 City/County SAMSO Authorization Request Form

 Treatment Services

First Name:

Date of Birth:

Physical Address w/ Zip Code:

Cell Phone:

Last Name:       **[ ]** Male **[ ]** Female

SSN last 4 (if known):

Mailing Address (if different):

Email Address:

Agency Requesting Authorization:

Referral Source:       Date of Referral:

Previous Treatment (Dates and Types of Treatment):

Axis I Substance Use Primary Diagnosis (ICD-10 or DSM-5):

Axis I Non-Substance Use Primary Diagnosis if applicable (ICD-10 or DSM-5):

Motivation for Treatment: (Check one) **[ ]** High **[ ]** Medium **[ ]** Low **[ ]** Other: (Describe)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Substances Used:** | **Amount** | **Frequency** | **Duration** | **Last Use\*** |
| Primary:      |       |       |       |       |
| Secondary:      |       |       |       |       |
| Tertiary:      |       |       |       |       |
| *\*If last use is not in the recent past, please include an explanation in section one of the clinical information section.* |

|  |  |
| --- | --- |
| **In the past 30 days, how many days has the client experienced?** | Days |
| Medical problems (sickness and/or physical health problems, non‐substance abuse related) |       |
| Education/Employment problems (poor attendance, performance, and missed responsibility) |       |
| Substance Abuse Problems ( Memory lapses, withdrawal symptoms, cravings) |       |
| Family problems (missed responsibilities, verbal or physical abuse, not caring for children) |       |
| Social Problems (missed responsibilities, verbal/physical abuse, serious conflict due to poor communication) |       |
| Psychiatric problem (serious depression, anxiety, suicidal thoughts) |       |

Is the consumer currently receiving or referred to **case management** services?

Do not count your agency’s case management services unless it is funded by a source other than the SAMSO.

If client is receiving services from YFAC or the Children’s Partnership, list Care Coordinator below.

**[ ]** Consumer is already receiving case management:

 Name of Case Manager:       Phone Number:       Name of agency:

**[ ]** I have referred consumer today to:

 Name of Case Manager:       Phone Number:       Name of agency:

**[ ]** Client refused referral

Type of Request (check one): **[ ]**  Initial **[ ]**  Concurrent **[ ]**  Extension

 **[ ]**  Step-down **[ ]**  Resubmission/Correction **[ ]**  Discharge Notice

Funding Source: **[ ]**  At Risk Adults **[ ]**  Youth **[ ]** Youth Intervention

 **[ ]** Medication Assisted Treatment

 the following require a referral from the funder:

 **[ ]**  Community Court **[ ]**  Family Drug Treatment Court **[ ]** ThriveCare of Travis County

 **[ ]** Healthy Community Collaborative **[ ]** Ryan White

 **[ ]**  Forensic SUD/SB 292 (individual must have criminal justice involvement and mental health diagnosis)

Begin Date for Requested Services:       or Discharge Date:

**Please Check Requested Service(s):**

**[ ]** Diagnostic Interview/Assessment (no medical) – 90791

**[ ]** Diagnostic Interview/Assessment (with medical) -- 90792

**[ ]** Acudetox – 1127

**[ ]** ASAM Level 3.7 – Medically Monitored Intensive Inpatient Services – 525

**[ ]**  ASAM Level 3.5 Clinically Managed High-Intensity Residential Services – 134

**[ ]**  ASAM Level 3.5 Clinically Managed High-Intensity Residential Services – Woman accompanied by dependent child - H2036HD

**[ ]** ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – Woman accompanied by dependent child - H2036SK

**[ ]**  ASAM Level 3.1 Clinically Managed Low-Intensity Residential Services – 128

**[ ]**  ASAM Level 2.1 Intensive Outpatient Services - 905

**[ ]**  ASAM Level 1 Outpatient Services, Individual Psychotherapy over 53 minutes – 90837

**[ ]**  ASAM Level 1 Outpatient Services, Group Psychotherapy – 90853

**[ ]**  Preventive Medicine Group Counseling – 99412

**[ ]**  Methadone Bundled Treatment – H0020

**[ ]**  Buprenorphine Bundled Treatment – H0047

**Clinical Information to Support Requested Level of Care according to the following Dimensions:** (For reauthorization, address how client is benefiting from treatment, progressing towards goals, their motivation level, and clinical need for further treatment.)

## Dimension 1: Alcohol Intoxication and/or Withdrawal Potential

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

1. **[ ]** Individual fully functioning w/ good ability to tolerate, cope with withdrawal discomfort

**[ ]** No signs or symptoms of withdrawal present or are resolving and if alcohol, a CIWA-Ar score of less

than 3

**[ ]** No signs or symptoms of intoxication

1. **[ ]** Adequate ability to tolerate or cope with withdrawal discomfort.

**[ ]** Mild to moderate intoxication, or signs, symptoms interfere w/daily functioning, but not a danger to

self or others

**[ ]** Minimal risk of severe withdrawal resolving and if alcohol, a CIWA-Ar score of 3-7

**[ ]** Sub intoxication level

1. **[ ]** Some difficulty tolerating and coping w/withdrawal discomfort

**[ ]** Intoxication may be severe, but responds to treatment so individual does not pose imminent danger

to self or others

**[ ]** Moderate signs and symptoms with moderate risk of severe withdrawal

**[ ]** Somewhat intoxicated

**[ ]** If alcohol, a CIWA-Ar score if 8-11

1. **[ ]** Demonstrates poor ability to tolerate and cope with withdrawal discomfort.

**[ ]** Severe signs and symptoms of intoxication indicating possible imminent danger to self & others

**[ ]** Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal is worsening

despite detoxification at less intensive level of care

**[ ]** Very intoxicated

**[ ]** If alcohol, a CIWA-Ar score if 12-15

1. **[ ]** Incapacitated, with severe signs and symptoms of withdrawal

**[ ]** Severe withdrawal presents danger (e.g. seizures)

**[ ]** Continued use poses an imminent threat to life

**[ ]** Stuporous

**[ ]** If alcohol, a CIWA-Ar score over 15

Dimension 2: Biomedical Conditions and Complications

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

0 **[ ]** Fully functioning with good ability to tolerate or cope w/ physical discomfort

**[ ]** No biomedical signs or symptoms are present, or biomedical problems stable

**[ ]** No biomedical conditions that will interfere with treatment or create risk

1 **[ ]** 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 **[ ]** 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 **[ ]** Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor **[ ]** Has serious medical problems he/she neglects during outpatient treatment that require frequent

medical attention

**[ ]** Severe medical problems are present but stable.

**[ ]** Medical problem(s) present that would be severely exacerbated by a relapse

**[ ]** Medical problem(s) present that would be severely exacerbated by withdrawal (e.g., diabetes,

hypertension)

**[ ]** Medical problems that require medical or nursing services

4 **[ ]** Incapacitated, with severe medical problems

**[ ]** Severe medical problems that are life-threatening risk

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

1. **[ ]** No or stable mental health problems
2. **[ ]** Sub-clinical mental disorder

**[ ]** Emotional concerns relate to negative consequences and effects of addiction.

**[ ]** Suicidal ideation without plan

**[ ]** Social role functioning impaired, but not endangered by substance use; mild symptoms that do not

impair role functioning (e.g. social, school, or work)

**[ ]** Mild to moderate signs and symptoms with good response to treatment in the past.

**[ ]** Or past serious problems have long period of stability or are chronic, but do not pose high risk of harm

2 **[ ]** Suicidal ideation or violent impulses require more than routine monitoring

**[ ]** Emotional, behavioral, or cognitive problems distract from recovery efforts.

**[ ]** Symptoms are causing moderate difficulty in role functioning (e.g. school, work)

**[ ]** Frequent and/or intense symptoms with a history of significant problems that are not well stabilized,

but not imminently dangerous

**[ ]**  Emotional/behavioral/cognitive problems/symptoms distract from recovery efforts

**[ ]** Problems with attention or distractibility interfere with recovery efforts

**[ ]** History of non-adherence with required psychiatric medications

3 **[ ]** Frequent impulses to harm self or others which are potentially destabilizing, but not imminently

dangerous

**[ ]** Adequate impulse control to deal with thoughts of harm to self or others

**[ ]** Uncontrolled behavior and cognitive deficits limit capacity for self-care, ADL’s

**[ ]** Acute symptoms dominate clinical presentation (e.g. impaired reality testing, communication, thought

processes, judgment, personal hygiene, etc.) and significantly compromise community

adjustment and follow through with treatment recommendations

4 **[ ]** Individual has severe and unstable psychiatric symptoms and requires secure confinement

**[ ]** Severe and acute psychotic symptoms that pose immediate danger to self or others (e.g. imminent

risk of suicide; gross neglect of self-care; psychosis with unpredictable, disorganized, or violent

behavior)

**[ ]** Recent history of psychiatric instability and/or escalating symptoms requiring high intensity services

to prevent dangerous consequences

Dimension 4: Readiness to Change

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

0 **[ ]** Willingly engaged in treatment as a proactive participant, is aware of/admits to having an addiction

problem and is committed to addiction treatment and changing substance use and adherence with psychiatric medications

**[ ]** Can articulate personal recovery goals

**[ ]** Willing to cut negative influences

**[ ]** Is in Preparation or Action Transtheoretical Stage of Change

1 **[ ]** Willing to enter treatment and explore strategies for changing AODA use or dealing with mental

health disorder but is ambivalent about need for change ( is in Contemplation Stage of Change)

**[ ]** Willing to explore the need for treatment and strategies to reduce or stop substance use

**[ ]** Willing to change AODA use but believes it will not be difficult or will not accept a full recovery

treatment plan or does not recognize that he/she has a substance use problem

2 **[ ]** Reluctant to agree to treatment for substance use or mental health problems but willing to be

compliant to avoid negative consequences or may be legally required to engage in treatment

**[ ]** Able to articulate negative consequences of AODA use but has low commitment to change use of

substances

**[ ]** Low readiness to change and is only passively involved in treatment

**[ ]** Variably compliant with outpatient treatment, self-help or other support groups

3 **[ ]** Exhibits inconsistent follow through and shows minimal awareness of AODA or mental health

disorder and need for treatment

**[ ]** Appears unaware of need to change and unwilling or only partially able to follow through with

treatment recommendations

4 **[ ]** Unable to follow through, has little or no awareness of substance use or mental health problems and

associated negative consequences

**[ ]** Not willing to explore change and is in denial regarding illness and its implications

**[ ]** Is not in imminent danger or unable to care for self – no immediate action required

**[ ]** Unable to follow through with treatment recommendations resulting in imminent danger of harm to

self/others or inability to care for self

Dimension 5: Relapse, Continued Use or Continued Problem Potential

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

0 **[ ]** No potential for further AODA or MH problems

**[ ]** Low relapse or continued use potential and good coping skills

**[ ]** Is engaged with ongoing recovery/support groups

**[ ]** Has positive expectancies about treatment

**[ ]** No use of illicit drugs

**[ ]** Has no demographic risk factor (under 25 years of age, never married or having lived as married,

unemployed, no high school diploma or GED)

**[ ]** No current craving

**[ ]** No impulsivity noted

**[ ]** Appropriately self-confident

**[ ]** Not risk-taking or thrill-seeking

**[ ]** No psychiatric medication required or adherent with psychiatric medications

1 **[ ]** Minimal relapse potential with some vulnerability

**[ ]** Some craving with ability to resist

**[ ]** One or two changeable demographic risk factors

**[ ]** Marginally affected by external influences

**[ ]** Mostly non-impulsive

**[ ]** Mostly confident

**[ ]** Low level of risk-taking or thrill-seeking

**[ ]** Fair self-management and relapse prevention skills

**[ ]** Needs support and counseling to maintain abstinence, deal with craving, peer pressure, and lifestyle

and attitude changes

**[ ]** Mostly adherent with prescribed psychiatric medications

**[ ]** Episodic use of alcohol (less than weekly)

**[ ]** Sporadic use of drugs (<1/week), not injected

2 **[ ]** Impaired recognition and understanding of substance use relapse issues

**[ ]** Difficulty maintaining abstinence despite engagement in treatment

**[ ]** Able to self-manage with prompting

**[ ]** Some craving with minimal/sporadic ability to resist

**[ ]** One or two durable demographic risk factors

**[ ]** Moderately affected by external influences

**[ ]** Neither-impulsive nor deliberate

**[ ]** Uncertain about ability to recover or ambivalent

**[ ]** Moderate level of risk-taking or thrill-seeking

**[ ]** Mostly adherent with prescribed psychiatric medications with failure likely to result in moderate to

severe problems

**[ ]** Regular use of alcohol (once or twice a week)

**[ ]** Moderate use of drugs (1-3X/week), not injected

3 **[ ]** Little recognition and understanding of substance use relapse

**[ ]**  Has poor skills to cope with and interrupt addiction problems, or to avoid or limit relapse or continued

use

**[ ]**  Severe craving with minimal/sporadic ability to resist

**[ ]**  Three demographic risk factors

**[ ]**  Substantially affected by external influences

**[ ]** Somewhat impulsive

**[ ]**  Dubious about ability to recover

**[ ]**  High level of risk-taking or thrill-seeking

**[ ]**  Mostly non-adherent with prescribed psychiatric medications with failure likely to result in moderate

to severe problems

**[ ]**  Frequent use of alcohol (3 or more times a week)

**[ ]**  Frequent use of drugs (more than 3X/week) and/or smoking drugs

4 **[ ]**  Repeated treatment episodes had little positive effect on functioning

**[ ]** No skills to cope with and interrupt addiction problems or prevent/limit relapse or continued use

**[ ]**  Severe craving with no ability to resist

**[ ]**  Four or more significant demographic risks

**[ ]**  Totally outer-directed

**[ ]**  Very impulsive

**[ ]**  Very pessimistic or inappropriately confident about ability to recover but is not in imminent danger or

unable to care for self – no immediate action required

**[ ]**  Dangerous level of risk-taking or thrill-seeking

**[ ]**  Not at all adherent with prescribed psychiatric medications with failure likely to result in severe

 problems

**[ ]**  Daily intoxication

**[ ]**  Daily use of illicit drugs and/or IV drug use

**[ ]**  Is in imminent danger or unable to care for self

Dimension 6: Recovery Environment

SEVERITY/INTENSITY RATING (0=no problem or stable/1=mild/2=moderate/3=substantial/4= severe)

0 **[ ]**  Has a supportive environment or is able to cope with poor supports

**[ ]**  Living in a dry, drug-free home

**[ ]**  Few liquor outlets/no overt drug dealing

**[ ]**  Subcultural norms strongly discourage abusive use

**[ ]**  Positive leisure/recreational activities not associated with use

**[ ]**  No risk for emotional, physical or sexual abuse

**[ ]**  No logistical barriers to treatment or recovery

1 **[ ]**  Has passive support in environment; family/significant other support system need to learn techniques

to support the individual’s recovery effort (e.g. limit setting, communication skills, etc.)

**[ ]**  Significant others are not interested in supporting addiction recovery, but individual is not too

distracted by this situation, and is able to cope with the environment

**[ ]**  Individual demonstrates motivation and willingness to obtain a positive social support system

**[ ]**  Safe supportive living situation in a non-dry or non drug-free home

**[ ]**  Alcohol & drugs readily obtainable

**[ ]**  Subcultural norms discourage abusive use

**[ ]**  Leisure/recreational activities conducive to recovery available

**[ ]**  Some risk for emotional, physical or sexual abuse

**[ ]**  Logistical barriers to treatment or recovery can be readily overcome

2 **[ ]**  Environment is not supportive of addiction recovery, but with clinical structure, individual is able to

cope most of the time

**[ ]**  Living alone

**[ ]**  Ready access to alcohol & drugs near home

**[ ]**  Subcultural norms inconsistent about abusive use

**[ ]**  Leisure/recreational activities neutral for recovery

**[ ]**  Above average risk for emotional, physical or sexual abuse

**[ ]**  Logistical barriers to treatment or recovery serious but resolvable

3 **[ ]**  Environment is not supportive of addiction recovery, and coping is difficult, even with clinical

structure

**[ ]**  Someone in the household currently dependent or abusing

**[ ]**  Bars/liquor stores/dealers prevalent

**[ ]**  Subcultural norms encourage abusive use

**[ ]**  Alcohol and drugs readily available at preferred leisure/recreational activities

**[ ]**  Substantial risk for emotional, physical or sexual abuse in current environment

**[ ]**  Substantial logistical impediments to treatment or recovery

4 **[ ]**  Environment is not supportive of addiction recovery and is hostile and toxic to recovery or treatment

progress

**[ ]**  Unstable residence, living in shelter or mission, homeless

**[ ]**  Extensive drug dealing/solicitation

**[ ]**  Subcultural norms strongly encourage abusive use

**[ ]**  Leisure/recreational activities poise severe risks

**[ ]**  Currently being emotionally, physically or sexually abused

**[ ]**  Extreme logistical impediments to treatment or recovery

**[ ]**  Unable to cope with negative effects of the living environment on recovery - no immediate action

required

**[ ]**  Environment is not supportive of addiction recovery, and is actively hostile to recovery, posing an

immediate threat to safety and well-being - **immediate action required**

Completed by (please print):      Provider ID:       Phone #:

**Please Upload the Completed Form to Integral Care’s FTP Website**

# CONTACT: Utilization Management (512) 440-4044