

**MID-SOUTH SUBSTANCE ABUSE COMMISSION  
JUSTIFICATION FOR CONTINUATION OF CARE FORM**

CLIENT: \_\_\_\_\_ CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMISSION DATE \_\_\_\_\_ ( ) TWO YEAR JUSTIFICATION ( ) ANNUAL

**DSM-IV DIAGNOSIS (Current)**

AXIS I \_\_\_\_\_ AXIS II \_\_\_\_\_ AXIS III \_\_\_\_\_

AXIS IV \_\_\_\_\_ AXIS V \_\_\_\_\_

Specific Treatment Modalities in OMT \_\_\_\_\_ Frequency of Sessions \_\_\_\_\_  
(Outpatient/Group, Outpatient/Individual, IOP)

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To determine whether a client should continue in methadone treatment, the program physician in cooperation with the clinical staff must use the following ASAM Patient Placement criteria in evaluating the client.

It is appropriate to retain the client at the present level of care if:

1. The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals;

*or*

2. The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals;

*and/or*

3. new problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the client's new problems can be addressed effectively.

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**1. Acute narcotics dependence and/or withdrawal (check at least one):**

\_\_\_\_\_ Continued methadone maintenance is required to prevent relapse to illicit narcotic use.

\_\_\_\_\_ The client needs ongoing medical monitoring and access to medical management.

\_\_\_\_\_ The client is pregnant and detoxification would endanger the client and the pregnancy.

Clinical Impressions:

**2. Biomedical Conditions and Complications (check at least one):**

\_\_\_\_\_ There is a current or chronic illness and opiate addiction problem that requires medical monitoring and management.

\_\_\_\_\_ The client has biomedical problems that can be managed on an outpatient basis, such as liver disease or problems with potential hepatic decompensation, pancreatitis, gastrointestinal problems, cardiovascular disorders, HIV and AIDS, sexually transmitted diseases and tuberculosis.

\_\_\_\_\_ The client has a concurrent biomedical illness or pregnancy which can be treated on an outpatient basis with minimal daily medical monitoring.

Clinical Impressions:

**3. Emotional/Behavioral or Cognitive Conditions and Complications (check at least one):**

\_\_\_\_\_ Client's emotional/behavioral functioning may be jeopardized by discontinuation of methadone maintenance treatment.

\_\_\_\_\_ Client demonstrates the ability to benefit from methadone treatment but may not have achieved significant life changes.

\_\_\_\_\_ Client is making progress toward resolution of an emotional/behavioral problem, but has not sufficiently resolved problems to benefit from a transfer from methadone maintenance to a less intensive level of care.

CLIENT: \_\_\_\_\_ CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

- \_\_\_\_\_ Client's emotional/behavioral disorder continues to distract the client from focusing on treatment goals, however, the client is responding to treatment and it is anticipated that with additional intervention the client will meet treatment objectives.
- \_\_\_\_\_ Client continues to exhibit risk behaviors endangering self or others but the situation is improving.
- \_\_\_\_\_ Client is being detained pending transfer to a more intensive treatment service.
- \_\_\_\_\_ Client has a diagnosed but stable emotional/behavioral or neurological disorder which requires monitoring, management, and/or psychotropic medication due to the client's history of being distracted from recovery and/or treatment.

Clinical Impressions: \_\_\_\_\_

**4. Readiness to change (check at least one):**

- \_\_\_\_\_ Client recognizes the severity of the drug problem, however, the client exhibits little understanding of the detrimental effects of drug use, including alcohol, yet the client is progressing in treatment.
- \_\_\_\_\_ Client recognizes the severity of the addiction and exhibits an understanding of his/her relationship with narcotics, however, the client does not demonstrate behaviors that indicate the client has assumed responsibility necessary to cope with the situation.
- \_\_\_\_\_ Client is becoming aware of responsibility for addressing the narcotic addiction, but still requires current level of treatment and psychotherapy to sustain person responsibility in treatment.
- \_\_\_\_\_ Client has accepted responsibility for addiction and has determined that ongoing methadone treatment is the best strategy for preventing relapse to narcotics dependence.

Clinical Impressions: \_\_\_\_\_

**5. Relapse, Continued Use or Continued Problem Potential (check at least one):**

- \_\_\_\_\_ Due to continued relapse attributable to physiological cravings, the client requires structured outpatient psychotherapy with methadone to promote continued progress and recovery.
- \_\_\_\_\_ Client recognized relapse cues, but has not developed or exhibited coping skills to interrupt, postpone or neutralize gratification or to change impulse control behavior.
- \_\_\_\_\_ Narcotic symptoms are stabilized, but have not been reduced to support successful functioning without structured outpatient treatment.
- \_\_\_\_\_ Pharmacotherapy (methadone) has been effective as an adjunct to psychotherapy and as a strategy used to prevent relapse, however, withdrawal from methadone is likely to lead to recurrence of addiction symptoms and, possibly relapse.

Clinical Impressions: \_\_\_\_\_

**6. Recovery Environment (check at least one):**

- \_\_\_\_\_ Client has not integrated and exhibited coping skills sufficient to survive stressful situations in the work environment, or has not developed vocational alternatives.
- \_\_\_\_\_ Client has not developed coping skills sufficient to successfully deal with a non-supportive family and social support environment or has not developed alternative living support systems.
- \_\_\_\_\_ Client has not integrated and exhibited the socialization skills essential to establishing a supportive family and social support environment.
- \_\_\_\_\_ Client has responded to treatment of psychosocial problems affecting client's social and interpersonal life, however, the client's ability to cope with psychosocial problems would be limited if the client is transferred to a less intensive level of treatment.
- \_\_\_\_\_ Client's social and interpersonal life has not changed or deteriorated, however, the client needs additional treatment to cope with his/her social and interpersonal life or to take steps to secure an alternative environment.
- \_\_\_\_\_ Emotional and behavioral complications of addiction are present, however, the behavioral complications are manageable in a structured outpatient program. The behaviors include, 1) criminal activity involving illicit drugs, 2) victim of abuse or domestic violence, 3) inability to maintain a stable household, including the provision of food, shelter, supervision of children and health care, and 4) inability to secure or retain employment.

Clinical Impressions: \_\_\_\_\_

CLIENT: \_\_\_\_\_ CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

**Status of Treatment Plan:**

**List Treatment Goals and Objectives and indicate Client's progress on each. (Or submit most current treatment plan review with specific progress information noted.)**

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Has the client been consistent with clean urine drug screens? Yes    No

If NO, Explain reason and plan: \_\_\_\_\_

Has the client been consistent with attending treatment sessions? Yes    No

If NO, Explain reason and plan: \_\_\_\_\_

Does the client have any medical conditions that are currently being treated? Yes    No

If YES, Explain: \_\_\_\_\_

Does the client have any ongoing psychiatric conditions that are currently being treated? Yes    No

If YES, Explain: \_\_\_\_\_

CLIENT: \_\_\_\_\_ CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

**Clinical Recommendations: (include any client information that is not covered in this review that must be considered for re-evaluation of medical necessity for continuing methadone dosing.)**

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**Therapist/Counselor's Signature**

**Date**

**Physician's Recommendations: (include any client information that is not covered in this review that must be considered for re-evaluation of medical necessity for continuing methadone dosing.)**

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**Print Physician Name**

**Signature**

**Date**

Form: T100