. to get to least intensive, most effective Level of Care. (See The ASAM Criteria, 3rd Ed. p. 124)

- Decide the **realistic/acceptable Level of Care**, factoring in motivation/acceptability, and patient preference (e.g., sole breadwinner, sole childcare/eldercare provider, employment constraints, and patient goals).
- Place patient in Level of Care that meets the most of the patient’s needs, if that Level of Care is not available, care management should be used to piece together services that safely meet the patient’s needs as completely as possible.
- **Also, consider the patient’s mental health conditions.**
 - **Co-occurring Capable (COC):** All Levels of Care should be co-occurring capable.
 - **Co-occurring Enhanced (COE):** is indicated for higher intensity mental health care. This includes on-site, cross-trained mental health professionals, medication management, and psychiatric consultation.
- **Opioid Treatment Services (OTS):**
 - **Opioid Treatment Programs (OTP) a.k.a. Narcotic Treatment Programs (NTP)** - have high patient oversight, direct administration of medications (usually methadone) on a daily basis.
 - **Office-Based Opioid Treatment** - has lower patient oversight than OTPs, physician in private practice or public clinics, prescribes outpatient supplies of medications (usually buprenorphine or extended-release naltrexone).

HIGH PRIORITY - IMMEDIATE NEED PROFILE

Dimension	If	Then
	Life threatening	Level 4, or emergency department evaluation
1	D1-CURRENT Severe life-threatening withdrawal symptoms	<ul style="list-style-type: none"> • Perform immediate evaluation of need for acute inpatient care
2	D2-CURRENT Severe life-threatening physical health problems	<ul style="list-style-type: none"> • Perform immediate evaluation of need for acute inpatient care
2	D2 is severe/very severe	<ul style="list-style-type: none"> • Consider intensive physical health services or hospital care
3a	D3a-Imminent danger to self or others	<ul style="list-style-type: none"> • Perform immediate evaluation of need for acute inpatient psychiatric care
3b	D3b-Unable to function in activities of daily living or care for self with imminent dangerous consequences	<ul style="list-style-type: none"> • Perform immediate evaluation of need for acute inpatient medical or psychiatric care
3	D3 is severe/very severe	<ul style="list-style-type: none"> • Consider intensive mental health services or inpatient MH care
4a/b4	<p>D4a-Patient needs SUD or MH treatment but is ambivalent or feels it is unnecessary (e.g., <i>severe addiction but patient feels controlled use is still ok; psychotic, but blames a conspiracy</i>)</p> <p>D4b-Patient has been coerced or mandated to assessment/treatment</p>	<ul style="list-style-type: none"> • Patient to be seen within 48 hours for motivational strategies, unless patient is imminently likely to walk out and needs more structured intervention • Ensure linkage to necessary services
5a	D5a-Patient is under the influence and acutely psychotic, manic, suicidal	<ul style="list-style-type: none"> • Assess further need for immediate intervention (e.g., <i>take car keys away, support person pick patient up, evaluate need for immediate psychiatric intervention</i>)
5b/c	<p>D5b-Patient likely to continue to use and/or have active acute symptoms in imminently dangerous manner, without immediate secure placement</p> <p>D5c-Patient's most troubling problem(s) dangerous to self or others</p>	<ul style="list-style-type: none"> • Patient to be referred to a safe or supervised environment
6	D6- Any dangerous situations threatening the patient's safety, immediate well-being, and/or recovery (e.g., living with drug dealer; physically abused by partner; homeless in freezing temperatures)	<ul style="list-style-type: none"> • Patient to be referred to a safe or supervised environment

IF – THEN CONSIDERATIONS BY DIMENSION		
Dimension	If	Then
1	If patient is withdrawing from alcohol, opioids, benzodiazepines (etc.)	<ul style="list-style-type: none"> Medications to assist with withdrawal and Medications for Opioid Use Disorder (MOUD) as indicated Ask client preference (use MI style)
1	If patient has immediate access to (MOUD) induction (e.g., buprenorphine, methadone):	<ul style="list-style-type: none"> It reduces severity in D1
1 & 2	If D1 is addressed	<ul style="list-style-type: none"> Consider whether addressing risk in D1 reduces risk in D2
1	If patient has history of opioid use	<ul style="list-style-type: none"> Consider take-home naloxone
2	If patient has severe medical problems, but has immediate access to appropriate medical care	<ul style="list-style-type: none"> Risk rating for D2 may be lower
3	If Residential is indicated PLUS cognitive impairment, and medical issues are moderate or lower	<ul style="list-style-type: none"> 3.3 is indicated
3	If there is a rating of severe or very severe in D3	<ul style="list-style-type: none"> May indicate need for inpatient mental health services
4	If D4 is severe/very severe	<ul style="list-style-type: none"> Can be addressed with Motivational Enhancement Therapy in outpatient if otherwise appropriate for outpatient care
4 & 5	For OUD, if severe/very severe risk in D4 and D5	<ul style="list-style-type: none"> For outpatient withdrawal management and medication management: might be more appropriate to NTP/OTP-daily dosing, monitored, evaluated more frequently
4 & 5	For OUD, if mild risk on D4 and D5	<ul style="list-style-type: none"> For medication management: Consider OBOT (lower oversight at OBOT than NTP/OTP)
5	If there is a rating of severe/very severe in D5	<ul style="list-style-type: none"> May indicate need for supportive living environment either in Level 3.1 (or higher) or sober living/recovery residence and more intensive LOC
6	If lacking a safe recovery environment	<ul style="list-style-type: none"> Consider recovery residence or shelter if not precluded by severity in other dimensions
Overall	WM is indicated and there is high severity in all dimensions	<ul style="list-style-type: none"> Consider higher intensity placement for WM
Overall	A dimension is currently rated 0- no risk	<ul style="list-style-type: none"> There is no need for services in that dimension at this time. (See The ASAM Criteria, 3rd ed., p. 73)

OBOT/buprenorphine - A qualified practice setting is a practice setting that: (a) Provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed.(b) Provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services.(c) Uses health information technology (health IT) systems such as electronic health records, if otherwise required to use these systems in the practice setting. Health IT means the electronic systems that health care professionals and patients use to store, share, and analyze health information.(d) Is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law. PDMP means a statewide electronic database that collects designated data on substances dispensed in the State. For practitioners providing care in their capacity as employees or contractors of a federal government agency, participation in a PDMP is required only when such participation is not restricted based on their State of licensure and is in accordance with Federal statutes and regulations.(e) Accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits. (42 CFR § 8.615)