

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 3.2WWM 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 3.7WWM 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 <i>(Individuals who are under community-based supervision.)</i>	☐ Adolescents Special Population <i>(Individuals up to age twenty-one.)</i>	☐ Special Connections Population <i>(if yes – please complete section on page 4)</i> <i>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</i>
☐ Circle Program <i>(Comprehensive community-based residential treatment for individuals with co-occurring substance use and mental health disorders.)</i>	☐ Older Adult Special Population <i>(Typically age sixty-five or older, may have Medicare as primary Insurance.)</i>	<i>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</i>
☐ Parenting Population <i>(Parents receiving addiction treatment concurrently with their children who are not eligible for Special Connections.)</i>	☐ On current IC <i>(involuntary commitment)</i> ☐ On current EC <i>(emergency commitment)</i>	

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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).

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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?

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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.

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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.

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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.

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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.

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

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SPECIAL CONNECTIONS ONLYPlease 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	888-240-2689	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