**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?  |
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| **Primary SUD Diagnosis:** |

**ASAM DIMENSION, SCORE, EXPLANATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DIMENSION 1**Acute Intoxication and/or Withdrawal Potential | 0None | 1Mild | 2Moderate | 3Significant | 4Severe | **Comments (optional):** |
| **DIMENSION 2**Biomedical Conditions and Complications  | 0None | 1Mild | 2Moderate | 3Significant | 4Severe | **Comments (optional):** |
| **DIMENSION 3**Emotional, Behavioral, or Cognitive Conditions and Complications  | 0None | 1Mild | 2Moderate | 3Significant | 4Severe |  |
| 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 | 0None | 1Mild | 2Moderate | 3Significant | 4Severe |  |
| 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 | 0None | 1Mild | 2Moderate | 3Significant | 4Severe |  |
| 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 | 0None | 1Mild | 2Moderate | 3Significant | 4Severe |  |
| 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:** |

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