



A UnitedHealthcare Company

COLORADO STANDARD PRIOR AUTHORIZATION REQUEST FORM- SUD TREATMENT

Member Name: _____ DOB: _____

State ID: _____ RAE 1 RAE 2 RAE 3 RAE 4 RAE 5
RAE 6 RAE 7 DHMC CHP

Provider/Facility Name: _____ Today's Date: _____

Provider/Facility NPI: _____

Requestor's Name: _____ Phone Number: _____

Email: _____ Fax: _____

Level of Care Requested:

- ASAM 2.1 Intensive Outpatient Services
- 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 within 24 hours of this submission
- Admitted more than 24 hours of this submission
- Admitted and already discharged

Service Start Date: _____ # Days/Visits Requested: _____

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

- Special Connections case*
- Circle Program*

- On current involuntary commitment (IC)*
- On current emergency commitment (EC)*

SUBSTANCE USE			
Select all that apply			
<input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cocaine <input type="checkbox"/> LSD	<input type="checkbox"/> Marijuana <input type="checkbox"/> Meth <input type="checkbox"/> Opioids <input type="checkbox"/> PCP <input type="checkbox"/> Other:	<p style="text-align: center;"><i>As applicable</i></p> BAL: _____ UDS: _____ CIWA: _____ COWS: _____ SEWS: _____ MINDS: _____	<p>Current withdrawal symptoms:</p> <input type="checkbox"/> Headache <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Seizures (or history of seizures) <input type="checkbox"/> Delirium tremens (or history of DTs) <input type="checkbox"/> Body aches <input type="checkbox"/> Stomach cramps <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Tremors <input type="checkbox"/> Fever <input type="checkbox"/> Hallucinations <input type="checkbox"/> Cravings <input type="checkbox"/> Other:
		<p>Vitals (if admitting to 3.2WM, 3.7, & 3.7WM):</p> Blood pressure: _____ Pulse: _____ Oxygen: _____ Respiration: _____	<input type="checkbox"/> Gooseflesh <input type="checkbox"/> Agitation <input type="checkbox"/> Anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> Yawning <input type="checkbox"/> Runny nose

CLINICAL INFORMATION: Please complete below or attach in 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)			
<input type="checkbox"/> N/A <input type="checkbox"/> Unable to obtain			
Name of Medication	Dosage	Frequency	Prescriber

ASAM ASSESSMENT: Please complete below or attach in clinical note/assessment.

DIMENSION 1: Acute Intoxication and/or Withdrawal Potential	
<input type="checkbox"/>	No significant withdrawal risk
<input type="checkbox"/>	Minimal risk of severe withdrawal
<input type="checkbox"/>	Not at risk of withdrawal, or minimal/stable withdrawal symptoms present
<input type="checkbox"/>	Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2WM
<input type="checkbox"/>	Potential for life threatening withdrawal
<input type="checkbox"/>	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).	

DIMENSION 2: Biomedical Conditions/Complications	
<input type="checkbox"/>	No biomedical conditions/complications (or not significant to distract from treatment)
<input type="checkbox"/>	Biomedical conditions/complications are stable, concurrent medical monitoring being received
<input type="checkbox"/>	24-hour medical monitoring (but not intensive treatment) is needed
<input type="checkbox"/>	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.	

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

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

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.

OPTIONAL: ADDITIONAL CLINICAL INFORMATION

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 home/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 ALONG WITH SUPPORTING CLINICAL DOCUMENTATION. INCOMPLETE FORMS WILL CAUSE PROCESSING DELAYS.

RAE	Phone	Fax	Online Submission/Email
Rocky Mountain Health Plans (RAE 1)	970-243-7050	970-257-3986	BHVM@RMHP.org
Northeast Health Partners (RAE 2 Beacon)	888-502-4185	719-538-1439	
Health Colorado (RAE 4 Beacon)	888-502-4189	719-538-1439	healthcolorado@beaconhealthoptions.com
Colorado Access (RAE 3, 5, & DHMC)	800-511-5010	720-744-5130	Behavioral.health@coaccess.com
CCHA (RAE 6 & 7)	855-627-4685	844-452-8067	Availity.com