Optum

SUD Residential Authorization Request

Type of Request: Initial ☐ Continuing ☐ Extension ☐ LOC Change ☐
Requested Authorization Start Date: _____
Level of Care Requested: 3.1 ☐ 3.5 ☐

First Name:	Last Name:	DOB:	Age:
Gender Identity: Male ☐ Female ☐ Other ☐ Unknown ☐		Mailing Address:	
Medi-Cal or Social Security #: (Required at Initial or as changes occur)			
Other Health Coverage: ☐		Referral Source:	
Currently Pregnant? N/A ☐ Yes ☐ No ☐ If Yes, due date:			

Substance:	# of Days Used in Past 30 Days:	Date of Last Use:	If date of last use is more than 7 days, how was the client able to remain abstinent?

Primary SUD Diagnosis:

ASAM DIMENSION, SCORE, EXPLANATION

DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	**Comments (optional):**
DIMENSION 2 Biomedical Conditions and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	**Comments (optional):**
DIMENSION 3 Emotional, Behavioral, or Cognitive Conditions and Complications	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	

1. In last 30 days, mental health symptoms and frequency:

2. History of SI/HI:	3. History of psychiatric hospitalization or mental health treatment?	4. History of physical aggression/risky behaviors?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Explain Dimension Scoring:

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DIMENSION 4 Readiness to Change	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	

1. Client wants treatment: Yes ☐ No ☐	2. History of trying to stop drinking/using: Yes ☐ No ☐
3. Does client want to quit or cut back on alcohol and other drug use? Yes ☐ No ☐	
Explain Dimension Scoring:	

DIMENSION 5 Relapse, Continued Use, or Continued Problem Potential	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	

1. Longest period of abstinence: None ☐ Days ☐ Weeks ☐ Months ☐ Years ☐	2. Client can identify substance use triggers: Yes ☐ No ☐
3. Client has effective coping skills: Yes ☐ No ☐	4. Client has a relapse prevention plan: Yes ☐ No ☐
Explain Dimension Scoring:	

DIMENSION 6 Recovery/Living Environment	☐ 0 None	☐ 1 Mild	☐ 2 Moderate	☐ 3 Significant	☐ 4 Severe	

1. Client has stable housing: Yes ☐ No ☐	2. Client lives in an environment where others are regularly using drugs or alcohol: Yes ☐ No ☐
3. History of alcohol or other drug use creating situations that are dangerous for client/threatening to others: Yes ☐ No ☐	
Explain Dimension Scoring:	

Name of Staff Completing Form and Credential:	Date Staff Completed Form:
LPHA Name and if Applicable Signature:	Date LPHA Completed or was Consulted: