

Addictive and Mental Disorders Division

Substance Use Disorder (SUD) Prior Authorization Request Form for Residential and Inpatient Services

Refer to the AMDD Medicaid Services Provider Manual for SUD and Adult Mental Health for information pertaining to Utilization Management process and requirements. Information must be typed and handwritten documents will not be accepted.

ASAM Recommended Level of Care

ASAM 3.1 (Complete Pages 1&2 and Form 3.1) ASAM 3.5 (Complete Pages 1&2 and Form 3.5) ASAM 3.7 (Complete Pages 1&2 and Form 3.7)

This worksheet must be completed and signed by a Licensed Behavioral Health Professional (Licensed Addictions Counselor (LAC) or other Mental Health Professional with SUD in their scope) except for ASAM 3.7 which must be completed and signed by a Licensed Physician, Physician’s Assistant, or Nurse Practitioner. Information must be **typed** and handwritten documents will not be accepted.

Demographics			
Member Name:	<u>Enter text.</u>	Birthdate:	<u>Enter text.</u> Medicaid # <u>Enter text.</u>
Address:	<u>Enter text.</u>	City:	<u>Enter text.</u> Zip: <u>Enter text.</u>
Email:	<u>Enter text.</u>	Phone:	<u>Enter text.</u> Social Security #: <u>Enter text.</u>
Does member have a legal guardian/power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guardian Name:	<u>Enter text.</u>	Relationship to member:	<u>Enter text.</u>
Address:	<u>Enter text.</u>	City:	<u>Enter text.</u> Zip: <u>Enter text.</u>
Phone:	<u>Enter text.</u>	Cell	<u>Enter text.</u>
Professional Completing Form:	<u>Enter text.</u>	Credentials:	<u>Enter text.</u> Phone: <u>Enter text.</u> Date: <u>Enter text.</u>
Agency Name & NPI:	<u>Enter text.</u>	Fax:	<u>Enter text.</u>
Requested Start Date:	<u>Enter text.</u>	Projected Discharge Date:	<u>Enter text.</u>
Primary & Subsequent ICD-10 Diagnosis Code (up to 5): <u>Enter text.</u>			
Licensed Professional Signature:	<u>Enter text.</u>	Credentials:	<u>Enter text.</u> Date: <u>Enter text.</u>

Form 3.1 – Clinically Managed Low-Intensity Residential Prior Authorization

This form is used to assign a risk rating and admission criteria. The score given in each dimension should be independent of the other dimensions. Documentation for Prior Authorization Review must be received no earlier than 5 working days prior to the start date of treatment services.

Requested Service Type:

Adult - Assessed as meeting specifications in each of the six dimensions (At least two Moderate ratings in Dimensions 4, 5, or 6)

Adolescent - Assessed as meeting specifications in at least two of the six dimensions (At least two Moderate ratings in Dimensions 3, 4, 5, or 6)

The following documents must be attached to the completed form: Biopsychosocial Assessment.

Submit completed pages 1&2, Form 3.1, and required attachments to:

Telligen

Fax: 1-833-574-0650

OR create request using Telligen Qualitrac.

DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.

Phone: 800-219-7035

Risk Rating Criteria (Use on Risk Rate 0-4 tables below)

4 – Severe Risk - Indicates issues of utmost severity. The member would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".

3 – Significant Risk - Indicates a serious issue or difficulty coping within a given dimension. A member presenting at this level of risk may be considered in or near "imminent danger".

2 – Moderate Risk - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

1 – Mild Risk - Indicates a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.

0 – Minimal or No Risk - Indicates a non-issue or very low-risk issue. The member would present no current risk and any chronic issues would be mostly or entirely stabilized.

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations - <i>Check all that apply</i>
1	Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.					
2	Biomedical Conditions and Complications	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.					
3	Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.					

4	Readiness to Change	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.					
5	Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.					
6	Recovery Environment	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.					

This section is used to document clinical rationale in each dimension for admission to the requested level of care.

Substance Use Disorder (SUD) Admission	
Dimension 1 – Acute intoxication and or Withdrawal Potential	Enter text.
Dimension 2 – Biomedical Conditions and Complications	Enter text.
Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications	Enter text.
Dimension 4 – Readiness to Change	Enter text.
Dimension 5 – Relapse, Continued Use, or Continued Problem Potential	Enter text.
Dimension 6 – Recovery Environment	Enter text.

Form 3.5 – Clinically Managed High-Intensity Residential (Adult) / Clinically Managed Medium-Intensity Residential (Adolescent) Prior Authorization

This form is used to assign a risk rating and admission criteria. The score given in each dimension should be independent of the other dimensions. Documentation for Prior Authorization Review must be received no earlier than 5 working days prior to start date of treatment service.

Requested Service Type:

- Adult – Assessed as meeting specifications in each of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)

- Adolescent - Assessed as meeting specifications in at least two of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)

The following documents must be attached to the completed form: Biopsychosocial Assessment

Submit completed pages 1&2, Form 3.5, and required attachments to:

Telligen

Fax: 1-833-574-0650

OR create request using Telligen Qualitrac.

DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.

Phone: 800-219-7035

Risk Rating Criteria (Use on Risk Rate 0-4 tables below)

4 – Severe Risk - Indicates issues of utmost severity. The member would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".

3 – Significant Risk - Indicates a serious issue or difficulty coping within a given dimension. A member presenting at this level of risk may be considered in or near "imminent danger".

2 – Moderate Risk - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

1 – Mild Risk - Indicates a **mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.**

0 – Minimal or No Risk - Indicates a **non-issue** or very low-risk issue. The member would present no current risk and any chronic issues would be mostly or entirely stabilized.

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations - <i>Check all that apply</i>
1	Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.					
2	Biomedical Conditions and Complications	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.					
3	Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.					

4	Readiness to Change	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.					
5	Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.					
6	Recovery Environment	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.					

This section is used to document clinical rationale in each dimension for continued service at the current level of care.

Dimensions for Continued Service at the Current Level of Care	
Dimension 1 – Acute intoxication and or Withdrawal Potential	Enter text.
Dimension 2 – Biomedical Conditions and Complications	Enter text.
Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications	Enter text.
Dimension 4 – Readiness to Change	Enter text.
Dimension 5 – Relapse, Continued Use, or Continued Problem Potential	Enter text.
Dimension 6 – Recovery Environment	Enter text.

Form 3.7 – Medically Monitored Intensive Inpatient (Adult) / Medically Monitored High-Intensity Inpatient (Adolescent) Prior Authorization

Admit Date: _____ Enter text. **Admit Time:** _____ Enter text.

This form is used to assign a risk rating and admission criteria. The score given in each dimension should be independent of the other dimensions. Documentation must be received within 36 hours of admissions to treatment service.

Requested Service Type:

Adult – Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Significant rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6) and requires medically monitored inpatient treatment.

Adolescent - Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Significant rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6) and requires medically monitored inpatient treatment.

The following documents must be attached to the completed form: Biopsychosocial Assessment and Physical Exam

The provider must indicate the result of the urine Dip Strip test in Dimension 1 on pg. 14. The provider may submit current labs (Urine Screen, Complete Blood Count, and Complete Metabolic Panel) in lieu of the Dip Strip results.

Submit completed pages 1&2, Form 3.7 and required attachments to:

Telligen

Fax: 1-833-574-0650

OR create request using Telligen Qualitrac.

DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.

Phone: 800-219-7035

Risk Rating Criteria (Use on Risk Rate 0-4 tables below)

4 – Severe Risk - Indicates issues of utmost severity. The member would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".

3 – Significant Risk - Indicates a serious issue or difficulty coping within a given dimension. A member presenting at this level of risk may be considered in or near "imminent danger".

2 – Moderate Risk - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.

1 – Mild Risk - Indicates a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.

0 – Minimal or No Risk - Indicates a non-issue or very low-risk issue. The member would present no current risk and any chronic issues would be mostly or entirely stabilized.

Risk Rating (0-4)						
ASAM Dimensions	0	1	2	3	4	Considerations - <i>Check all that apply</i>
1 Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.					
2 Biomedical Conditions and Complications	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.					
3 Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.					

Risk Rating (0-4)							
4	Readiness to Change	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.					
5	Relapse, Continued Use, or Continued Problem Potential	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.					
6	Recovery Environment	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.					

This section is used to document clinical rationale in each dimension for admission to the requested level of care.

Substance Use Disorder (SUD) Admission	
Dimension 1 – Acute intoxication and or Withdrawal Potential	Enter text.
Dimension 2 – Biomedical Conditions and Complications	Enter text.
Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications	Enter text.
Dimension 4 – Readiness to Change	Enter text.
Dimension 5 – Relapse, Continued Use, or Continued Problem Potential	Enter text.
Dimension 6 – Recovery Environment	Enter text.