

G: COMPLETE ALL 6 DIMENSIONS OF THE ASAM CRITERIA TO JUSTIFY THE LEVEL OF CARE REQUESTED

Dimension 1: Acute Intoxication and / or Withdrawal Potential	Describe the type and intensity of withdrawal management services needed if applicable. List CIWA and / or COWS / OOWS scores if appropriate. _____ _____ _____ _____
Dimension 2: Biomedical Conditions and Complications	Include any diagnosed medical conditions or diseases. _____ _____ _____ _____
Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications	Include any mental health diagnoses and / or objective assessment tool scores. _____ _____ _____ _____
Dimension 4: Readiness to Change	Include the patient's current stage of change. What level of care is the patient engaging in? _____ _____ _____ _____
Dimension 5: Relapse, Continued Use or Continued Problem Potential	Include the patient's understanding of relapse and his or her knowledge of skills to interrupt relapse or continued use. _____ _____ _____ _____
Dimension 6: Recovery Environment	Include whether or not the patient is engaged in community support groups like AA, NA, Smart Recovery, etc. Describe patient's living environment as well as family / peer relationships. _____ _____ _____ _____

H: DISCHARGE CRITERIA

Identify specific barriers to meeting treatment goals and how those will be addressed.

Instructions for BHCM Extension AODA Treatment Request

- A. MEMBER INFORMATION:** Name **and** Date of Birth are **essential**—please ensure correct spelling and DOB; lack of this identifying information will delay processing.

Member Number: This is the individual's Quartz Insurance ID number. It is okay to leave blank if you don't have this information.

Anticipated Discharge date: Treatment team's current expected discharge date.

- B. TREATING PROVIDER INFORMATION:** This is the name of the provider/facility who is currently providing services and requesting additional authorization. Please provide contact name, phone number, **and** fax number of the person submitting the request.
- C. TYPE OF SERVICE BEING REQUESTED:** Identify current level of care requiring additional authorization.

D. SERVICE INFORMATION

Number of Visits/Days Requested: This identifies how many additional visits or days of treatment are being requested.

Begin/End Date of Requested Service: This identifies the dates of services you are requesting to be covered in this current request.

- E. DSM-5/ICD-10 CODES AND DESCRIPTION:** Provide specific code as well as any subtypes and/or specifiers.
- F. BRIEF TREATMENT SUMMARY and INTERVENTIONS USED:** Do **NOT** include the entire chart. This should be a summary of how the patient is progressing and what treatment interventions are being utilized. Specific examples of symptoms and situations are helpful.
- G. ASAM CRITERIA:** For each dimension, identify the severity of risk and the least restrictive level of care indicated.

Dimension 1: What are the current symptoms of withdrawal. Include all scores from withdrawal rating scales if applicable.

Dimension 2: Are there current physical illnesses or chronic conditions that need to be stabilized and/or addressed prior to discharge from this level of care? Does any condition impact the member's past or current substance use?

Dimension 3: Are there any mental health diagnoses or symptoms that need to be stabilized and/or addressed prior to discharge from this level of care? Describe current coping skills related to emotional issues and any changes since being at this level of care.

Dimension 4: How has level of motivation changed since participating in treatment and what needs to be addressed prior to discharge from this level of care? What is member's level of awareness regarding their relationship to substance use and impact on their life?

Dimension 5: What issues related to relapse, triggers, and recovery skills need to be addressed prior to discharge from this level of care? What are current concerns for relapse?

Dimension 6: Do any family members/significant others or school/work situations pose a threat to member's safety or continuing treatment and recovery? What is the current level of sober support? What is the planned living situation upon discharge?

H. DISCHARGE CRITERIA: Please be specific in providing criteria specific to the individual. Criteria should be measurable and objective.