

## Addictive and Mental Disorders Division

### Substance Use Disorder (SUD) Continued Stay Request Form for Residential and Inpatient Services

*Refer to the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health for information pertaining to Utilization Management process and requirements.*

#### ASAM Recommended Level of Care

ASAM 3.1 (Complete Pages 1&2 and Form 3.1)    ASAM 3.5 (Complete Pages 1&2 and Form 3.5)    ASAM 3.7 (Complete Pages 1&2 and Form 3.7)

This worksheet must be completed by a Licensed Behavioral Health Professional (Licensed Addictions Counselor (LAC) or other Mental Health Professional with SUD in their scope). Information must be **typed** and handwritten documents will not be accepted.

Demographics			
Member Name:	Enter text. _____	Birthdate:	Enter text. _____ Medicaid # Enter text. _____
Address:	Enter text. _____	City:	Enter text. _____ Zip: Enter text. _____
Email:	Enter text. _____	Phone:	Enter text. _____ Social Security #: Enter text. _____
Does member have a legal guardian/power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Guardian Name:	Enter text. _____	Relationship to member:	Enter text. _____
Address:	Enter text. _____	City:	Enter text. _____ Zip: Enter text. _____
Phone:	Enter text. _____	Cell	Enter text. _____
Professional Completing Form:	Enter text. _____	Credentials:	Enter text. _____ Phone: Enter text. _____ Date: Enter text. _____
Agency Name & NPI:	Enter text. _____	Fax:	Enter text. _____
Requested Start Date:	Enter text. _____	Projected Discharge Date:	Enter text. _____
Primary & Subsequent ICD-10 Diagnosis Code (up to 5): Enter text. _____			
Licensed Behavioral Health Professional Signature:	Enter text. _____	Credentials:	Enter text. _____ Date: Enter text. _____

**Current Medication – Psychiatric and Medical: (attach additional sheets if needed)**

Name of Medication	Dose	Schedule	Date Start/Changed	Date Discontinued
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.

**Form 3.1 – Clinically Managed Low-Intensity Residential Continued Stay**

This form is used to assign a risk rating and continued service at the current level of care criteria. The score given in each dimension should be independent of the other dimensions. Documentation for Continued Stay Review must be received no earlier than 5 working days prior to the end of the current authorized period.

**Requested Service Type:**

- Adult - Assessed as meeting specifications in each of the six dimensions (At least two Moderate ratings in Dimensions 4, 5, or 6)
- Adolescent - Assessed as meeting specifications in at least two of the six dimensions (At least two Moderate ratings in Dimensions 3, 4, 5, or 6)

**The following documents must be attached to the completed form: Treatment Plan and Updates, Continuing Care (Discharge Plan), and Current Labs (Urine Screen).**

**Submit completed pages 1&2, Form 3.1, and required attachments to:**

**Telligen**

**Fax: 1-833-574-0650**

**OR create request using Telligen Qualitrac.**

**DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.**

**Phone: 800-219-7035**

**Risk Rating Criteria** (Use on Risk Rate 0-4 tables below)

**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.

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations - <i>Check all that apply</i>
1	Acute Intoxication and/or Withdrawal Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.
2	Biomedical Conditions and Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.
3	Emotional, Behavioral, or Cognitive Conditions or Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.

4	<b>Readiness to Change</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.
5	<b>Relapse, Continued Use, or Continued Problem Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.
6	<b>Recovery Environment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.

This section is used to document clinical rationale in each dimension for continued service at the current level of care.

<b>Dimensions for Continued Service at the Current Level of Care</b>	
<b>Dimension 1 – Acute intoxication and or Withdrawal Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 2 – Biomedical Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 4 – Readiness to Change</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 5 – Relapse, Continued Use, or Continued Problem Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 6 – Recovery Environment</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.

**Criteria A** - 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 his or her treatment goals; or

**Criteria B** - 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 goals; and/or

**Criteria C** - 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 the continued stay in the current level of care. The level of care in which the member is receiving treatment is therefore the least intensive level at which the member's problems can be addressed effectively.

**Form 3.5 – Clinically Managed High-Intensity Residential (Adult) / Clinically Managed Medium-Intensity Residential (Adolescent) Continued Stay**

This form is used to assign a risk rating and continued service at the current level of care criteria. The score given in each dimension should be independent of the other dimensions. Documentation for Continued Stay Review must be received no earlier than 5 working days prior to the end of the current authorized period.

**Requested Service Type:**

- Adult – Assessed as meeting specifications in each of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)
  
- Adolescent - Assessed as meeting specifications in at least two of the six dimensions (At least two Significant ratings in Dimensions 3, 4, 5, or 6)

**The following documents must be attached to the completed form: Treatment Plan and Updates, Continuing Care (Discharge Plan), and Current Labs (Urine Screen).**

**Submit completed pages 1&2, Form 3.5, and required attachments to:**

**Telligen**

**Fax: 1-833-574-0650**

**OR create request using Telligen Qualitrac.**

**DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.**

**Phone: 800-219-7035**



**Risk Rating Criteria** (Use on Risk Rate 0-4 tables below)

**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.

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations - <i>Check all that apply</i>
1	<b>Acute Intoxication and/or Withdrawal Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.
2	<b>Biomedical Conditions and Complications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.
3	<b>Emotional, Behavioral, or Cognitive Conditions or Complications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.

4	<b>Readiness to Change</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.
5	<b>Relapse, Continued Use, or Continued Problem Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.
6	<b>Recovery Environment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.

This section is used to document clinical rationale in each dimension for continued service at the current level of care.

<b>Dimensions for Continued Service at the Current Level of Care</b>	
<b>Dimension 1 – Acute intoxication and or Withdrawal Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 2 – Biomedical Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 4 – Readiness to Change</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 5 – Relapse, Continued Use, or Continued Problem Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 6 – Recovery Environment</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.

**Criteria A** - 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 his or her treatment goals; or

**Criteria B** - 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 goals; and/or

**Criteria C** - 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 the continued stay in the current level of care. The level of care in which the member is receiving treatment is therefore the least intensive level at which the member's problems can be addressed effectively.

**Form 3.7 – Medically Monitored Intensive Inpatient (Adult) / Medically Monitored High-Intensity Inpatient (Adolescent) Continued Stay**

**Admit Date:** Enter text. **Admit Time:** Enter text.

This form is used to assign a risk rating and continued service at the current level of care criteria. The score given in each dimension should be independent of the other dimensions. Documentation for Continued Stay Review must be received no earlier than 3 working days prior to the end of the current authorized period.

**Requested Service Type:**

- Adult – Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Significant rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6)
  
- Adolescent - Assessed as meeting specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. (At least one Significant rating in Dimensions 1, 2, or 3; and one Severe rating in Dimensions 4, 5, or 6)

**The following documents must be attached to the completed form: Treatment Plan and Updates, Continuing Care (Discharge Plan), and Current Labs (Urine Screen, Complete Blood Count, Complete Metabolic Panel).**

**Submit completed pages 1&2, Form 3.7 and required attachments to:**

**Telligen**

**Fax: 1-833-574-0650**

**OR create request using Telligen Qualitrac.**

**DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.**

**Phone: 800-219-7035**

**Risk Rating Criteria** (Use on Risk Rate 0-4 tables below)

**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.

Risk Rating (0-4)							
ASAM Dimensions		0	1	2	3	4	Considerations - <i>Check all that apply</i>
1	<b>Acute Intoxication and/or Withdrawal Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recent Use <input type="checkbox"/> Withdrawal Problems <input type="checkbox"/> Other: Enter text.
2	<b>Biomedical Conditions and Complications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical Problems <input type="checkbox"/> Physical Health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other: Enter text.
3	<b>Emotional, Behavioral, or Cognitive Conditions or Complications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Co-occurring Mental Disorder <input type="checkbox"/> Psychological Health <input type="checkbox"/> Psychiatric Symptoms <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Cognitive Problems <input type="checkbox"/> Other: Enter text.

Risk Rating (0-4)							
4	<b>Readiness to Change</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Awareness of Problem <input type="checkbox"/> Understanding of Use as it Relates to Problems <input type="checkbox"/> Commitment to Treatment <input type="checkbox"/> Other: Enter text.
5	<b>Relapse, Continued Use, or Continued Problem Potential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coping skills <input type="checkbox"/> Strengths <input type="checkbox"/> Deficits/Impairments <input type="checkbox"/> Risk of Relapse (triggers, cravings, etc.) <input type="checkbox"/> Other: Enter text.
6	<b>Recovery Environment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Community Support System <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Romantic Relationships <input type="checkbox"/> Living Environment <input type="checkbox"/> School, Work, Legal Issues <input type="checkbox"/> Other: Enter text.

This section is used to document clinical rationale in each dimension for continued service at the current level of care.

<b>Dimensions for Continued Service at the Current Level of Care</b>	
<b>Dimension 1 – Acute intoxication and or Withdrawal Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 2 – Biomedical Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 3 – Emotional Behavioral or Cognitive Conditions and Complications</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 4 – Readiness to Change</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 5 – Relapse, Continued Use, or Continued Problem Potential</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.
<b>Dimension 6 – Recovery Environment</b> <input type="checkbox"/> Criteria A <input type="checkbox"/> Criteria B <input type="checkbox"/> Criteria C	Enter text.



**Criteria A** - 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 his or her treatment goals; or

**Criteria B** - 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 assess as necessary to permit the member to continue to work toward his or her goals; and/or

**Criteria C** - 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 the continued stay in the current level of care. The level of care in which the member is receiving treatment is therefore the least intensive level at which the member's problems can be addressed effectively.