

SUD Residential Authorization Request

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

Requested Authorization Start Date: _____

Level of Care Requested: 3.1 ☐ 3.5 ☐

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?		
Primary SUD Diagnosis:					

ASAM DIMENSION, SCORE, EXPLANATION

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:

2. History of SI/HI: Yes ☐ No ☐	3. History of psychiatric hospitalization or mental health treatment? Yes ☐ No ☐	4. History of physical aggression/risky behaviors? Yes ☐ No ☐
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Explain Dimension Scoring:

DIMENSION 4 Readiness to Change	<input style="width: 30px; height: 30px;" type="checkbox"/> 0 None	<input style="width: 30px; height: 30px;" type="checkbox"/> 1 Mild	<input style="width: 30px; height: 30px;" type="checkbox"/> 2 Moderate	<input style="width: 30px; height: 30px;" type="checkbox"/> 3 Significant	<input style="width: 30px; height: 30px;" type="checkbox"/> 4 Severe	
1. Client wants treatment: Yes ☐ No ☐			2. History of trying to stop drinking/using: Yes ☐ No ☐			
3. 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	<input style="width: 30px; height: 30px;" type="checkbox"/> 0 None	<input style="width: 30px; height: 30px;" type="checkbox"/> 1 Mild	<input style="width: 30px; height: 30px;" type="checkbox"/> 2 Moderate	<input style="width: 30px; height: 30px;" type="checkbox"/> 3 Significant	<input style="width: 30px; height: 30px;" type="checkbox"/> 4 Severe	
1. Longest period of abstinence: None ☐ Days ☐ Weeks ☐ Months ☐ Years ☐			2. Client can identify substance use triggers: Yes ☐ No ☐			
3. Client has effective coping skills: Yes ☐ No ☐			4. Client has a relapse prevention plan: Yes ☐ No ☐			
Explain Dimension Scoring:						
DIMENSION 6 Recovery/Living Environment	<input style="width: 30px; height: 30px;" type="checkbox"/> 0 None	<input style="width: 30px; height: 30px;" type="checkbox"/> 1 Mild	<input style="width: 30px; height: 30px;" type="checkbox"/> 2 Moderate	<input style="width: 30px; height: 30px;" type="checkbox"/> 3 Significant	<input style="width: 30px; height: 30px;" type="checkbox"/> 4 Severe	
1. Client has stable housing: Yes ☐ No ☐			2. Client lives in an environment where others are regularly using drugs or alcohol: Yes ☐ No ☐			
3. History of alcohol or other drug use creating situations that are dangerous for client/threatening to others: Yes ☐ No ☐						
Explain Dimension Scoring:						
Name of Staff Completing Form and Credential:			Date Staff Completed Form:			
LPHA Name and if Applicable Signature:			Date LPHA Completed or was Consulted:			