

ASAM Level 2.1 (IOP) Admission Criteria Checklist

Client Name: _____

Date of Assessment: _____

Assessor: _____

Admission Criteria (Must Meet ALL)

- Diagnosis of **Substance Use Disorder** (per DSM-5)
- Client is **medically stable** and does not require 24-hour monitoring
- Client is able to **participate in structured treatment 9–19 hours/week**
- Client requires **more support than Level 1 (Outpatient)**
- Client does **not require residential (Level 3) or inpatient detox (Level 3.7/4.0)**
- Treatment is **medically necessary** to prevent relapse, deterioration, or higher level of care

ASAM Dimensions Review

Dimension 1: Acute Intoxication / Withdrawal Potential

- No current severe withdrawal risk requiring 24-hour care
- Mild to moderate withdrawal can be safely managed outpatient
- Withdrawal symptoms (if present): _____

Meets Level 2.1? Yes No

Dimension 2: Biomedical Conditions & Complications

- No unstable medical conditions requiring inpatient care
- Medical issues are stable or being managed
- Conditions impacting treatment (if any): _____

Meets Level 2.1? Yes No

Dimension 3: Emotional / Behavioral / Cognitive Conditions

- Co-occurring mental health symptoms are present but **stable/manageable outpatient**
- No imminent danger to self or others
- Able to engage in and benefit from treatment

Clinical Notes: _____

Meets Level 2.1? Yes No

Dimension 4: Readiness to Change

- Demonstrates **ambivalence or readiness** for change
- Needs structured support to engage in recovery
- Willing to attend and participate in treatment

Stage of Change: Precontemplation Contemplation Preparation Action

Meets Level 2.1? Yes No

Dimension 5: Relapse / Continued Use Potential

- High likelihood of relapse without structured support
- Difficulty maintaining abstinence in less intensive settings
- Triggers/cravings present: _____

Meets Level 2.1? Yes No

Dimension 6: Recovery / Living Environment

- Environment is **not fully supportive**, but client can safely remain in community
- May benefit from structure, accountability, and support services
- Housing status: Stable Unstable Sober Living

Barriers: _____

Meets Level 2.1? Yes No

Level of Care Determination

- Admit to ASAM Level 2.1 – Intensive Outpatient Program**

Clinical Justification (Required for Medical Necessity):

Client presents with **moderate substance use disorder** and demonstrates functional impairment across ASAM Dimensions _____. Client is **at risk for continued use/relapse without structured treatment** and requires **9–19 hours per week of therapeutic services** to stabilize symptoms and support recovery. Client does not require a higher level of care and is appropriate for outpatient treatment with intensive structure.

Recommended Services

- Group Therapy (primary modality)
- Individual Therapy
- Case Management
- Family Involvement (if applicable)
- Medication Management (if applicable)
- Peer Support / Recovery Support Services

Signature

Clinician: _____ **Date:** _____

Pro Tip for Audits / Insurance

To strengthen approval:

Tie **Dimension 5 (relapse risk)** + **Dimension 6 (environment)** clearly to need for structure

Use phrases like:

“**Unable to maintain abstinence at a lower level of care**”

“**Requires structured therapeutic milieu to prevent deterioration**”

“**At risk of escalation to higher level of care without intervention**”