

AUTHORIZATION REQUEST FOR SUD RESIDENTIAL TREATMENT

To Be Completed by Provider Requesting Residential Treatment Authorization

SEND THIS FORM TO either: utilizationmanagement@acgov.org OR FAX: (888) 860-8068

Requesting Provider: _____

Location of Services: _____

Provider Phone: _____ UM Decision to be Returned to (email/fax): _____

Staff Point of Contact: _____ Telephone: _____ Email: _____

Name of Client: _____

Date of Birth: _____ (MM/DD/YY) InSyst ID # _____

Alameda County Resident: Yes No Medi-Cal: Yes No Medi-Cal County: _____

Adolescent (under 21): Yes No

PERINATAL/PARENTING PROGRAM ONLY:

Perinatal (Pregnant or 60 days Postpartum) End of Pregnancy Date if known: _____ (MM/DD/YY)

Parenting (Child is younger than 60 days.)

Individual's Current Level of Care:	ASAM 3.1	ASAM 3.3	ASAM 3.5
Level of Care Being Requested:	ASAM 3.1	ASAM 3.3	ASAM 3.5

Authorization Request Start Date: _____ Admission Date: _____

If there is a Break in Service Date(s) after admission: From _____ to _____ (MM/DD/YY) to (MM/DD/YY)

Total # of days without services: _____ days

Reason for Break in Service: (e.g. day pass, transfer to medical, etc.)

Must Specify Number of Days Requested: _____ (Maximum of 30 days for each authorization)

IF THIS REQUEST IS THE FIRST AUTHORIZATION REQUEST FOR UP TO 30 DAYS, PLEASE **STOP** HERE.

THE REMAINDER OF THIS FORM IS FOR CONTINUATION AUTHORIZATIONS ONLY
(THOSE AFTER THE FIRST 30 DAYS OF TREATMENT)

Please send this form at least five calendar days before the expiration of the current authorization.

Has a new ASAM been completed for this client within the last 7 calendar days? YES NO

- If yes, then please skip Dimensions 1 - 5 and only complete Dimension 6.
- If no, please complete Dimension 1 through Dimension 6 on the following pages.

Please check the appropriate box(es) in each dimension that reflects the beneficiary's current level of functioning:

DIMENSION 1. Current Acute Intoxication and/or Withdrawal Potential

The individual is functioning well with good ability to tolerate and cope with any withdrawal discomfort. (0)

The individual is receiving Medication Assisted Therapy and can tolerate and cope with any issues regarding its administration and/or side effects. (1)

The individual is experiencing severe signs of withdrawal despite detoxification. (3)

Please provide any relevant details:

DIMENSION 2. Current Biomedical Conditions/Complications

The individual can cope with physical discomfort and is able to get the physical health services that she/he needs. (1)

The individual has had an increase in physical health symptoms since admission to residential. (2,3) If so, provide details below.

The individual tolerates and copes poorly with physical problems or has poor general health. (3)

The individual has been unable to fully participate in treatment due to severe physical health problems. (4)

Please provide any relevant details:

DIMENSION 3. Current Emotional/Behavioral/Cognitive Conditions/Complications

The individual has a mental health diagnosis and is stable and functions well in most life areas. (if on medication, he or she is taking medications as prescribed). (1)

The individual presents a mild/moderate risk of harm to self or others without means or displays symptoms of emotional, behavioral, or cognitive problems. (2)

The individual’s behavioral and cognitive symptoms distract from recovery efforts, but they can participate in treatment activities. (3)

The individual has had thoughts of suicide or harm to others without plan and these thoughts interfere with their ability to participate in treatment. (3)

The individual has a severe lack of impulse control and coping skills and/or frequent thoughts of SI/HI including plan/means to carry it out. (4)

The individual has severe symptoms of emotional, behavioral, or cognitive problems that interfere with their ability to participate in treatment activities. (4)

Please provide any relevant details:

DIMENSION 4. Current Readiness to Change

The individual is cooperative, motivated, is committed to change and is engaged in treatment. (0,1)

The individual is motivated but requires active reinforcement and is still ambivalent about need for change. (2)

The individual exhibits inconsistent follow through and shows minimal awareness of need for change. (3)

The individual is non-compliant with treatment and is not willing to explore change and is in denial of substance use disorder. (4)

The individual is dangerously oppositional to the extent that he/she is a threat of imminent harm to self and others. (4)

Please provide any relevant details:

DIMENSION 5. Current Relapse/Continued Use/Continued Problem Potential

The individual is experiencing moderate craving but is able to resist with support. (2)

The individual has poor skills to cope with and interrupt addiction problems or to avoid or limit relapse. (3)

The individual is unwilling and/or ambivalent to create a continued use prevention plan. (3,4)

The individual has had a recent relapse but has reengaged in treatment. (3,4)

The individual is experiencing severe craving with no ability to resist. (4)

The individual is likely to continue to use AND has active, acute symptoms in an imminently dangerous manner, without continued containment. (4)

Please provide any relevant details:

DIMENSION 6: Current Plan for Discharge/Planned Recovery Environment

Please describe the discharge plan that the treatment team has made with this individual including plans for continued treatment, housing and other supports to maintain wellness.

What **specific indicators** will demonstrate that this person is ready to transition to a lower level of care in the future?

When is the anticipated date for discharge to a lower level of care?

Within 30 days? Beyond 30 days? Date: _____

If the individual has **legal issues** or is currently involved in the legal system, are they actively engaged in resolving these issues while in treatment? Yes No N/A

If the discharge plan is for the individual to discharge to a **Recovery/Sober Living Residence**, has contact been made to link the individual to the Sober Living residence when a bed is available? Yes No N/A

If the discharge plan is for the individual to move back **home or to a family/friend's home**, have these individuals been included in treatment planning and are learning how to best support the individual's recovery? Yes No N/A

ANTICIPATED REFERRALS:

Community Support Group	Criminal Justice	Housing/Shelter
Primary Care/Medical	Dental	Job Skills/Employment
Education	Vocational/Pre-Vocational	Other Social Services (211)
Mental Health Referral (ACCESS)	Other _____	