

# The ASAM Criteria® Service Request Form Continued Service

	MEMBER INFO	DRMATION	
Name:		Date of Birth:	
Address:			
Member Identifier:		Insurance Type:	
	DSM/ICD DIA	AGNOSES	
Have there been any changes in the m			
Tave there been any changes in the n	ienibel 9 medical of populitative e	ing industries and the last request.	
	CONTINUED SER	VICE REQUEST	
Current Level of Care		Recove	ry 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)		Recove	ery Residence
Reason for Discrepancy (if applicable):			
Additional Details: Please provide add concerns, such as barriers to care and	itional details on the reason for opatient preferences.	discrepancy (if applicable), including any relevant Dimens	ion 6

## **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.
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 that	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:	
Please discuss the services and sup	ports that are being provided to address these barriers:	
How will the patient's <b>addiction me</b>	edication needs be addressed through the transition, if applicable?	

How will the patient'	s <b>menta</b>	I health care needs, inc	cluding psyc	hiatric med	dications, be a	ddressed t	through the tran	sition, if ap	pplicable?
How will the patient' if applicable?	s <b>physic</b>	al health care needs (e	g, for ongoi	ng infectio	us disease mar	nagement)	) be addressed tl	hrough the	e transition,
									ION
DIMENSI		: INTOXICATIO	N, WIII	HDRAV				DICAI	ION
DIMENSI		Rating at Admission	N, WIII		Currer	ADDI nt Risk Ra			
DIMENSIO Subdimension		Rating at Admission	N, WIII	Dimension Driver	Currer	nt Risk Ra			Dimensional Driver
	Risk I	Rating at Admission	N, WIII	Dimensio	Currer	nt Risk Ra			Dimensional
Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission Lating  r the risk rating. If this s	subdimensic	Dimensio Driver on is a Dim	Currer Pinal Risk Ra	nt Risk Ra	ting		Dimensional Driver
Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission lating	subdimensic	Dimensio Driver on is a Dim	Currer Pinal Risk Ra	nt Risk Ra	ting		Dimensional Driver
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Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission Lating  r the risk rating. If this s	subdimensic	Dimensio Driver on is a Dim	Currer Pinal Risk Ra	nt Risk Ra	ting		Dimensional Driver
Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission Lating  r the risk rating. If this s	subdimensic	Dimensio Driver on is a Dim	Currer Pinal Risk Ra	nt Risk Ra	ting		Dimensional Driver
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Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission Lating  r the risk rating. If this s	subdimensic	Dimensio Driver on is a Dim	Currer Pinal Risk Ra	nt Risk Ra	ting		Dimensional Driver
Subdimension Intoxication and Associated Risks Provide clinical justific progress, challenges, a	Risk R	Rating at Admission Tating  The risk rating. If this snew issues identified sin	subdimensic nce the last	Dimension Driver on is a Dimereview.	ensional Drive	nt Risk Ra	nember provide	a summary	Dimensional Driver
Subdimension Intoxication and Associated Risks Provide clinical justific	Risk R	Rating at Admission Lating  r the risk rating. If this s	subdimensic	Dimension Driver on is a Dimereview.	Currer Pinal Risk Ra	nt Risk Ra ting r for the n	ting	a summary	Dimensional Driver
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Subdimension Intoxication and Associated Risks Provide clinical justific progress, challenges, a	Risk R	Rating at Admission Lating  The risk rating. If this somew issues identified since the risk rating of the risk rating. If this somewissues identified since the risk rating.	subdimensic nce the last	Dimension Driver on is a Dimereview.	ensional Drive	nt Risk Ra ting r for the n	nember provide	a summary	Dimensional Driver
Subdimension Intoxication and Associated Risks Provide clinical justific progress, challenges, a	Risk R	Rating at Admission Lating  The risk rating. If this somew issues identified since the risk rating of the risk rating. If this somewissues identified since the risk rating.	subdimensic nce the last	Dimension Driver on is a Dimereview.	ensional Drive	nt Risk Ra ting r for the n	nember provide	a summary	Dimensional Driver

	Risk I	Risk Rating at Admission				Rating	
Subdimension	Risk R	ating		Dimensional Driver	Risk Rating		Dimensiona Driver
Vithdrawal and Associated Risks							
Provide clinical justifi	cation fo	r the risk rating. If this	subdimensio	n is a Dimensic	nal Driver for th	ne patient provide a	a summary of
orogress, challenges,	and any i	new issues identified si	nce the last	review.			
Relevant Measures		Relevant Prior Measurement/Score	Date/Ti		lost Recent urement/Score	Date/Time	Date/Time/Route of relevant medications
		Measurement, seore		Micas	diement, score		relevant medications
	Risk F	Rating at Admission			Current Risk	Rating	
Subdimension	Risk R			Dimensional	Risk Rating		Dimensional
Addiction Medication				Driver			Driver
Needs							
Provide clinical justifi progress, challenges,	cation fo and any i	r the risk rating. If this s new issues identified si	subdimensio ince the last	n is a Dimensio review.	nal Driver for t	he patient provide	a summary of
Relevant Measures		Relevant Prior Measurement/Score	Date/Tim		ost Recent Irement/Score	Date/Time	Date/Time/Route of relevant medications
Relevant Measures			Date/Tim			Date/Time	
Relevant Measures			Date/Tim			Date/Time	
	Plan [com	Measurement/Score		Measu		Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	
Dimension 1 Treatment		Measurement/Score	is a dimensio	nal driver]	rement/Score	Date/Time	

	DIMENSIO	ON 2 - BIOM	EDICA	L CONDIT	TIONS	
	Risk Rating at Admission			Current Ris	k Rating	
Subdimension	Risk Rating		nensional Driver	Risk Rating		Dimensional Driver
Physical Health Concerns						
Provide clinical justific	cation for the risk rating. If th			nal Driver for	the patient provide a	a summary of
progress, challenges,	and any new issues identified	I since the last revie	W.			
Relevant Measures	Relevant Prior Measurement/Score	Date/Time		ost Recent rement/Score	Date/Time	Date/Time/Route of relevant medications
	Risk Rating at Admission			Current Ris	k Rating	
Subdimension	Risk Rating		nensional Driver	Risk Rating		Dimensional Driver
Pregnancy-Related						
Concerns  Provide clinical justifications	cation for the risk rating. If th	is subdimension is a	a Dimensic	nal Driver for	the patient provide a	a summary of
progress, challenges,	and any new issues identified	d since the last revie	W.			
Relevant Measures	Relevant Prior Measurement/Score	Date/Time		ost Recent rement/Score	Date/Time	Date/Time/Route of relevant medications
	Preusurement, seore		Mcasa	rement, score		relevant medications
Dimension 2 Treatment	Plan [complete if any subdimensi	on is a dimensional dr	iver]			
Describe any changes	s to the treatment plan relate	d to this Dimension	since the	last review.		

	Risk Rating at Admission	CHIAI RIC A	ANDC	Current Risk		
Subdimension		Dimer	nsional			Dimensional
	Risk Rating		iver	Risk Rating		Driver
Active Psychiatric Symptoms						
Provide clinical justification progress, challenges, a	ation for the risk rating. If this s nd any new issues identified sir	ubdimension is a [ nce the last review	Dimensio	nal Driver for tl	ne patient provide a	summary of
	,					
	Relevant Prior		Mc	est Recent		Date/Time/Route of
Relevant Measures	Measurement/Score	Date/Time		rement/Score	Date/Time	relevant medications
	Risk Rating at Admission			Current Risk	Rating	
Subdimension	Risk Rating		nsional iver	Risk Rating		Dimensional Driver
Persistent Disability						
	ation for the risk rating. If this s			nal Driver for tl	ne patient provide a	summary of
progress, challenges, a	nd any new issues identified sir	nce the last review				
Relevant Measures	Relevant Prior	Date/Time		ost Recent	Date/Time	Date/Time/Route of
Tolevalle Measures	Measurement/Score	Date/ Time	Meası	urement/Score	Bute, Time	relevant medications
Dimension 3 Treatment D	Plan [complete if any subdimension i	s a dimensional drive	.rl			
	to the treatment plan related to			ast review.		
, 0	·					

	DIMENSION 4 - SUBS	STANCE US	E-RELATED RISKS	
	Risk Rating at Admission		Current Risk Rating	
Subdimension	Risk Rating	Dimensional Driver	Risk Rating	Dimensional Driver
Likelihood of Risky Substance Use				
	ation for the risk rating. If this subdimensi and any new issues identified since the last		nal Driver for the patient provide a summ	ary of
	Risk Rating at Admission		Current Risk Rating	
Subdimension	Risk Rating	Dimensional Driver	Risk Rating	Dimensional Driver
Likelihood of Risky SUD-Related Behavior				
	ration for the risk rating. If this subdimensi and any new issues identified since the last		nal Driver for the patient provide a summ	ary of
Dimension 4 Treatment F	Plan [complete if any subdimension is a dimension	onal driver]		
Describe any changes	to the treatment plan related to this Dime	ension since the	last review.	

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

	Risk Rating at Admission		Current Risk Rating	
Subdimension	Risk 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 Measures	Relevant Prior Measurement/Score	Date/Time	Most Recent Measurement/Score	Date/Time	Date/Time/Route of relevant medications

	Risk Rating at Admission		Current Ris	k Rating	
Subdimension	Risk Rating	Dimensional Driver	Risk Rating		Dimensional Driver
Safety 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.

	Risk Rating at Admission		Current Risk Rating	
Subdimension	Risk Rating	Dimensional Driver	Risk Rating	Dimensional Driver
Support 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.

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	nce the last review? Yes  Purpose	No  Does this differ from				
MEDICALIONS	Dosage/ Route/Frequency	Purpose	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				

<sup>\*</sup>Dimensional Driver