Substance Use Disorder Waiver Form
Service Authorization Review
ASAM Levels 3.1/3.3/3.5/3.7/OP

☐ **Initial Request** ☐ **Extension Request** ☐ **Discharge**

Fax Form to Respective Health Plan Using Contact Information Below
PLEASE TYPE INFORMATION IN THIS FORM – MUST BE COMPLETED BY CREDENTIALED ADDICTION TREATMENT PROFESSIONAL Supporting clinical information may be documented on last page or attached to this form
For request to transition level of care, please treat as Initial Request

MEMBER INFORMATION		
Today's Date:	Admit Date:	
First Name:	Last Name:	
Member ID:		
Address:		
City:	State:	Zip:
Phone:	Date of Birth:	
Parent/Guardian Name:	Phone:	
Does the member have additional health insurance?	Yes ☐ No ☐	
If yes, please provide additional information:		

PROVIDER INFORMATION		
EPISODE OF CARE ☐	**COURT ORDER** ☐	**If this is a court ordered request, please include a copy of the court order with the request.**

REFERRING PROVIDER		
Name:	Specialty:	
NPI:	TIN:	
Office Contact Name:		
Phone:	Fax:	
Address:		
City:	State:	Zip:

SERVICING PROVIDER		
Name:	Specialty:	
NPI:	TIN:	
Office Contact Name:		
Phone:	Fax:	
Address:		
City:	State:	Zip:

SERVICING FACILITY		
Name:	Specialty:	
NPI:	TIN:	
Office Contact Name:		
Phone:	Fax:	
Address:		
City:	State:	Zip:
Discharge Planner Name:	Phone:	

ICD-10 DIAGNOSIS CODE(S) (Enter primary and any applicable co-occurring ICD-10 diagnosis codes)		
1.	3.	5.
2.	4.	6.

PLACE OF SERVICE		
Licensed Behavioral Health Center: ☐	Residential Substance Abuse: ☐	Opioid Treatment Program (OTP): ☐
Other: ☐		

TYPES OF SERVICE OR TREATMENT (Please submit all appropriate clinical information, provider contact information and any other required documents with this form to support your request. If this is a court-ordered request, please include a copy of the court order with the request)		
Outpatient: ☐	Substance Abuse Rehabilitation: ☐	Intensive Outpatient Service: ☐
Partial Hospitalization Program: ☐	Other: ☐	

ASAM LEVELS

	ASAM LOC	DESCRIPTION	CODE	UNITS/DAYS REQUESTED
☐	3.7	Residential Adult Services ASAM Level 3.7	H2036 U7 HF	
☐	3.5	Residential Adult Services ASAM Level 3.5	H2036 U5 HF	
☐	3.3	Residential Adult Services ASAM Level 3.3	H2036 U3 HF	
☐	3.1	Residential Adult Services ASAM Level 3.1	H2036 U1 HF	
☐	OP	Peer Recovery Support Specialist Services	H0038	
☐	OP	Methadone Medication Assisted Treatment (MAT)	H0020	
☐				
☐				

SUBSTANCE USE DISORDER TREATMENT HISTORY (Describe other ASAM Levels of Care utilized in past 12 months or attach clinical note)				
ASAM Level of Care	Name of Provider	Duration	Approximate Dates	Outcome

MEDICATION Please list medications, start date, dosage, frequency and prescriber below (or attach medication list)				
Name of Medication	Start Date	Dosage	Frequency	Prescriber

ASSESSMENT AND SCORING
Please complete ratings section below using ASAM risk rating:

0- **No risk or stable**: Current risk absent. Any acute or chronic problem mostly stabilized.
1- **Mild:** Minimal current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored withminimal difficulty.
2- **Moderate:** Moderate difficulty or impairment. Moderate signs and symptoms. Some difficult coping or understanding but able to function with clinical and other support services andassistance.
3- **Significant:** Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinicalsupport.
4- **Severe:** Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poorability to tolerate and cope with problems. Is in imminent danger.

DIMENSION 1 | Acute Intoxication and/or Withdrawal Potential	
☐	No withdrawal
☐	Moderate withdrawal symptoms not requiring 24-hour intensive or acute hospital setting
☐	Patient has the potential for life threatening withdrawal
☐	Patient has life threatening withdrawal symptoms, possible or experiencing seizures or Delirium Tremens (DT's) or other adverse reactions are imminent
Provide brief summary of the member's needs/strengths for Dimension 1 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
ASAM Level Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	

DIMENSION 2 | Biomedical Conditions/Complications	
☐	None or not sufficient to distract from treatment
☐	None/stable or receiving concurrent treatment – moderate stability
☐	Severe instability requires 24-hour medical care in licensed medical facility. May be the result of life-threatening withdrawal or other co-morbidity
Provide brief summary of the member's needs/strengths for Dimension 2 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
ASAM Level Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	

DIMENSION 3 | Emotional/Behavioral/Cognitive Conditions	
☐	None or very stable
☐	Needs structure to focus on recovery as these conditions can distract from recovery efforts
☐	Moderate stability, cognitive deficits, impulsive or unstable MH issues
☐	Severe EBC. Requires acute level of care. Exhibits life-threatening symptoms (posing imminent danger to self/others)
☐	Severe instability, high safety risk, very unstable may be related to substance use in addition to substance requires 24-hour psychiatric care
Provide brief summary of the member's needs/strengths for Dimension 3 (OR ATTACH CLINICAL NOTES WITH ASAM ASSESSMENTS):	
ASAM LEVEL Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments)	

DIMENSION 4 | Readiness to Change	
☐	Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management
☐	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment several times per week to promote change
☐	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment almost daily to promote change.
☐	Has marked difficulty with treatment or opposition due to functional issues or ongoing dangerous consequences
☐	Poor impulse control, continues to use substance despite severe negative consequences (medical, physical or situational) and requires 24-hour structured setting
Provide brief summary of the member's needs/strengths for Dimension 4 (OR ATTACH CLINCIAL NOTES WITH ASAM ASSESSMENT):	
ASAM Level Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments)	

DIMENSION 5 | Relapse, Continued Use or Continued Problem Potential	
☐	Minimal support required to control use, needs support to change behaviors
☐	High likelihood of relapse/continued use or addictive behaviors, requires services several times per week
☐	Intensification of addiction and/or mental health issues and has not responded to active treatment provided in a lower level of care. High likelihood of relapse, requires treatment almost daily to promote change
☐	Does not recognize the severity of treatment issues, has cognitive and functional deficits
☐	Unable to control use, requires 24-hour supervision, imminent dangerous consequences
Provide brief summary of the member's needs/strengths for Dimension 5 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
ASAM Level Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	

DIMENSION 6 | Recovery/Living Environment	
☐	Supportive recovery environment and patient skills to cope with stressors
☐	Not a fully supportive environment but patient has some skill to cope
☐	Not a supportive environment but can find outside supportive environment
☐	Environment is dangerous, patient needs 24-hour structure to learn to cope
☐	Environment is imminently dangerous; patient lacks skills to cope outside of a highly structured environment
Provide brief summary of the member's needs/strengths for Dimension 5 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT):	
ASAM Level Score as defined above: (0-4)	
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	

DOCUMENT THE FOLLOWING IN THE BOXES BELOW
SUPPORTING CLINICAL INFORMATION MAY BE ATTACHED TO THIS FORM

Please use SMART Goals: **S - Specific, M - Measurable, A - Achievable, R - Relevant, T - TimeBound**

1. List current SMART goals.

2. Describe how the member is progressing under the current treatment plan.

3. Document the revised treatment goals.

4. Discharge.
Barriers to discharge:
Estimated discharge date:
Follow Up Appointment (Date, Time & Location):
Address the member was discharged to and phone number:

SIGNATURE OF ADDICTION TREATMENT PROFESSIONAL COMPLETING THE FORM	
Name (print):	
Signature/Credential:	**Date:**

PLEASE SEND FORM TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW FOLLOWING THE TIME FRAME REQUIREMENTS IN THE ARTS PROVIDER MANUAL.

CONTACT INFORMATION		
Managed Care Organization	**Phone Number**	**Fax Number**
Aetna Better Health of West Virginia	(888) 348-2922	(866) 366-7008
The Health Plan	(800) 624-6961	(866) 616-6255
UniCare Health Plan of West Virginia	(866) 655-7423	**(Inpatient)** (855) 325-5556 **(Outpatient)** (855) 325-5557