COLORADO SUD TREATMENT - STANDARD AUTHORIZATION REQUEST FORM

Please complete this form in its entirety to ensure timely and accurate processing.

Today's Date:	☐ In-Network	☐ Out-of-Network	☐ In Person	☐ Telehealth
Member Name:		DOB:	State ID:	
☐ RAE 1	☐ RAE 2	☐ RAE 3	☐ RAE 4	☐ DHMC	☐ PRIME	☐ CHP+
Provider/Facility Name:				
Provider/Facility Address:				
Provider/Facility NPI:		Provider/Facility TIN:		
Requestor's Name:		Phone Number:		
Email:		Fax:		

Level of Care Requested:	
☐ ASAM 2.1 Intensive Outpatient Services	
☐ ASAM 2.5 Partial Hospitalization Program	
☐ ASAM 3.1 Clinically Managed Low-Intensity Residential Services	
☐ ASAM 3.2WM Clinically Managed Residential Withdrawal Management	
☐ ASAM 3.3 Clinically Managed Low-Intensity Residential Services	
☐ ASAM 3.5 Clinically Managed High-Intensity Residential Services	
☐ ASAM 3.7 Medically Monitored Intensive Inpatient Services	
☐ ASAM 3.7WM Medically Monitored Withdrawal Management Services	
☐ Member not admitted yet	☐ Admitted more than 24 hours of this submission
☐ Admitted within 24 hours of this submission	☐ Admitted and already discharged

Admission Date: _____ If Concurrent, what is the last covered day? _____
(date of first service) ** If this is a concurrent request, please make sure to include the updated treatment plan and individualized updates.*

Days/Visits Requested: _____ Start Date: _____ End Date: _____

ICD-10 Diagnosis Codes (BH & SUD): _____

ICD-10 Diagnosis Codes (all others known): _____

☐ **Justice Involved Population** *(Individuals who are under community-based supervision.)*	☐ **Adolescents Special Population** *(Individuals up to age twenty-one.)*	☐ **Special Connections Population** *(if yes – please complete section on page 4)* *Gender-responsive treatment for pregnant and parenting women who are Medicaid eligible in order to maximize the chance of a healthy birth and to provide postpartum treatment services in order to maintain gains made during pregnancy: Only women who were in Special Connections before they delivered are eligible for Special Connections services after they deliver. More information at: https://hcpf.colorado.gov/special-connections*
☐ **Circle Program** *(Comprehensive community-based residential treatment for individuals with co-occurring substance use and mental health disorders.)*	☐ **Older Adult Special Population** *(Typically age sixty-five or older, may have Medicare as primary Insurance.)*	
☐ **Parenting Population** *(Parents receiving addiction treatment concurrently with their children who are not eligible for Special Connections.)*	☐ **On current IC** *(involuntary commitment)* ☐ **On current EC** *(emergency commitment)*	

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SUBSTANCE USE (Select all that apply)					
☐ Alcohol	☐ Barbiturates	☐ Benzodiazepines	☐ Cocaine	☐ LSD	☐ Marijuana
☐ Methamphetamine	☐ Opioids	☐ PCP	☐ Other (please explain):		

Provide the following as applicable:		BAL:	UDS:	CIWA:
COWS:	SEWS:	MINDS:	Pregnant:	Post-Partum:

Vitals (if admitting to 3.2WM, 3.7, & 3.7WM):	Blood pressure:	Pulse:	Oxygen:	Respirations:

Current withdrawal symptoms:				
☐ Abdominal pain	☐ Agitation	☐ Anxiety	☐ Body aches	☐ Cravings
☐ Delirium tremens (or history of DTs)	☐ Diarrhea	☐ Fever	☐ Gooseflesh	☐ Hallucinations
☐ Headache	☐ Irritability	☐ Nausea/vomiting	☐ Runny nose	☐ Seizures (or history of seizures)
☐ Stomach cramps	☐ Tremors	☐ Yawning	☐ Other (please explain):	

CLINICAL INFORMATION: Please complete below and attach clinical note/assessment.

SUD TREATMENT HISTORY Describe other ASAM levels of care utilized in the past 12 months

ASAM Level of Care	Name of Provider	Duration	Approx. Dates	Outcome

MEDICATIONS (including MAT) *(attach additional pages as necessary)* ☐ **N/A** ☐ **Not taking any medications** ☐ **Unable to obtain**

Name of Medication	Medication Start Date	Dosage	Frequency	Prescriber

ASAM ASSESSMENT: Please complete below and attach and supporting clinical note/assessment.

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential

☐	No significant withdrawal risk
☐	Minimal risk of severe withdrawal
☐	Not at risk of withdrawal, or minimal/stable withdrawal symptoms present
☐	Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2WM
☐	Potential for life threatening withdrawal
☐	Life threatening withdrawal symptoms, including potential or actual seizures, delirium tremens, or other imminent adverse reactions

Provide a brief summary of the member's needs/strengths for Dimension 1. For members with an opioid use disorder, please describe the plan to offer medication-assisted treatment (MAT).

** If this is a concurrent request, please make sure to include the updated treatment plan and individualized updates.*

DIMENSION 2: Biomedical Conditions/Complications

☐	No biomedical conditions/complications (or not significant to distract from treatment)
☐	Biomedical conditions/complications are stable, concurrent medical monitoring being received
☐	24-hour medical monitoring (but not intensive treatment) is needed
☐	24-hour medical and nursing care, and the full resources of a licensed hospital are needed

Provide a brief summary of the member's needs/strengths for Dimension 2. Please make sure to include any medical diagnoses and if there are any complications currently being treated?

DIMENSION 3: Emotional/Behavioral/Cognitive Conditions

☐	No emotional, behavioral, or cognitive conditions/complications, or very stable
☐	Mild emotional, behavioral, or cognitive conditions/complications with potential to distract from recovery
☐	Mild or minimal emotional, behavioral, or cognitive conditions/complications that are not distracting to recovery
☐	Mild to moderate emotional, behavioral, or cognitive conditions/complications that require structured interventions to not be a distraction from recovery. Presence of population-specific needs that cannot be met in a lower level of care
☐	Moderate emotional, behavioral, or cognitive conditions/complications that cause repeated inability to control impulses and/or presence of acute symptom instability
☐	Severe emotional, behavioral, or cognitive conditions/complications that require a 24-hour structured and medically monitored setting
☐	Severely unstable emotional, behavioral, or cognitive conditions/complications that require 24-hour psychiatric care in a hospital setting

Provide a brief summary of the member's needs/strengths for Dimension 3.

DIMENSION 4: Readiness to Change

☐	Demonstrated readiness for recovery, requires motivating and monitoring strategies to strengthen readiness
☐	Demonstrated variable engagement in treatment, ambivalence, and/or lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment several times per week to promote change
☐	Demonstrated openness to recovery, but needs a structured environment to maintain therapeutic gains
☐	Demonstrated lack of awareness of need for change due to cognitive limitations and addiction. Requires interventions to engage to stay in treatment
☐	Demonstrated marked difficulty with or opposition to treatment with dangerous consequences
☐	Demonstrated high resistance and poor impulse control despite negative consequences. In need of motivating strategies available only in a 24-hour structured setting

Provide a brief summary of the member's needs/strengths for Dimension 4.

DIMENSION 5: Relapse, Continued Use, or Continued Problem Potential

☐	Minimal support required to control substance use. In need of support to change behaviors
☐	High likelihood of relapse/continued substance use or addictive behaviors. Requires services several times per week
☐	Understanding of relapse and needs structure to maintain therapeutic gains
☐	Low awareness of relapse and needs interventions only available in a population-specific setting to prevent continued substance use because of cognitive deficits or dysfunction
☐	Presence of psychiatric symptoms, cravings, and/or crises that inhibit the ability to control substance use
☐	Inability to control substance use and requires 24-hour supervision to prevent imminent dangerous consequences

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Provide a brief summary of the member's needs/strengths for Dimension 5.

DIMENSION 6: Recovery/Living Environment

☐	Supportive recovery environment and/or adequate skills to cope with stressors
☐	Recovery environment not fully supportive, but able to cope with structure and support
☐	Environment is dangerous, inability to cope outside of a highly structured 24-hour setting
☐	Environment is imminently dangerous, inability to cope outside of a highly structured 24-hour setting

Provide a brief summary of the member's needs/strengths for Dimension 6.

ADDITIONAL CLINICAL INFORMATION (as needed)
If you are an out-of-network Provider, please provide rationale of treatment needs.

SPECIAL CONNECTIONS ONLY

Please provide additional information:

Dimension 1: Is client currently receiving MAT? Is infant in the NICU withdrawing? Are infant's behaviors consistent with substances in the infant's system?
Dimension 2: Pregnancy status (1st, 2nd, 3rd trimester, post- partum). Pre-natal care status. Any complications during birth? Was infant born with any complications?
Dimension 3: Assess ACES from parent's life to gauge parenting ability &/or attachment issues. Assess psychiatric medication need and if meds can be taken during pregnancy. Any perinatal anxiety or depression? How is parent responding to birth of infant?
Dimension 4: Level of preparedness for life/parenting skills to meet needs of infant and all children in mom's custody. Father/partner's engagement in treatment (if using and involved).
Dimension 5: Parent's reaction to parenting while sober (need for coping skills and structure for successful parenting). Children's reaction to parent taking on parenting responsibilities.
Dimension 6: Age, custody status/reunification efforts/living arrangement, level of DHS involvement, behavioral/medical needs for existing children. Safe hope/housing access? Level of partner/family support? Is father/partner involved-level of involvement in infant's life, level of use, history of domestic violence.

Attach additional documentation as necessary.

COMPLETE FORM IN ITS ENTIRETY AND SEND TO MEMBER'S RAE/MCO ALONG WITH SUPPORTING CLINICAL DOCUMENTATION. INCOMPLETE FORMS WILL CAUSE PROCESSING DELAYS.

RAE/MCO	Phone	Fax	Online Submission/Email
Rocky Mountain Health Plans RAE 1, PRIME & CHP+	RAE/PRIME 800-421-6204 CHP+ 877-668-5947	888-240-2689	rmhpbhvm@uhc.com
Northeast Health Partners, RAE 2	800-599-4716	888-240-2686	rmhpbhvm@uhc.com
Colorado Community Health Alliance RAE 3	855-627-4685	844-452-8067	Availity.com
Colorado Access, RAE 4, DHMC & CHP+	800-511-5010	720-744-5130	Behavioral.health@coaccess.com

** If this is a concurrent request, please make sure to include the updated treatment plan and individualized updates.*