**SUD Residential Authorization Request**

**Type of Request: Initial**  **Continuing**  **Extension**  **LOC Change**

**Requested Authorization Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level of Care Requested: 3.1**  **3.5**

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| --- | --- | --- | --- | --- |
| First Name: Last Name: DOB: Age: | | | | |
| Gender Identity: Male  Female  Other  Unknown | | | Mailing Address: | |
| Medi-Cal or Social Security #:  (Required at Initial or as changes occur) | | |
| Other Health Coverage: | | | Referral Source: | |
| Currently Pregnant? N/A  Yes  No  If Yes, due date: | | | | |
| Substance: | # of Days Used  in Past 30 Days: | Date of Last Use: | | If date of last use is more than 7 days, how was the client able to remain abstinent? |
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| **Primary SUD Diagnosis:** | | | | |

**ASAM DIMENSION, SCORE, EXPLANATION**

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| **DIMENSION 1**  Acute Intoxication and/or Withdrawal Potential | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe | **Comments (optional):** |
| **DIMENSION 2**  Biomedical Conditions and Complications | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe | **Comments (optional):** |
| **DIMENSION 3**  Emotional, Behavioral, or Cognitive Conditions and Complications | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe |  |
| 1. In last 30 days, mental health symptoms and frequency: | | | | | | | |
| 1. History of SI/HI:   Yes  No | | 1. History of psychiatric hospitalization or mental health treatment?   Yes  No | | | 1. History of physical aggression/risky behaviors?   Yes  No | | |
| **Explain Dimension Scoring:** | | | | | | | |
| **DIMENSION 4**  Readiness to Change | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe |  |
| 1. Client wants treatment: Yes  No | | | | | 1. History of trying to stop drinking/using: Yes  No | | |
| 1. Does client want to quit or cut back on alcohol and other drug use? Yes  No | | | | | | | |
| **Explain Dimension Scoring:** | | | | | | | |
| **DIMENSION 5**  Relapse, Continued Use, or Continued Problem Potential | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe |  |
| 1. Longest period of abstinence:   None  Days  Weeks  Months  Years | | | | | 1. Client can identify substance use triggers: Yes  No | | |
| 1. Client has effective coping skills: Yes  No | | | | | 1. Client has a relapse prevention plan: Yes  No | | |
| **Explain Dimension Scoring:** | | | | | | | |
| **DIMENSION 6**  Recovery/Living Environment | 0  None | | 1  Mild | 2  Moderate | 3  Significant | 4  Severe |  |
| 1. Client has stable housing: Yes  No | | | | | 1. Client lives in an environment where others are regularly using drugs or alcohol: Yes  No | | |
| 1. History of alcohol or other drug use creating situations that are dangerous for client/threatening to others: Yes  No | | | | | | | |
| **Explain Dimension Scoring:** | | | | | | | |

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| Name of Staff Completing Form and Credential: | Date Staff Completed Form: |
| LPHA Name and if Applicable Signature: | Date LPHA Completed or was Consulted: |