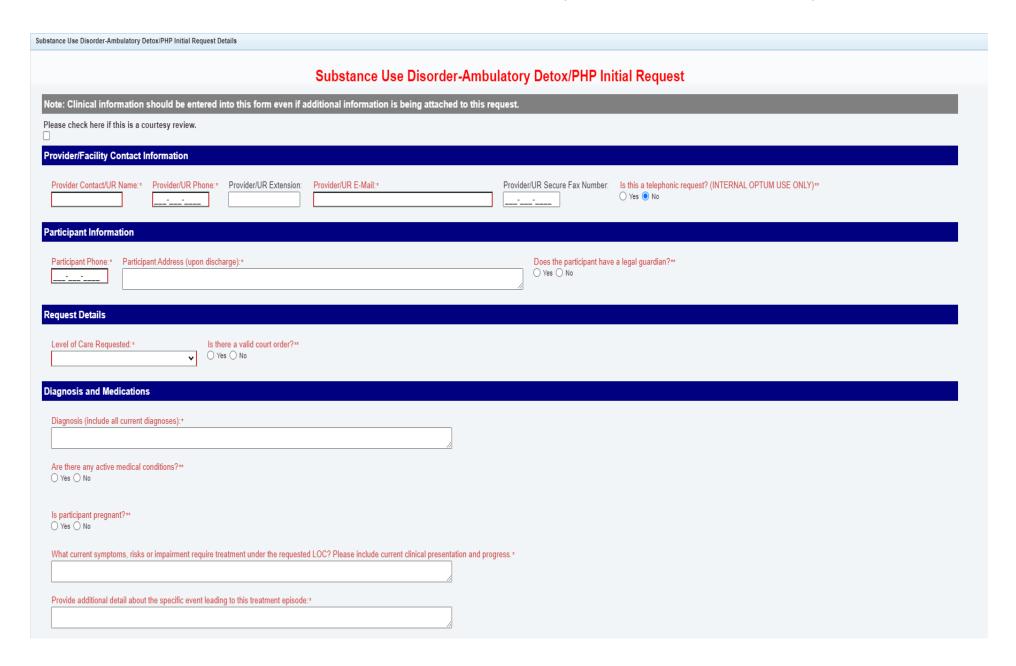
## Substance Use Disorder – Ambulatory Detox/PHP Initial Request



Current Medications (include dosage and frequency):*
Are there any barriers/issues related to the medication regimen?**  O Yes O No
Substance Use Information
Current Vitals:*
Current vitals within normal limits?**  Yes No Not Applicable
Was a urine drug screen (UDS) completed?**  O Yes O No
Blood Alcohol Level:
Any history of medically-treated withdrawal seizures or DT's?**  O Yes O No
Is participant currently receiving Medication Assisted Treatment (e.g. Vivitrol, Naltrexone, Methadone)?**  Yes O No
Opioid Use Disorder Diagnosis?  ○ Yes ○ No
Has MAT been tried in the past?**  Yes O No
Primary Care Physician (include name and contact information):
Outpatient Mental Health Provider (include name and contact information):

Substances Substance Substan
Primary Substance  Primary Substance of Use* Route of Administration:* Frequency of Use:* Date of Last Use:* Age at First Use:* Age at First Use:* Additional Substances?**  V Yes No
ASAM Dimension Risk Ratings
Dimension 1-Acute Intoxication and/or Withdrawal
Dimension 1 Risk Rating:**  O 0-No Risk 1 1-Mild 2-Moderate 3-Serious 4-Imminent Danger
Describe Dimension 1 (include CIWA or COWS, if applicable):*
Dimension 2-Biomedical Conditions and Complications
Dimension 2 Risk Rating:**  O 0-No Risk O 1-Mild O 2-Moderate O 3-Serious O 4-Imminent Danger
Describe Dimension 2:*
Dimension 3-Emotional, Behavioral or Cognitive Conditions and Complications
Dimension 3 Risk Rating:**  ○ 0-No Risk ○ 1-Mild ○ 2-Moderate ○ 3-Serious ○ 4-Imminent Danger
Describe Dimension 3:*
Dimension 4-Readiness to Change
Dimension 4 Risk Rating:**  ○ 0-No Risk ○ 1-Mild ○ 2-Moderate ○ 3-Serious ○ 4-Imminent Danger
Describe Dimension 4:*

Dimension 5-Relapse, Continued Use or Continued Problem Potential
Dimension 5 Risk Rating: **  O 0-No Risk O 1-Mild O 2-Moderate O 3-Serious O 4-Imminent Danger
Describe Dimension 5:*
Dimension 6-Recovery/Living Environment Risk
Dimension 6 Risk Rating:**  O 0-No Risk O 1-Mild O 2-Moderate O 3-Serious O 4-Imminent Danger
Describe Dimension 6:*
Recovery/Discharge Plan
What specific actions or treatment are planned to address the acute symptoms or behaviors?*
Discharge Plan:*
Disclarige Fight.
Barriers to discharge and plans to address them to promote sustained recovery:*
Please provide any relevant information not otherwise discussed that is important for the review of this case?
Confirmation & Attestation
Sommadon & Alesadon
Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.
I attest all of the information provided is accurate and reflected in the participant's medical record.*

## Important:

- 1) When this form is saved a pop-up box will appear regarding an additional form being recommended.
- 2) Click Continue to move to the next form, DO NOT click Decline.
- 3) Do NOT click Cancel or the "X" on the top right of the screen before completing the Data Capture form.
- 4) After completing the Data Capture form, click Save and you will be returned to the authorization screen.

Data Capture Required:

