

Print Client Name:		Client Identification Number:		Date:	Adolescent 65D-30 Intervention ASAM Level .05	
DIMENSIONS	[3] DISCHARGE	TRANSFER		Circle all items in each dimension that apply to the client. Place a check in the appropriate box that indicates validation or lack of validation for discharge or transfer from this level of care.		
		Enter Level				
ASAM Requirements	Discharge from this level of care requires that the client meet the criteria in one of the six dimensions.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 1: Acute Intoxication and/or Withdrawal Potential	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. Client is free from intoxication or withdrawal symptoms/risks; or <input type="checkbox"/> b. The client exhibits symptoms of severe intoxication and/or withdrawal, which cannot be safely managed at this level of care.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 2: Biomedical Conditions and Complications	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. The client has a condition in Dimension 2 that precludes continued participation in this level of care and requires transfer to another level; or <input type="checkbox"/> b. The client has no biomedical conditions or they are stable.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. The client has a condition in Dimension 3 that precludes continued participation in this level of care and requires transfer to another level; or <input type="checkbox"/> b. The client has no emotional, behavioral or cognitive conditions or they are stable and are being actively addressed.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 4: Readiness to Change	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. The client has remained stable in Dimension 4 and does not meet any other criteria that indicates the need for continued service at this level of care; or <input type="checkbox"/> b. The client is no longer willing to examine personal substance use patterns, despite program efforts, and a recommendation is being made for further assessment and follow-up.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 5: Relapse/Continued Use Potential	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. The client has demonstrated the personal skills necessary to make responsible choices about alcohol/other drug use, and does not meet criteria indicating the need for continued service at this level of care; or <input type="checkbox"/> b. The client has not integrated the skills necessary to avoid harmful or inappropriate substance use, despite professional interventions, and a recommendation is being made for further assessment and follow-up.				<input type="checkbox"/>	<input type="checkbox"/>
Dimension 6: Recovery Environment	The client's status in this dimension is characterized by one of the following: <input type="checkbox"/> a. The client has resolved problems in his/her living environment or demonstrates the needed coping skills necessary to achieve personal goals and does not meet criteria indicating a need for continued service at this level of care ; or <input type="checkbox"/> b. The client no longer is willing to examine problems in his/her living environment, despite program efforts. Since these problems persist, a recommendation is being made for appropriate living and support services.				<input type="checkbox"/>	<input type="checkbox"/>
Recommendations/Notes:						
Print Counselor Name:		Counselor Signature/Credential:			Date:	