



**Ohio Department
of Medicaid**

Behavioral Health Office Hours

Week 5

SUD Prior Authorization Form

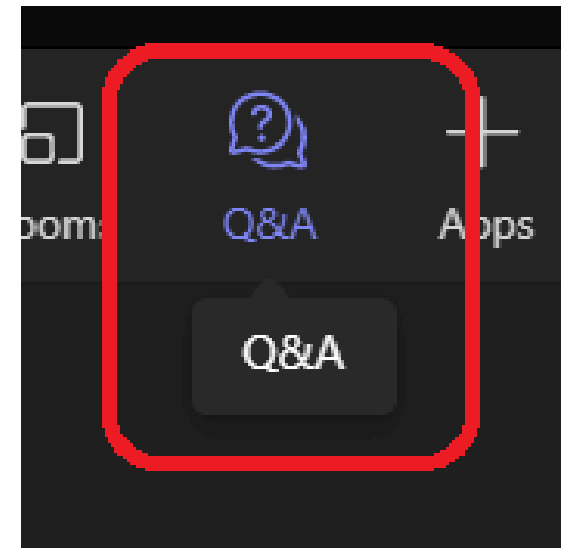
Access, Inclusion, and Reasonable Accommodation

Ohio Department of Medicaid is committed to providing access, inclusion, and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, fax 1-614-644-1434, or ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three business days prior to the scheduled event.

If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's civil rights coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found in their Notice of Nondiscrimination.

Housekeeping

- All participants are muted and the chat is disabled
- If you would like to submit a question you may use the Q&A feature at the top of the TEAMS webinar
- AI bots used for recording or note taking will be removed



Tentative Office Hour Topics

- ✓ **Week 1:** Introduction
- ✓ **Week 2:** Q&A - Addressing initial questions specific to new utilization management thresholds implementation
- ✓ **Week 3:** Q&A – Addressing authorization questions, Community Behavioral Health Rehabilitative Services Authorization Request Form
- ✓ **Week 4:** Authorization forms/CCPs - walk through MCE processes for submitting authorizations and verifying utilization
- Week 5:** SUD Authorization Form
- Week 6:** Off
- Week 7:** Recap before 7/1 Go live
- Week 8:** ABA Implementation
- Week 9:** SUD Services Part 2
- Week 10:** Enrollment and Workforce

Agenda

- Follow Up from Plan Presentations
- Review of SUD Authorization Request Form

Plan Presentation Follow-up

Go Live Dates

July 1

BH and SUD

- Buckeye
- Caresource
- Humana
- United Health

July 1

BH Only

- Molina

October 1

BH and SUD

- Amerihealth
- Anthem (SUD)
- Molina (SUD)

January 1

BH Only

- Anthem

Regardless of an MCE's go-live date, all utilization management thresholds begin with services provided on or after 7/1/26

Medicaid FFS not yet implementing UM but will be doing so at a future date. Providers will be given the 30-day notice before that starts.

Responses to Q&A from 6/4 Plan Presentations:

How is a provider supposed to know if/what other providers are rendering services to an individual member?

- ODM continues to encourage ongoing dialogue between providers and members about other places they may be receiving services in order to facilitate continuity of care in their treatment
- Consider other spaces your member interacts with that may be rendering similar services (ex: TBS), for example supportive housing, group homes, vocational services, clubhouses, etc.
- For community BH rehabilitative services, plans can provide information on units of service delivered and by which provider under Section 5119.28 *Confidentiality of records pertaining to person's mental health condition, assessment, provision of care or treatment, or payment for assessment, care or treatment.*
- For SUD services, **MCEs may only provide the service unit count** without detail on the program, provider, agency, etc. due to 42CFR Part 2, which prohibits disclosure of information regarding individuals' participation in a SUD treatment program.

Will retroactive authorizations be accepted?

- Yes, but plans may use different terminology such as "dispute" or "claims denial dispute" to describe the process by which additional information can be provided to support medical necessity of the service for reimbursement.
- All providers are encouraged to submit authorizations in advance of a member reaching the threshold limit to minimize disruption to reimbursement. Providers are also encouraged to submit claims in a timely manner to ensure service unit counts are as accurate as possible.

Additional responses from 6/4 plan presentations:

Non-chronological billing – what happens when a member's former provider submits claims within the 365 day timely filing allowance and puts the member over the limit but the current provider was under the assumption that the member had not reached the soft limit and had been billing for services as well?

- Plans consider and either pay or deny claims in the order that they are received. In this scenario, one or both providers may need to engage in the claim denial dispute process described on the previous slide and the current provider will need to submit a new authorization to continue services going forward.
- Reminder: all providers are encouraged to submit their claims **as timely as possible** because it is the best way to ensure reimbursement and avoid conflicts with other providers' claims.

Will the plans be offering their own tutorials to orient providers to their authorization process?

- Each plan will be offering either training opportunities or detailed provider communications to review their individual processes.
- Provider resources with the general rules for authorization submissions and appeals can also be found on each individual plan's website.

Exemptions for kids in custody of PCSA – what happens when kids are going in and out of custody?

- Services rendered to a member while in PCSA custody will not count toward the threshold limit when the youth is no longer in custody.

Considerations for submitting an authorization

Submitting the authorization request does not guarantee approval

- Information provided needs to fully support why the member needs more services in addition to what was already received
- Important to ensure the initial service threshold units are used purposefully in a way that directly relates to the member's treatment plan. If further services are needed beyond the soft limit, the member's progress in services thus far, or lack thereof, should be incorporated in the authorization request as well as explanation about what clinical need the additional services will address

Additional Same Day Group Services Requests

- Both the Community BH and SUD authorization forms have been revised to capture this type of request in accordance with ODM's 6/1 clarification on same day billing for TBS Day Tx and IOP/PHP
- It should be an exception rather than routine for a member to need more than one hour of group services on top of a group per diem service they are already receiving

New Guide for Completing SUD Authorization Form

Substance Use Disorder Authorization Request Overview

Instructions for Service Requests:

In Section III, select the reason for the authorization request.

1. Complete **Part A** if the request is for continuing services.
2. Complete **Part B** if the request is for same day services.
3. Complete **Part C** if the request is for day 1 authorization of SUD partial hospitalization.

Reason for Request:

- **Continuing Services:** Client is already receiving service and is nearing or has met the initial threshold OR member has exhausted previously authorized units.
- **Same Day Services (Adults Only):**
 - An authorization is required for a client to receive same day group services for more than 1 hour (cumulative) on the same day as H2012 TBS Day Tx hourly, H2020 TBS Day Tx per diem, H0015 IOP, H0015TG PHP.
 - Prior authorization is also required to receive reimbursement for IOP/PHP and TBS Day Treatment hourly or per diem when delivered to one Medicaid member on the same day, whether by a different or the same provider.
 - In general, when you add a second group service, that is the service that will require a same day authorization. The documentation on the form should demonstrate the necessity of the new group service in addition to the group service the client is already receiving. A follow-up authorization may also be required for additional units of either service.
 - When requesting a community BH group service to be billed on the same day as an SUD service, utilize the Community Behavioral Health Rehabilitative Services Authorization Request.
 - When requesting H0005 on the same day as H0015, you do not need to complete Section V of the SUD Authorization form. However, Section VI of the SUD Authorization must be completed and should demonstrate the need for the additional group SUD counseling.
- **Initial Request (PHP Only):** Client is entering PHP level of care which requires a day one authorization

Same Day Service Clarifications

Same day billing

- Clarification provided on OAC 5160-27-06 and 5160-27-09 through a BH Bulletin sent on June 1
- H0015/H0015TG (IOP and PHP) and H2020/H2012 (TBS Day Treatment Per Diem and TBS Day Treatment Hourly) are not allowed on the same day without PA
- Note that if a member is already in TBS Day Tx and is also being referred to IOP, in that scenario the auth would be required Day 1 for IOP because the request is due to same day service and *not* because the service threshold has already been met
- H0015 (IOP) and H2020 (Day Treatment Per Diem) on their own do not require a PA until day 31, however, day 1 authorization required if provided on same day
- Individuals receiving TBS Day Tx or IOP/PHP require auth if it is necessary for them to receive more than 1 hour of a distinctly different group service on the same day
 - H2020/H2012, H0015/H0015TG and
 - 90853 (Group Psychotherapy), H0036 HQ (Group CPST), H2019 HQ (Group TBS), H0005 (SUD Group Counseling), H0038 HQ (Group Peer)

Universal Authorization Forms

ODM has two universal authorization forms that the MCEs must accept for prior authorization requests, which have been updated for this initiative

- The Community Behavioral Health Rehabilitative Services Authorization Request
- The Substance Use Disorder Authorization Request

MCEs may continue using their plan specific authorization forms; however, they must continue to accept the updated universal authorization forms

Community Behavioral Health Rehabilitative Services Authorization Request

Community BH Rehabilitative Services Authorization Request Form

Section III: Service(s) Requested			
Description	Reason For Request	Units/Visits Requested	Requested Start Date or Dates of Service
Alcohol and Drug Assessment <input type="checkbox"/> H0001	<input type="checkbox"/> Service threshold met		
Assertive Community Treatment <input type="checkbox"/> H0040	<input type="checkbox"/> Initial or reauthorization		
Psychological / Neuropsychological Testing <input type="checkbox"/> 96130 <input type="checkbox"/> 96131 <input type="checkbox"/> 96136 <input type="checkbox"/> 96137 <input type="checkbox"/> 96132 <input type="checkbox"/> 96133 <input type="checkbox"/> 96112 <input type="checkbox"/> 96113 <input type="checkbox"/> 96116 <input type="checkbox"/> 96121	<input type="checkbox"/> Service threshold met		
SBIRT Services <input type="checkbox"/> G0396 <input type="checkbox"/> G0397	<input type="checkbox"/> Service threshold met		
Psychiatric Diagnostic Evaluation <input type="checkbox"/> 90791 <input type="checkbox"/> 90792	<input type="checkbox"/> Service threshold met		
Peer Support <input type="checkbox"/> H0038 <input type="checkbox"/> H0038 HQ	<input type="checkbox"/> Exceeds daily limit <input type="checkbox"/> Same day services		
*TBS Individual <input type="checkbox"/> H2019	<input type="checkbox"/> Service threshold met		
*TBS Group <input type="checkbox"/> H2019 HQ	<input type="checkbox"/> Service threshold met <input type="checkbox"/> Same day services		
*CPST Individual <input type="checkbox"/> H0036	<input type="checkbox"/> Service threshold met		
*CPST Group <input type="checkbox"/> H0036 HQ	<input type="checkbox"/> Service threshold met <input type="checkbox"/> Same day services		
*PSR <input type="checkbox"/> H2017	<input type="checkbox"/> Service threshold met		
Group Psychotherapy <input type="checkbox"/> 90853	<input type="checkbox"/> Same day services		
*TBS Day Treatment (Hourly) <input type="checkbox"/> H2012	<input type="checkbox"/> Same day services		
*TBS Day Treatment (Per Diem) <input type="checkbox"/> H2020	<input type="checkbox"/> Service threshold met <input type="checkbox"/> Same day services		
OhioRISE Only Services	Service Code	Units/Visits Requested	Requested Start Date or Dates of Service
**Behavioral Health Respite	<input type="checkbox"/> S5150 <input type="checkbox"/> S5151		
**Intensive Home-Based Treatment	<input type="checkbox"/> H2033 <input type="checkbox"/> H2015		
Primary Diagnosis (ICD 10):			

*For services marked with *, providers are required to complete Section IV: Medical Necessity Criteria

**Services marked with ** may require additional assessment results to be provided (e.g. ANSA, CANS, [including CIP-IHBT version], Achenback)

SUD Services Authorization Request Form

SUD Services Authorization Request Form

Key Updates

Includes procedure codes for services newly subjected to UM, including:

- H0015 - IOP
- H0012 - SUD Withdrawal Management with Extended Monitoring- Per Diem
- H0014 - SUD Withdrawal Management with Extended Monitoring- Hourly
- H0010 – Clinically Managed Residential Withdrawal Management
- H0011 – Medically Monitored Inpatient Withdrawal Management

Cover sheet includes instruction guide for service requests and service thresholds for easy use

Supports "golden thread" documentation by ensuring all information in the prior authorization request is connected and tells the same story.

- Enhanced language to demonstrate that the reason for the request, the member's symptoms or needs, and the level of care being asked for all match and support each other.

Added supplemental tools to help support risk rating and level of care decision making

- Level of Care Placement Crosswalk
- ASAM Criteria Severity Rating Reference Guide

SUD Services Authorization Request Form

Ohio Department of Medicaid
Substance Use Disorder
Authorization Request for ASAM Levels of Care

Instructions

This request form is for use by providers of substance use disorder treatment services in accordance with Ohio Administrative Code rule 5160-27-09.

1. Complete sections I-VI of this form entirely
2. Submit both of the following with this form:
 - A copy of the most recent initial or comprehensive assessment in accordance with OAC 5122-29-03
 - A copy of the most recent individualized treatment plan (ITP) in accordance with OAC 5122-27-03
3. Requests should be submitted in sufficient time to ensure authorization is received prior to rendering services requiring authorization.

Managed care plans must process prior authorization requests in accordance with OAC rule 5160-26-03.1 and the MCE provider agreement.

SUD Services Authorization Request Form

Section I: Member Information	
Plan:	Date of Request:
Member Name:	Date of Birth:
Member ID Number:	Member Phone:
Requested Authorization Decision Type: <input type="checkbox"/> Standard <input type="checkbox"/> Expedited	

Section II: Provider Information	
Billing Provider/Agency Name:	Service Location Address:
Billing Organization / Agency NPI:	Provider/Agency Tax ID:
Contact Name:	Phone Number:
Email Address:	Fax Number:
Provider's Name and Credentials:	Provider's NPI:
Network Status with Managed Care Plan, if applicable	<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating

SUD Services Authorization Request Form

Section III: Authorization Request Type		
<p>Part A: Request for CONTINUING SERVICES - Complete this section when this is a request for a member who is currently in treatment and needs additional units beyond the established UM threshold (i.e. member has received the initial 30 units of IOP and needs additional units at this level of care) OR when this is a continued stay request (a request for additional units of an authorized service beyond the initial request).</p>		
<p><input type="checkbox"/> The member is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work toward his or her treatment goals.</p>	<p><input type="checkbox"/> The member is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the member to continue to work toward his or her treatment goals.</p>	<p><input type="checkbox"/> New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. <i>This option should also be selected when a member is entering into a new treatment episode but has reached the unit threshold for the selected level of care in previous treatment episodes.</i></p>
<p>Part B: Request for SAME DAY Group Services – Complete this section if you are requesting more than 1 hour (cumulative total) of group services to be provided on the same day as IOP, PHP, and/or TBS Day Treatment.</p>		
<p><input type="checkbox"/> The member has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s) solely within the context of the current level of care. Supplemental treatment of more than an hour of additional behavioral health group services is therefore indicated.</p>		
<p>Part C: Initial request - PHP Only – Complete this section if you are requesting an authorization for PHP (H0015 TG), which requires authorization prior to rendering services.</p>		
<p><input type="checkbox"/> PHP Initial Authorization</p>		

SUD Services Authorization Request Form

Section IV: Service Authorization Request		
Number of Days/Units Requested	Requested Authorization Start Date	Requested Authorization End Date
Current Service/LOC <input type="checkbox"/> None <input type="checkbox"/> LOC 1 SUD Group Counseling - H0005 <input type="checkbox"/> Intensive Outpatient – H0015 <input type="checkbox"/> Partial Hospitalization – H0015 TG <input type="checkbox"/> Clinically Managed Low Intensity Residential (ASAM 3.1) – H2034 <input type="checkbox"/> Clinically Managed Population Specific High Intensity Residential (ASAM 3.3) – H2036 HI <input type="checkbox"/> Clinically Managed High Intensity Residential (ASAM 3.5) – H2036 <input type="checkbox"/> Medically Monitored Intensive/High Intensity Inpatient Treatment (ASAM 3.7) – H2036 TG <input type="checkbox"/> Level 1 WM – Ambulatory WM without Extended Onsite Monitoring <input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0012 (Per Diem) <input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0014 (Hourly) <input type="checkbox"/> Level 3.2 WM – Clinically Managed Residential Withdrawal Management – H0010 <input type="checkbox"/> Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management – H0011	Service Requested <input type="checkbox"/> Intensive Outpatient – H0015 <input type="checkbox"/> Partial Hospitalization – H0015 TG <input type="checkbox"/> Clinically Managed Low Intensity Residential (ASAM 3.1) – H2034 <input type="checkbox"/> Clinically Managed Population Specific High Intensity Residential (ASAM 3.3) – H2036 HI <input type="checkbox"/> Clinically Managed High Intensity Residential (ASAM 3.5) – H2036 <input type="checkbox"/> Medically Monitored Intensive/High Intensity Inpatient Treatment (ASAM 3.7) – H2036 TG <input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0012 (Per Diem) <input type="checkbox"/> Level 2 WM – Ambulatory WM with Extended Onsite Monitoring – H0014 (Hourly) <input type="checkbox"/> Level 3.2 WM – Clinically Managed Residential Withdrawal Management – H0010 <input type="checkbox"/> Level 3.7 WM – Medically Monitored Inpatient Withdrawal Management – H0011	
	Same Day Service Request <input type="checkbox"/> LOC 1 SUD Group Counseling – H0005 <input type="checkbox"/> Intensive Outpatient – H0015 <input type="checkbox"/> Partial Hospitalization – H0015 TG	
Enter ICD-10 Diagnosis Code with specifiers for the primary diagnosis in box 1 below, then enter any applicable co-occurring diagnosis codes		
1.	2.	3.
4.	5.	6.

SUD Services Authorization Request Form

Section V: ASAM Criteria Summary of Dimension Ratings

Instructions: Select the appropriate risk rating (summarized below) to support the requested service. You should only assign ONE risk rating per dimension. Check any applicable clinical indicators for the identified risk level.

- 4 – Severe Risk - Indicates issues of utmost severity. The member would present with critical impairments in coping and functioning, with signs and symptoms, indicating an "imminent danger".
- 3 – Significant Risk - Indicates a serious issue or difficulty coping within a given dimension. A member presenting at this level of risk may be considered in or near "imminent danger".
- 2 – Moderate Risk - Indicates moderate difficulty in functioning. However, even with moderate impairment, or somewhat persistent chronic issues, relevant skills, or support systems may be present.
- 1 – Mild Risk - Indicates a mildly difficult issue, or present minor signs and symptoms. Any existing chronic issues or problems would be able to be resolved in a short period of time.
- 0 – Minimal or No Risk - Indicates a non-issue or very low-risk issue. The member would present no current risk and any chronic issues would be mostly or entirely stabilized.

SUD Services Authorization Request Form – Dimension One

Dimension 1 – Acute Intoxication and/or Withdrawal Potential	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> No current or anticipated withdrawal symptoms <input type="checkbox"/> Sustained abstinence prior to admission <input type="checkbox"/> No history of withdrawal complications <input type="checkbox"/> No withdrawal medications required <input type="checkbox"/> Medically stable without monitoring needs
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Adequate ability to tolerate or cope with withdrawal discomfort <input type="checkbox"/> Mild to moderate intoxication or signs/symptoms interfere with daily functioning, but not a danger to self or others <input type="checkbox"/> Minimal risk of severe withdrawal resolving; if alcohol, CIWA-Ar score 3–7
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Some difficulty tolerating and coping with withdrawal discomfort <input type="checkbox"/> Intoxication may be severe but responds to treatment so individual does not pose imminent danger to self or others <input type="checkbox"/> Moderate signs and symptoms with moderate risk of severe withdrawal <input type="checkbox"/> Somewhat intoxicated; if alcohol, CIWA-Ar score 8–11
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Demonstrates poor ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Severe signs and symptoms of intoxication indicating possible imminent danger to self and others <input type="checkbox"/> Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening despite detoxification at less intensive level of care <input type="checkbox"/> Very intoxicated; if alcohol, CIWA-Ar score 12–15
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> Incapacitated, with severe signs and symptoms of withdrawal <input type="checkbox"/> Severe withdrawal presents danger (e.g., seizures) <input type="checkbox"/> Continued use poses an imminent threat to life <input type="checkbox"/> Stuporous; if alcohol, CIWA-Ar score > 15
REQUIRED Supporting Information for Dimension One Risk Rating	<i>Presenting withdrawal symptoms, WM rating scale score (COWS, CIWA, etc), Vitals and labs (BP, pulse ox, heart rate, metabolic panel, toxicology results:</i>

SUD Services Authorization Request Form – Dimension Two

Dimension 2 – Biomedical Conditions and/or Complication	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> Fully functioning, no biomedical symptoms or signs are present.
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Biomedical symptoms present but stable <input type="checkbox"/> Mild to moderate signs or symptoms interfere with daily functioning <input type="checkbox"/> Demonstrates adequate ability to cope with physical discomfort
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Biomedical symptoms present but stable <input type="checkbox"/> Mild to moderate signs or symptoms interfere with daily functioning <input type="checkbox"/> Member has some difficulty tolerating and coping with physical problems <input type="checkbox"/> Has a biomedical problem which may interfere with recovery treatment <input type="checkbox"/> Member neglects to care for serious biomedical problems
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Severe medical problems are present but stable <input type="checkbox"/> Member has poor ability to cope with physical problems <input type="checkbox"/> Member has serious medical problems which they neglect during outpatient or intensive outpatient treatment. <input type="checkbox"/> Medical problem(s) that would be severely exacerbated by a relapse <input type="checkbox"/> Medical problem(s) that would be severely exacerbated by withdrawal (e.g., diabetes, hypertension)
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> Member is incapacitated with severe, unstable medical problems
Supporting Information for Dimension Two Risk Rating	<i>ASI medical composite score and description of complicating medical condition(s), including diagnosis, supporting labs, vitals, imaging etc.:</i>

SUD Services Authorization Request Form – Dimension Three

Dimension 3 – Emotional, Behavioral, or Cognitive (EBC) Conditions and Complications	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> Member has no mental health diagnosis or mental health disorder is stable. <input type="checkbox"/> Good impulse control and coping skills <input type="checkbox"/> No risk of harm to self and others <input type="checkbox"/> No functional impairment (work, school, self-care, socialization)
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Mental or cognitive disorder present w/ mild to moderate symptoms that require intervention <input type="checkbox"/> Mental disorder does not significantly impact recovery <input type="checkbox"/> Adequate impulse control and coping skills <input type="checkbox"/> Limited functional impairment in life domains (work, school, self-care, socialization) <input type="checkbox"/> Suicidal ideation may be present without plan or means
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Mental health or cognitive disorder present with moderate symptoms that require intervention <input type="checkbox"/> Difficulty with impulse control and minimal coping skills <input type="checkbox"/> Moderate functional impairment in significant life domains (work, school, self-care, relationships) <input type="checkbox"/> Emotional, behavioral, or cognitive problems distract from recovery efforts <input type="checkbox"/> Suicidal ideation may be present and <u>requires</u> more than routine monitoring
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Mental health or cognitive disorder present with severe symptoms that require intervention but not involuntary confinement. <input type="checkbox"/> Significant lack of impulse control and coping skills <input type="checkbox"/> Recovery efforts are negatively impacted by members emotional, behavioral, or cognitive problems in significant ways, including inability to focus on recovery efforts. <input type="checkbox"/> Severe functional impairment in significant life domains (work, school, self-care, relationships) <input type="checkbox"/> Frequent thoughts of suicide or harm to others including a plan or means, but no imminent risk in a 24-hour setting
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> Mental health or cognitive disorder present with severe symptoms that require involuntary confinement <input type="checkbox"/> Severe and acute psychiatric symptoms that pose immediate danger to self or others (imminent risk of suicide, gross neglect of self-care, psychosis with unpredictable, disorganized, or violent behavior)
Supporting Information for Dimension Three Risk Rating	<i>ASI psychiatric composite score, history of psychiatric hospitalizations, medication adherence, etc.:</i>

SUD Services Authorization Request Form – Dimension Four

Dimension 4 – Readiness to Change	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> Willingly engaged in treatment as a proactive participant <input type="checkbox"/> Member is aware of/admits to having an addiction or mental health problem <input type="checkbox"/> Member is committed to both SUD and mental health treatment <input type="checkbox"/> Can articulate personal recovery goals <input type="checkbox"/> Is in <i>Preparation or Action</i> Transtheoretical Stage of Change
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Willing to enter treatment and explore strategies for treatment <input type="checkbox"/> Able to articulate negative consequences of substance use <input type="checkbox"/> Ambivalent about need for change <input type="checkbox"/> Contemplation stage of change
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Reluctant to agree to treatment <input type="checkbox"/> Aware of negative consequences of substance use <input type="checkbox"/> Low commitment to change behaviors related to substance use <input type="checkbox"/> Passive involvement with treatment <input type="checkbox"/> Inconsistent outpatient treatment compliance
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Limited insight into need for treatment <input type="checkbox"/> Unaware of need for change <input type="checkbox"/> Treatment attendance is intermittent/inconsistent
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> No insight into addiction behaviors or connection between substance use and negative consequences <input type="checkbox"/> Not willing to explore change and in denial regarding illness and its implications <input type="checkbox"/> Unable to follow through / noncompliance with treatment <input type="checkbox"/> Is not in imminent danger or unable to care for self – no immediate action required <input type="checkbox"/> Imminent risk of harm to self or others – immediate action required
Supporting Information for Dimension Four Risk Rating	<i>Assessed readiness to change level:</i>

SUD Services Authorization Request Form – Dimension Five

Dimension 5 – Relapse/continued use/continued problem potential	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> Low relapse potential and good coping skills <input type="checkbox"/> Engaged with ongoing recovery/support groups <input type="checkbox"/> No use of illicit drugs <input type="checkbox"/> No current craving <input type="checkbox"/> No impulsivity noted
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Minimal relapse potential <input type="checkbox"/> Mostly non-impulsive <input type="checkbox"/> Some craving with ability to resist <input type="checkbox"/> Fair self-management and relapse prevention skills <input type="checkbox"/> Needs support/counseling to maintain abstinence, deal with craving, peer pressure, lifestyle changes <input type="checkbox"/> Episodic use of alcohol, sporadic drug use (less than 1x/week)
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Impaired recognition and understanding of relapse issues <input type="checkbox"/> Difficulty maintaining abstinence despite engagement in treatment <input type="checkbox"/> Some craving with minimal ability to resist <input type="checkbox"/> Ambivalent about recovery <input type="checkbox"/> Moderate level of risk-taking or thrill-seeking <input type="checkbox"/> Regular risk of alcohol (1-2x/week); moderate drug use (1-3x/week)
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Little recognition and understanding of relapse issues <input type="checkbox"/> Poor skills to cope with addiction problems or avoid/limit relapse <input type="checkbox"/> Severe cravings with minimal ability to resist <input type="checkbox"/> Somewhat impulsive <input type="checkbox"/> Doubtful about ability to recover <input type="checkbox"/> Frequent use of alcohol or drugs (more than 3x/week)
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> Repeated treatment episodes have had little positive impact. <input type="checkbox"/> No skills to cope with addiction problems or prevent relapse <input type="checkbox"/> Severe craving with no ability to resist <input type="checkbox"/> Very impulsive <input type="checkbox"/> Very pessimistic or inappropriately confident about ability to recover <input type="checkbox"/> Dangerous level of risk taking or thrill seeking <input type="checkbox"/> Daily intoxication <input type="checkbox"/> Daily use of illicit drugs and/or IV drug use <input type="checkbox"/> Is in imminent danger or unable to care for self
Supporting Information for Dimension Five Risk Rating	<i>Describe member's current use/recent use</i>

SUD Services Authorization Request Form – Dimension Six

Dimension 6 – Recovery Environment	
Risk Rating	Clinical Indicators
<input type="checkbox"/> 0 None	<input type="checkbox"/> Has supportive environment or is able to cope with poor supports <input type="checkbox"/> Living in a dry, drug free home <input type="checkbox"/> Positive leisure/recreational activities not associated with use <input type="checkbox"/> No logistical barriers to treatment or recovery
<input type="checkbox"/> 1 Mild	<input type="checkbox"/> Passive support environment – family/support systems need to learn techniques to support recovery <input type="checkbox"/> Support system is not interested in supporting addiction <u>recovery</u> but individual is able to cope with environment <input type="checkbox"/> Individual demonstrates motivation to obtain positive social support system <input type="checkbox"/> Positive leisure/recreational activities are readily available <input type="checkbox"/> Logistical barriers to treatment or recovery can be readily overcome
<input type="checkbox"/> 2 Moderate	<input type="checkbox"/> Environment is not supportive of recovery but with clinical structure individual is able to cope most of the time <input type="checkbox"/> Ready access to drugs near home <input type="checkbox"/> Leisure/recreational activities neutral for recovery <input type="checkbox"/> Logistical barriers to treatment or recovery serious but resolvable
<input type="checkbox"/> 3 Significant	<input type="checkbox"/> Environment is not supportive of recovery and coping is difficult even with clinical structure <input type="checkbox"/> Someone in household currently dependent or abusing <input type="checkbox"/> Immediate family member with SUD or mental health issues <input type="checkbox"/> Ready access to drugs/alcohol near home <input type="checkbox"/> Alcohol and drugs readily available at preferred leisure/recreational activities <input type="checkbox"/> Substantial logistical impediments to treatment or recovery
<input type="checkbox"/> 4 Severe	<input type="checkbox"/> Environment is not supportive of recovery and is hostile and toxic to recovery or treatment progress <input type="checkbox"/> Unstable residence, living in shelter or mission, homeless <input type="checkbox"/> Leisure/recreational activities pose severe risks <input type="checkbox"/> Extreme logistical impediments to treatment or recovery <input type="checkbox"/> Unable to cope with negative effects of the living environment on recovery <input type="checkbox"/> Environment is not supportive of recovery and is actively hostile to recovery, posing an immediate threat to safety and well-being
Supporting Information for Dimension Six Risk Rating	<i>ASI Family/Social Composite score</i>

SUD Services Authorization Request Form

Section VI: Clinical Justification Narrative	
<p>Summarize highest risk dimensions and provide rationale for placement decision, including criteria met, member's progress, and member's perspective and treatment preferences. Documentation must be consistent with and directly support the rationale for the authorization (continued stay, same day service, new service).</p>	

Signature of Staff Completing the Form	
Name (print):	
Signature/Credential:	Date:

SUD Authorization Form Tools

ASAM Criteria Severity Rating Reference Guide

ASAM Criteria Severity Rating Scales

Quick Reference Guide for Providers

SEVERITY RATING SCALE

0 – No Problem / Stable	1 – Mild	2 – Moderate	3 – Substantial	4 – Severe
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DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

0
No Problem / Stable

- Fully functioning with good ability to tolerate or cope with physical discomfort
- No biomedical signs or symptoms present, or biomedical problems are stable
- No biomedical conditions that will interfere with treatment or create risk

1
Mild

- Demonstrates adequate ability to tolerate and cope with physical discomfort
- Mild to moderate signs or symptoms interfere with daily functioning, but would likely not interfere with recovery treatment nor create risk

2
Moderate

- Some difficulty tolerating and coping with physical problems and/or has other biomedical problems
- Has a biomedical problem which may interfere with recovery treatment
- Has a need for medical services which might interfere with recovery treatment (e.g., kidney dialysis)
- Neglects to care for serious biomedical problems
- Acute, non-life-threatening medical signs and symptoms are present

3
Substantial

- Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor
- Has serious medical problems that are neglected during outpatient treatment and require frequent medical attention
- Severe medical problems are present but stable
- Medical problem(s) that would be severely exacerbated by a relapse
- Medical problem(s) that would be severely exacerbated by withdrawal (e.g., diabetes, hypertension)
- Medical problems that require medical or nursing services

4
Severe

- Incapacitated, with severe medical problems
- Severe medical problems that present a life-threatening risk

SUD Level of Care Placement Crosswalk

SUD Level of Care Placement Crosswalk*

Use this crosswalk to support placement decisions for Substance Use Disorder (SUD) treatment levels of care. For each individual being assessed:

1. **Rate each ASAM Dimension (1–6)** using the Severity Rating Legend (0 = None to 4 = Severe).
2. **Compare the individual's ratings** to the criteria listed in each Level of Care (LOC) row.
3. **Identify the most appropriate LOC** where the individual's risk ratings align with the clinical specifications for that level.
4. **Review multi-dimension requirements** to confirm that the individual meets any required combinations of risk levels for the selected LOC.
5. **Apply clinical judgment and person-centered planning** to ensure the recommended LOC is appropriate, medically necessary, and feasible based on provider availability and client preference.
6. **Document the rationale** for the placement decision, including ratings, criteria met, and any considerations affecting LOC selection to Section VI of the SUD Authorization form.

Level	Program Type	Dimension 1: Acute Intoxication / Withdrawal Potential*	Dimension 2: Biomedical Conditions	Dimension 3: Emotional, Behavioral, and Cognitive Concerns	Dimension 4: Readiness to Change	Dimension 5: Relapse Potential	Dimension 6: Recovery/Living Environment
1.0	Outpatient	Not experiencing severe withdrawal or at minimal risk of severe withdrawal. Manageable at WM 1.	Risk Rating: 0-2 None or present but stable	Risk Rating: 0-1 None to mild	Risk Rating: 0-1 or high severity in this dimension but <u>not</u> other dimensions.	Risk Rating: 0-1 None - Mild	Risk Rating: 0-1 None to Mild
2.1	Intensive Outpatient	Minimal risk of severe withdrawal, manageable at WM 2.	Risk Rating: 0-2 None or present but stable	Risk Rating: 0-1 None to mild	Risk Rating: 2-3 Moderate to Significant	Risk Rating: 2-3 Moderate - Significant	Risk Rating: 1-2 Mild - Moderate
2.5	Partial Hospital	Moderate risk of severe withdrawal, manageable at WM 2.	Risk Rating: 0-2 None or present but stable	Risk Rating: 1-2 Mild to moderate	Risk Rating: 2-3 Moderate to Significant	Risk Rating: 2-3 Moderate - Significant	Risk Rating: 1-2 Mild - Moderate

*This crosswalk does not override clinical judgment or client choice. Placement decisions must consider person-centered planning, medical necessity, and provider agreement access limitations.

THANK YOU

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