

Group Health Cooperative of South Central Wisconsin

Accredited by the National Committee for Quality Assurance-NCQA

Request for Substance Use Disorder Services Form (BH104)

Fax to GHC-SCW Care Management at (608) 831-6099

Member Name: _____ DOB: _____

Date of Request: _____ GHC-SCW Member # _____

ICD10 Code/DSM-5 Diagnosis: _____

Treating Provider/Agency: _____

Treatment Summary (please comment on client's progress toward treatment plan goals, any current psychiatric concerns, and all urine drug screen results since last report. Comment on interventions used, what is working, what adjustments you will be making in your approach, if needed, and the goal for this next period of treatment.)

American Society of Addiction Medicine Criteria

Placement Decision: Indicate for each dimension, the least intensive level of care consistent with sound clinical judgment and based on the client's functioning, severity of condition, and service needs. Select the ASAM level that offers the most appropriate level of care that can provide the service intensity needed to address the client's current functioning/severity. Please make criteria/symptoms listed objective, measurable, and quantifiable.

Dimension 1- Alcohol Intoxication and /or Withdrawal Potential Identify the criteria and symptoms which support the recommended ASAM level or care (Please list CIWA and COWS scores if appropriate).

Dimension 2- Biomedical Conditions and Complications Identify the criteria and symptoms which support the recommended ASAM level or care (included any diagnosed medical conditions or disease).

Dimension 3- Emotional, Behavioral or Cognitive Conditions and Complications Identify the criteria and symptoms which support the recommended ASAM level or care.

Dimension 4- Readiness to Change Identify the criteria and symptoms which support the recommended ASAM level or care (include the stage of change client is in).

Dimension 5- Relapse, Continued Use or Continued Problem Potential Identify the criteria and symptoms which support the recommended ASAM level or care.

Dimension 6- Recovery Environment Identify the criteria and symptoms which support the recommended ASAM level or care (include whether or not the client is engaged in community self-help groups like AA, NA, Smart Recovery).

ASAM Levels at this time. Circle the recommended ASAM Level of Care on all 6 dimensions

American Society of Addiction Medicine Level of Care Placement				Circle level in each category			
Dimension	Intoxication- Withdrawal	Biomedical	Emotional- Behavioral	Tx Acceptance- Resistance	Relapse Potential	Recovery Environment	
Level	I II III IV OTP	I II III IV OTP	I II III IV OTP	I II III IV OTP	I II III IV OTP	I II III IV OTP	I II III IV OTP

Requested Level of Care

Outpatient Intensive Outpatient Residential Inpatient Partial Hospitalization
 OTP (Opioid Treatment Program)

Identify Treatment Plan Goals (attach current treatment plan) Percentage of Goal Met (circle one)

- 1. _____ 25 50 75 100
- 2. _____ 25 50 75 100
- 3. _____ 25 50 75 100
- 4. _____ 25 50 75 100

Discharge Criteria

Anticipated discharge date: _____

Request for Sessions (list number requested & if the sessions are group or individual)

Intervention	No. of Visits	Begin Date	End Date
Outpatient Individual Counseling			
Group Counseling			
Medication Management			
Residential Treatment	(# of days)		
Opioid Treatment Program			
Intensive Outpatient	(days per week/hours per day)		
Partial Hospitalization	(days per week/hours per day)		