

# The ASAM Criteria<sup>®</sup> Service Request Form Continued Service

MEMBER INFORMATION					
Name:	Date of Birth:				
Address:					
Member Identifier:	Insurance Type:				
DSM/ICD DIA	AGNOSES				
Have there been any changes in the member's medical or psychiatric of	liagnoses since the last request? Yes No				

#### CONTINUED SERVICE REQUEST

Current Level of Care	Recovery Residence
Initial admission date	
Expected date of transition to a less intensive level of care	
Current ASAM Criteria Recommended Level of Care: (based on the Dimensional Admission Criteria)	Recovery Residence
Reason for Discrepancy (if applicable):	

Additional Details: Please provide additional details on the reason for discrepancy (if applicable), including any relevant Dimension 6 concerns, such as barriers to care and patient preferences.

TREATMENT PROGRESS
Has the patient made progress towards addressing their Dimensional Drivers since the last authorization or is progress expected imminently? Yes No
Provide a brief summary of the patient's current clinical presentation, including an overview of the patient's progress addressing their Dimensional Drivers since the last authorization and the concerns that continue to require treatment in the requested level of care. If the patient has not made significant progress, is progress expected imminently?
Have any new signs or symptoms emerged or been identified that meet criteria for the current level of care or a more intensive level of care? Yes No
If Yes, please provide relevant clinical details.
Please describe any ongoing challenges or barriers to treatment progress.
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How has the treatment plan been updated to address any ongoing challenges or barriers to treatment progress? What additional services or supports will be delivered?

#### **TRANSITION PLAN**

Anticipated next level of care	Recovery Residence
Anticipated program/provider name (if known)	
Describe any care coordination tha	t has occurred with the anticipated program or provider:
Estimated date of transition	
	BARRIERS TO TRANSITION
Please describe any known barriers	to transition to the anticipated next level of care:
Diagon discuss the convisos and sur	ports that are being provided to address these barriers:
Please discuss the services and sup	ports that are being provided to address these barners.
How will the nationt's addiction me	edication needs be addressed through the transition, if applicable?

How will the patient's mental health care needs, including psychiatric medications, be addressed through the transition, if applicable?

How will the patient's **physical health care needs** (eg, for ongoing infectious disease management) be addressed through the transition, if applicable?

#### DIMENSION 1: INTOXICATION, WITHDRAWAL, AND ADDICTION MEDICATION

	Risk Rating at Admission	Current Risk	Current Risk Rating				
Subdimension	Risk Rating	Dimensi Drive			Dimensional Driver		
Intoxication and Associated Risks							
Provide clinical justification for the risk rating. If this subdimension is a Dimensional Driver for the member provide a summary of progress, challenges, and any new issues identified since the last review.							
Relevant Measures	Relevant Prior Measurement/Score	Date/Time	Most Recent Measurement/Score	Date/Time	Date/Time/Route of relevant medications		

	Risk Rating at Admission				Current Risk Rating				
Subdimension	Risk F	Rating		Dimer Dri	nsional ver	Risk Rating			Dimensional Driver
Withdrawal and Associated Risks									
Provide clinical justific progress, challenges, a						nal Driver for th	ne patient provide a	summa	ary of
Relevant Measures		Relevant Prior	Date/1	Fimo	М	ost Recent	Date/Time	Date	/Time/Route of
Relevant Measures		Measurement/Score	Date/1	IIIIe	Measu	urement/Score	Date/ Time	relev	ant medications
	Risk	Rating at Admission				Current Risk	Rating		
Subdimension	Risk R	lating			ensional river	Risk Rating			Dimensional Driver
Addiction Medication Needs									
Provide clinical justific progress, challenges, a	ation fo and any	r the risk rating. If this new issues identified s	subdimensi	on is a D t review.	imensio	nal Driver for t	he patient provide a	summ	ary of
F 0 ,									
		Relevant Prior			Ма	st Recent		Date	/Time/Route of
Relevant Measures		Measurement/Score	Date/Ti	me		rement/Score	Date/Time		ant medications
Dimension 1 Treatment Plan [complete if any subdimension is a dimensional driver]									
Describe any changes to the treatment plan related to this Dimension since the last review.									

#### **DIMENSION 2 - BIOMEDICAL CONDITIONS**

	Risk Rating at Admission				Current Risk Rating				
Subdimension	Risk R	Rating			nsional iver	Risk Rating			Dimensional Driver
Physical Health Concerns									
Provide clinical justific progress, challenges, a						nal Driver for	the patient provide a	summ	ary of
Relevant Measures		Relevant Prior	Date/Ti			st Recent	Date/Time	Date	e/Time/Route of
		Measurement/Score	Date/ II	me	Measu	rement/Score	Date/ Time	relev	ant medications
	Risk	Rating at Admission				Current Ris	k Rating		
Subdimension	Risk R	Rating			nsional river	Risk Rating			Dimensional Driver
Pregnancy-Related Concerns									
Provide clinical justific progress, challenges, a	ation fo Ind any	r the risk rating. If this new issues identified s	subdimensi since the las	on is a l t review	Dimensio ′.	nal Driver for	the patient provide a	summ	ary of
Relevant Measures		Relevant Prior Measurement/Score	Date/T	ime		st Recent rement/Score	Date/Time		e/Time/Route of ant medications
Dimension 2 Treatment Plan [complete if any subdimension is a dimensional driver]									
Describe any changes to the treatment plan related to this Dimension since the last review.									

#### **DIMENSION 3 - PSYCHIATRIC AND COGNITIVE CONCERNS**

	Risk Rating at Admission				Current Risk Rating				
Subdimension	Risk F	Rating		Dimens Drive	ional er	Risk Rating			Dimensional Driver
Active Psychiatric Symptoms									
		or the risk rating. If this new issues identified s			mensio	nal Driver for t	he patient provide a	summ	ary of
Relevant Measures		Relevant Prior	Date/T		Мо	ost Recent		Date	e/Time/Route of
Relevant Measures		Measurement/Score	Date/ T	ime	Measu	rement/Score	Date/Time	relev	ant medications
	Risk	Rating at Admission				Current Risł	Rating		
Subdimension	Risk F	Rating		Dimens Drive		Risk Rating			Dimensional Driver
Persistent Disability									
		or the risk rating. If this new issues identified s			mensio	nal Driver for t	he patient provide a	summ	ary of
progress, endirenges, e									
Relevant Measures		Relevant Prior Measurement/Score	Date/	Time		ost Recent ırement/Score	Date/Time		/Time/Route of ant medications
		plete if any subdimensior							
Describe any changes	to the t	treatment plan related	to this Dime	ension sind	ce the l	ast review.			

#### **DIMENSION 4 - SUBSTANCE USE-RELATED RISKS**

	Risk Rating at Admission		Current Risk Rating					
Subdimension	Risk Rating	Dimensional Driver	Risk Rating	Dimensional Driver				
Likelihood of Risky Substance Use								
Provide clinical justification for the risk rating. If this subdimension is a Dimensional Driver for the patient provide a summary of progress, challenges, and any new issues identified since the last review.								
	Risk Rating at Admission		Current Risk Rating					
Subdimension	Risk Rating	Dimensional Driver	Risk Rating	Dimensional Driver				
Likelihood of Risky SUD-Related Behavior								
	ation for the risk rating. If this subdimensi Ind any new issues identified since the las		nal Driver for the patient provide a summ	ary of				
Dimension 4 Treatment Plan [complete if any subdimension is a dimensional driver]								
Describe any changes	to the treatment plan related to this Dime	ension since the l	ast review.					

#### **DIMENSION 5 - RECOVERY ENVIRONMENT INTERACTIONS**

	Risk Rating at Admission					Current Risk Rating		
Subdimension	Risk F	Rating		Dimensional Driver	Risk Rating			Dimensional Driver
Ability to Function in Current Environment								
	Provide clinical justification for the risk rating. If this subdimension is a Dimensional Driver for the patient provide a summary of progress, challenges, and any new issues identified since the last review.							
		Relevant Prior		M	lost Recent		Date/	Time/Route of
Relevant Measures		Measurement/Score	Date/Tin		urement/Score	Date/Time		nt medications
		Rating at Admission		Dimensional	Current Risł	< Rating		Dimensional
Subdimension	Risk F	Rating		Dimensional Driver	Risk Rating			Dimensional Driver
Safety in Current Environment								
		or the risk rating. If this new issues identified si			onal Driver for t	he patient provide a	summar	ry of
	Risk	Rating at Admission			Current Risl	k Rating		
Subdimension		Rating		Dimensional Driver	Risk Rating			Dimensional Driver
Support in Current Environment								
		or the risk rating. If this new issues identified si			onal Driver for t	he patient provide a	summar	ry of

#### Dimension 5 Treatment Plan [complete if any subdimension is a dimensional driver]

Describe any changes to the treatment plan related to this Dimension since the last review.

## **MEDICATIONS**

Have there been any changes to the member's medication since the last review? Yes No

Medications	Dosage/ Route/Frequency	Purpose	Does this differ from last update? Y/N

Is the member experiencing any challenges related to medication access or adherence? Yes No

If yes, please describe:

## **REQUESTOR INFORMATION**

Requestor name:	Credentials/Licensure (e.g., MD, CRNP, LCSW-C, LCPC):
Primary clinician:	Primary clinician contact information:
Signature:	Date/Time:
Facility Name:	
Group ID#:	Tax ID#:

	Risk Rating at Admission		Current Risk Rating	
Subdimension	Risk Rating	DD*	Risk Rating	DD*
D1: Intoxication and Associated Risks				
D1: Withdrawal and associated risks				
D1: Addiction medication needs				
D2: Physical health concerns				
D2: Pregnancy-related concerns				
D3: Active psychiatric concerns				
D3: Persistent Disability				
D4: Likelihood of risky substance use				
D4: Likelihood of risky SUD-related behaviors				
D5: Ability to function in current environment				
D5: Safety in current environment				
D5: Support in current environment				

\*Dimensional Driver