

Ohio Department of Medicaid
SUBSTANCE USE DISORDER SERVICES
PRIOR AUTHORIZATION REQUEST

Instructions
<p>This request form is for use by providers of substance use disorder (SUD) treatment services requiring prior authorization in accordance with Ohio Administrative Code (OAC) rule 5160-27-09.</p> <ol style="list-style-type: none"> 1. Complete Sections I through VII of this form entirely (<i>as applicable</i>). 2. Submit both of the following with this form, unless previously submitted: <ul style="list-style-type: none"> <input type="checkbox"/> A copy of the most recent initial or comprehensive assessment in accordance with OAC 5122-29-03 <input type="checkbox"/> 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. <p>Managed care plans must process prior authorization requests in accordance with OAC rule 5160-26-03.1 and the Medicaid Managed Care Plan (MCP) or MyCare Ohio Plan (MCOP) provider agreement.</p>

Section I: Member Information	
Plan <input type="checkbox"/> Medicaid MCP <input type="checkbox"/> MyCare <input type="checkbox"/> Fee for Service (FFS)	Date of Request
Authorization Request Type <input type="checkbox"/> Initial (<i>The first prior authorization request per admission, in accordance with paragraph (F) of OAC 5160-27-09</i>) <input type="checkbox"/> Continued Stay (<i>A request for additional days/units beyond those previously authorized</i>)	
Member Name	Date of Birth
Member ID Number	Member Phone
Requested Authorization Decision Type <input type="checkbox"/> Standard (<i>Plan authorization decision required no later than ten calendar days after receipt</i>) <input type="checkbox"/> Expedited* (<i>Plan authorization decision required no later than forty-eight hours after receipt</i>) <i>*Select Expedited: (1) when the standard authorization timeframe could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function; or (2) for all SUD residential treatment requests.</i>	

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

Section III: Authorization Request

Admission Date	Has client had two or more prior admissions to residential treatment in this calendar year <i>(at your agency or another agency, if known)</i> ?	
Number of Days/Units Requested	Requested Authorization Start Date	Requested Authorization End Date
Service Requested <input type="checkbox"/> Partial Hospitalization ASAM 2.5 (H0015 TG)		
<input type="checkbox"/> Clinically Managed Low Intensity Residential ASAM 3.1 (H2034)		
<input type="checkbox"/> Clinically Managed Population-Specific High Intensity Residential (Adults) ASAM 3.3 (H2036 HI)		
<input type="checkbox"/> Clinically Managed High-Intensity Residential ASAM 3.5 (H2036)		
<input type="checkbox"/> Medically Monitored Intensive Inpatient Treatment (Adults) ASAM 3.7 (H2036 TG)		
<input type="checkbox"/> Medically Monitored High-Intensity Inpatient Treatment (Adolescents) ASAM 3.7 (H2036 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.

Section IV: Medications

Enter medications *(including dosage, frequency, and form, as applicable)* or attach list. Include prescribed, over the counter, vitamins, or dietary supplements. If previously provided, note changes or additions only.

Section V: Client Perspective on Progress & Continued Needs

Provide a summary of the client's perspective on progress and continued needs. For adolescents, include family/caregiver perspective on progress and continued needs, as applicable.

Describe how the requested service will benefit the client.

Section VI: American Society of Addiction Medicine (ASAM) Criteria¹ Summary of Dimension Ratings
Summary of ASAM dimension ratings should be completed to the extent necessary to support the requested service.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Risk Rating:

<p>Potential withdrawal</p> <input type="checkbox"/> Unstable vital signs in active withdrawal <input type="checkbox"/> Level and duration of use would indicate potential withdrawal <input type="checkbox"/> Client verbalizing possible withdrawal symptoms <input type="checkbox"/> Results of toxicology screening	<p>Potential intoxication if client is not in a secure setting</p> <input type="checkbox"/> Craving <input type="checkbox"/> Post-acute withdrawal (continuing episodic periods of intense anxiety and craving) <input type="checkbox"/> Ambivalent about stopping use
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Additional rating explanation *(if applicable)*

Dimension 2: Biomedical Conditions and/or Complication (BMC/C)

Risk Rating:
Complicating medical condition: diagnosis or complaint:

<input type="checkbox"/> Unstable	<input type="checkbox"/> Under a Medical Provider's care	<input type="checkbox"/> Other
<input type="checkbox"/> Stable	<input type="checkbox"/> Not under a Medical Provider's care	

Additional rating explanation *(if applicable)*

Dimension 3: Emotional/ Behavioral/ Cognitive Conditions and/or Complications (EBC/C)

Risk Rating:

Coping Skills

- Unable to respond without regression to:
 - mild stressors
 - moderate stressors
 - severe stressors
- Impulse driven, limited ability to utilize external supports

Problem Solving

- Continues to react rather than developing an appropriate action plan
- Problem solving is ineffective, immature, reactionary

Cognitive Functioning

- Difficulty processing information in a manner that prevents him/her from using the information effectively and
- Negatively impacts the implementation of new skills of daily living

Behavioral

- Individual is currently engaged in active substance use
- Poor and difficult engagement with external supports

Mental health diagnosis or complaint

- Mental health condition unstable
- Mental health condition stable
- Mental health condition under clinical care
- Other mental health condition:

- Psychological, emotional, or physical trauma history or issues including Adverse Childhood Experiences (ACES) are interfering with daily life
- Suicidal/homicidal behavioral and/or ideation

Additional rating explanation *(if applicable)*

Dimension 4: Readiness to Change

Risk Rating:

- | | |
|---|---|
| <input type="checkbox"/> Client was a self-referral | <input type="checkbox"/> Client is attending treatment but marginally engaged |
| <input type="checkbox"/> Client was referred by _____
and is responsive to their input/direction | <input type="checkbox"/> Client's attendance is intermittent / inconsistent |
| <input type="checkbox"/> Client's motivation to change is internal | <input type="checkbox"/> Client is attending and participating in all activities,
is benefiting but still struggles with changes |
| <input type="checkbox"/> Client's motivation to change is external | <input type="checkbox"/> Client is fully engaged and continues to improve |
| <input type="checkbox"/> Client is in the _____ Stage of Change
for _____ | |

Additional rating explanation (if applicable)

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Risk Rating:

- | | |
|---|---|
| <input type="checkbox"/> Scores/conditions noted in Dimensions 1,3,4, and
6 indicate a high probability of relapse if not
stabilized | <input type="checkbox"/> Client's relapse prevention plan is simplistic, too
vague, or the client's commitment to the plan
indicates a poor prognosis |
| <input type="checkbox"/> Client continues to experience post-acute
withdrawal, including but not limited to episodes of
intense craving, anxiety, and agitation | <input type="checkbox"/> Client does not evidence the skills/understanding
to effectively follow/utilize the relapse
prevention plan |
| <input type="checkbox"/> Client continues to engage in relapse behaviors even
though he/she has not yet returned to use | |

Additional rating explanation (if applicable)

Dimension 6: Recovery/Living Environment

Risk Rating:

- The client's family (*includes significant others and parents*) is (*select one*):
 - not supportive or
 - actively sabotaging of the client's efforts
- Client is engaged in interpersonal relationships with persons in active substance use
- The client does not have safe and sober housing. Client's current living situation is with persons in active substance use.
- Does not have transportation to continue engagement in recovery and to support employment
- Client lacks regimentation and requires a structure environment to continue recovery
- Client lacks regimentation and requires a structure environment to continue recovery
- Client is not employed or engaged in education/training
- Client does not have resources for childcare
- Client is not engaged in a sober support group and/or sober support

- Has not engaged in nor have scheduled continuation in:
- Mental health counseling
 - Family counseling
 - Aftercare or the next level of care in their treatment

Additional rating explanation (*if applicable*)

Section VII: Request for Continuing Services

Complete this section when

- This is an *initial* request for a client who is currently in residential treatment (i.e., client is in the initial 30 days of the first or second admission in a calendar year) and this request is for residential treatment beyond the initial 30 consecutive days; or
- This is a *continued stay* request.

Request is based on one of the following:

- The patient is making progress, but has not yet achieved the treatment goals articulated in ITP
- The patient is not making progress or is making some progress, but has the capacity and is actively working toward the treatment goals articulated in the ITP
- A new problem has been identified that is appropriately treated at the present level of care

Additional explanation (*if applicable*)

Section VIII: Additional Comments

Complete this section if you have additional comments that do not fit into the boxes above.

- Reference the section and dimension your comment is addressing
- Reference the specific question your comment is addressing

Additional comments (*if applicable*)

ⁱ Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013. Copyright 2013 by the American Society of Addiction Medicine