**SA IOP (Substance Abuse Intensive Outpatient Program) template/requirements (submitted by provider)**

**Scenario:** Completing a pre-authorization review for the SA IOP Level of Care (LOC)

**Effective Date:** 2/1/2016

Please Email (preferred) OR Fax the completed form to the contact information below:

EMAIL: [la.beh.auths@uhc.com](mailto:la.beh.auths@uhc.com%20)

FAX #: **1-855-202-7023**

***NOTE: Requests should be typed and not handwritten***

**REQUEST**

* Date and time of request: Click here to enter text.
* Member name: Click here to enter text.
* Member date of birth: Click here to enter text.
* Member Medicaid identification number: Click here to enter text.
* Member admitted (if yes, date/time of admission): Click here to enter text.

**FACILITY INFORMATION**

* Name of provider: Click here to enter text.
* Provider’s phone number: Click here to enter text.
* Level of care being requested: Click here to enter text.
* Provider/Facility name: Click here to enter text.
* Facility TIN or NPI: Click here to enter text.
* Facility address: Click here to enter text.
* Attending physician: Click here to enter text.
* Utilization review contact name: Click here to enter text.
* Utilization review contact phone number: Click here to enter text.
* Utilization review fax number: Click here to enter text.
* Utilization review email address: Click here to enter text.

**American Society of Addiction Medicine (ASAM) DIMENSION 1*:*** *(ACUTE INTOXICATION OR WITHDRAWAL POTENTIAL)*

* Substance use diagnosis: Click here to enter text.
* Substance use history (substance/amount/frequency/route/first use/last use): Click here to enter text.
* Urine drug screen: Click here to enter text.
* Blood alcohol level: Click here to enter text.

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* Current withdrawal symptoms/vitals: Click here to enter text.
* History of seizures/blackouts/DTs: Click here to enter text.

**ASAM DIMENSION 2*:*** (*BIOMEDICAL CONDITIONS AND COMPLICATIONS*)

* Medical issues/diagnosis: Click here to enter text.
* PCP: Click here to enter text.
* Home meds: Click here to enter text.
* Current meds/detox protocol: Click here to enter text.

**ASAM DIMENSION 3:** *(EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS)*

* Mental health diagnosis: Click here to enter text.
* Outpatient mental health provider: Click here to enter text.
* Home medications: Click here to enter text.
* Current medications: Click here to enter text.
* Other relevant information (e.g., abuse, trauma, risk factors, history of noncompliance, current mental status): Click here to enter text.

**ASAM DIMENSION 4*:*** *(READINESS TO CHANGE)*

* Stage of change/as evidenced by: Click here to enter text.
* Internal/external motivators (legal, family, DCFS, employer, why now/precipitant): Click here to enter text.

**ASAM DIMENSION 5*:*** *(RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL)*

* Relapse potential: Click here to enter text.
* Triggers identified: Click here to enter text.
* Relapse prevention skills/progress during treatment: Click here to enter text.
* Treatment history (levels of care, facility, dates): Click here to enter text.
* Longest period of sobriety outside of structured environment: Click here to enter text.

**ASAM DIMENSION 6*:*** *(RECOVERY AND LIVING ENVIRONMENT)*

* Living situation: Click here to enter text.
* Sober supports: Click here to enter text.
* Family history of mental health/substance abuse: Click here to enter text.

**TREATMENT PLAN:**Click here to enter text.

**DISCHARGE PLAN:** Click here to enter text.