

FORWARDHEALTH
PRIOR AUTHORIZATION / RESIDENTIAL SUBSTANCE USE
DISORDER TREATMENT ATTACHMENT (PA/RSUD)

INSTRUCTIONS: Type or print clearly. Before completing this form, refer to the Prior Authorization/Residential Substance Use Disorder Treatment Attachment (PA/RSUD) Instructions, F-02567A. Providers may refer to the Forms page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms> for the completion instructions.

The residential SUD provider must complete, sign, and date the form. The residential SUD provider may submit PA requests to ForwardHealth via the ForwardHealth Portal, by fax at 608-221-8616, or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Date of Birth – Member

3. Member ID Number

SECTION II – SERVICE REQUEST

4. Indicate one level of care.

☐ Clinically Managed High-Intensity
(Medically Monitored Residential Treatment
Service—DHS 75.54)

☐ Clinically Managed Low-Intensity
(Transitional Residential Treatment
Service—DHS 75.53)

5. Indicate any additional complexities that are present. Check all that apply.

☐ Currently Pregnant

☐ Under Age 18

☐ Intellectual/Developmental Disability

SECTION III – DIAGNOSTIC EVALUATION

6. Indicate up to three substances used by the member that have been evaluated using diagnostic criteria.

Substance 1 _____	F10 Alcohol	F15 Other stimulant
	F11 Opioid	F16 Hallucinogen
Substance 2 _____	F12 Cannabis	F17 Nicotine
	F13 Sedative, hypnotic, or anxiolytic	F18 Inhalant
Substance 3 _____	F14 Cocaine	F19 Other psychoactive substance

7. For each substance identified in Element 6, check all diagnostic criteria for SUD that apply to the member.

Substance			Diagnostic Criteria for SUD
1	2	3	
			The substance is often taken in larger amounts and/or over a longer period than the member intended.
			The member has made persistent attempts or one or more unsuccessful efforts to cut down or control substance use.
			A great deal of time is spent on activities necessary to obtain the substance, use the substance, or recover from the effects of the substance.



DT-PA125-125

Substance			Diagnostic Criteria for SUD
1	2	3	
			The member has a craving or strong desire or urge to use the substance.
			Recurrent substance use results in a failure to fulfill major role obligations at work, school, or home.
			Substance use continues despite the member having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
			The member has given up or reduced important social, occupational, or recreational activities because of substance use.
			The member experiences recurrent substance use in situations in which it is physically hazardous.
			Substance use continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
			The member experiences tolerance, as defined by either (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect or (b) markedly diminished effect with continued use of the same amount.
			The member experiences withdrawal as manifested by either (a) the characteristic withdrawal symptoms for the substance or (b) the same substance being taken to relieve or avoid withdrawal symptoms.

8. Indicate up to two secondary psychiatric or mental health diagnoses.

- | | |
|---|--|
| <input type="checkbox"/> Neurodevelopmental disorders | <input type="checkbox"/> Sleep-wake disorders |
| <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders | <input type="checkbox"/> Sexual dysfunctions |
| <input type="checkbox"/> Bipolar and related disorders | <input type="checkbox"/> Gender dysphoria |
| <input type="checkbox"/> Depressive disorders | <input type="checkbox"/> Disruptive, impulse-control, and conduct disorders |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Substance-related and addictive disorders |
| <input type="checkbox"/> Obsessive-compulsive and related disorders | <input type="checkbox"/> Neurocognitive disorders |
| <input type="checkbox"/> Trauma and stressor-related disorders | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Dissociative disorders | <input type="checkbox"/> Paraphilic disorders |
| <input type="checkbox"/> Somatic symptom and related disorders | <input type="checkbox"/> Other mental disorders |
| <input type="checkbox"/> Feeding and eating disorders | <input type="checkbox"/> Medication-induced movement disorders and other adverse effects of medication |
| <input type="checkbox"/> Elimination disorders | <input type="checkbox"/> Other conditions that may be a focus of clinical attention |

SECTION IV – AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CRITERIA

9. Provide a brief relevant history and current information for each ASAM dimension.

☐ This information is provided in separate documentation. (Skip the table below.)

ASAM Dimension		Brief Relevant History and Current Information
1.	Acute Intoxication and/or Withdrawal Potential	
2.	Biomedical Conditions and Complications	
3.	Emotional, Behavioral, or Cognitive Conditions or Complications	
4.	Readiness to Change	
5.	Relapse, Continued Use, or Continued Problem Potential	
6.	Recovery Environment	

10. Provide numeric ratings of the member's severity of needs (risk rating) and level of functioning for each of the six ASAM dimensions. Scores should reflect the clinician's current assessment of the member's needs, barriers to recovery, treatment priorities, strengths, skills, and resources.

ASAM Dimension		Risk Rating					Level of Care Rating							
		0	1	2	3	4	1	2.1	2.5	3.1	3.3	3.5	3.7	4
1.	Acute Intoxication and/or Withdrawal Potential													
2.	Biomedical Conditions and Complications													
3.	Emotional, Behavioral, or Cognitive Conditions or Complications													
4.	Readiness to Change													
5.	Relapse, Continued Use, or Continued Problem Potential													
6.	Recovery Environment													

11. Provide the overall level of care indicated by the ASAM assessment.

☐ 1 ☐ 2.1 ☐ 2.5 ☐ 3.1 ☐ 3.3 ☐ 3.5 ☐ 3.7 ☐ 4

SECTION V – TREATMENT READINESS

12. Is the member currently detoxified from drugs or alcohol (that is, **not** in active physiological withdrawal)?

☐ Yes ☐ No

13. Is the member seeking treatment on a voluntary, rather than involuntary, basis?

☐ Yes ☐ No

14. Has the member attempted any type of professionally supervised SUD treatment in the past, including outpatient treatment?

☐ Yes ☐ No

SECTION VI – SIGNATURE

I attest to the accuracy of the information on this PA request. I further attest that I have the professional training and certification(s) to assess the member's current SUD treatment needs and identify the most appropriate, least restrictive level of care at this time.

15. **SIGNATURE** – Licensed Professional

16. Division of Safety and Professional Services (DSPS) Credentials	17. Date Signed
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18. Name – Licensed Professional (Print)

19. **SIGNATURE** – Clinical Supervisor (Required only if the licensed professional is in training)

20. DSPS Credentials	21. Date Signed
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22. Name – Clinical Supervisor (Print)

This space for ForwardHealth use only.