CONTRA COSTA
ALCOHOL & OTHER DRUGS SERVICES
A Program of Behavioral Health Services

Clinical Justification for Continuing Substance Use Disorder (SUD) Treatment Services

NAME / MRN

Date: _____ **Program Name:** _____ **RU:** _____

Level of Care: ☐ Outpatient (1.0) ☐ Intensive Outpatient (2.1) ☐ Residential (3.1)

Date of Admission to Treatment: _____

Most Recent Extension Request Date: _____

Number of days' extension requested:

☐2 weeks ☐ 30 days ☐ 45 days ☐ 3 months ☐ Other _____
# of days

Level of Care Justification for Continuation of SUD Treatment Services
☐ Dimension 1: Acute Intoxication and/or Withdrawal Potential
☐ Dimension 2: Biomedical Conditions and Complications
☐ Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications
☐ Dimension 4: Readiness to Change
☐ Dimension 5: Relapse, Continued Use, or Continued Problem Potential
☐ Dimension 6: Recovery/Living Environment
Indicate the justification for continuation of Substance Use Disorder treatment services in NARRATIVE format   ***Must include narrative for any ASAM Dimensions marked above***

Counselor Printed Name:	**Counselor Signature:**	**Date:**
LPHA Printed Name:	**LPHA Signature:**	**Date:**