Indiana Health Coverage Programs

Initial Assessment Form for Substance Use Disorder (SUD) Treatment Admission

PLEASE TYPE INFORMATION INTO THIS FORM.
Fax form to the appropriate entity along with the Residential/Inpatient SUD PA Request Form.
Supporting clinical information must also be submitted. See checklist for mandatory additional documentation.

MEMBER INFORMATION	
Member Name:	
IHCP Member ID:	Date of Birth:

ESTIMATED TREATMENT DURATION	
SERVICE START DATE:	
ESTIMATED LENGTH OF STAY:	

ICD-10 DIAGNOSIS CODE(S) (Enter the ICD-10 diagnosis code for the primary diagnosis in slot 1; then enter any applicable co-occurring diagnosis codes.)		
1.	3.	5.
2.	4.	6.

SUBSTANCE USE DISORDER TREATMENT HISTORY
(Attach additional documentation as needed.)

Prior Treatment	Duration	Approximate Dates	Outcome

SUBSTANCES OF CHOICE
(Complete the fields below. If substances are unknown, select **Unable to Obtain.**)

Unable to Obtain ☐

Substance	Age at First Use	Date of Last Use	Frequency of Use	Amount

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REQUESTED TREATMENT LEVEL				
	Treatment Level Description	**ASAM Level**	**Codes**	**Units (One Unit = One Day)**
	Clinically Managed Low-Intensity Residential Services (Adult)	3.1	H2034 U1	
	Clinically Managed Low-Intensity Residential Services (Adolescent)	3.1	H2034 U2	
	Clinically Managed High Intensity Residential Services (Adult)	3.5	H0010 U1	
	Clinically Managed Medium Intensity (Adolescent)	3.5	H0010 U2	
	Medically Managed Inpatient Services (Adult)	4.0	Inpatient Billing	
	Medically Managed Inpatient Services (Adolescent)	4.0	Inpatient Billing	

For inpatient psychiatric facilities/hospitals, please provide your prior authorization revenue code below.

ASSESSMENT (Make one selection for each dimension.)	
DIMENSION 1 | Acute Intoxication and/or Withdrawal Potential	
	No withdrawal
	Minimal risk of severe withdrawal
	Moderate risk of severe withdrawal
	No withdrawal risk, or minimal or stable withdrawal
	At minimal risk of severe withdrawal
	Patient has the potential for life threatening withdrawal
	Patient has life threatening withdrawal symptoms, possible or experiencing seizures or delirium tremens (DTs) or other adverse reactions are imminent

DIMENSION 2 | Biomedical Conditions/Complications	
	None or not sufficient to distract from treatment
	None/stable or receiving concurrent treatment – moderate stability
	Require 24-hour medical monitoring, but not intensive treatment
	Severe instability requires 24-hour medical care in licensed medical facility. May be the result of life threatening withdrawal or other co-morbidity

DIMENSION 3 | Emotional/Behavioral/Cognitive Conditions	
	None or very stable
	Mild severity, with potential to distract from recovery; needs monitoring
	Mild to moderate severity; with potential to distract from recovery; needs to stabilize
	None or minimal; not distracting to recovery
	Mild to moderate severity; needs structure to focus on recovery
	Demonstrates repeated inability to control impulses, or unstable with symptoms requiring stabilization
	Moderate severity needs 24-hour structured setting
	Severely unstable requires 24-hour psychiatric care

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	DIMENSION 4 | Readiness to Change
	Readiness for recovery but needs motivating and monitoring strategies to strengthen readiness, or needs ongoing monitoring and disease management
	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment several times per week to promote change
	Has variable engagement in treatment, lack of awareness of the seriousness of substance use and/or coexisting mental health problems. Requires treatment almost daily to promote change
	Open to recovery but requires structured environment
	Has little awareness of need for change due to cognitive limitations and addiction and requires interventions to engage to stay in treatment
	Has marked difficulty with treatment or opposition due to functional issues or ongoing dangerous consequences
	Poor impulse control, continues to use substances despite severe negative consequences (medical, physical or situational) and requires a 24-hour structured setting

	DIMENSION 5 | Relapse, Continued Use, or Continued Problem Potential
	Minimal support required to control use, needs support to change behaviors
	High likelihood of relapse/continued use or addictive behaviors, requires services several times per week
	Intensification of addiction and/or mental health issues and has not responded to active treatment provided in a lower levels of care. High likelihood of relapse, requires treatment almost daily to promote change
	Understands relapse but needs structure
	Has little awareness of need for change due to cognitive limitations and addiction and requires interventions to engage to stay in treatment
	Does not recognize the severity of treatment issues, has cognitive and functional deficits
	Unable to control use, requires 24-hour supervision, imminent dangerous consequences

	DIMENSION 6 | Recovery/Living Environment
	Supportive recovery environment and patient has skills to cope with stressors
	Not a fully supportive environment but patient has some skills to cope
	Not a supportive environment but can find outside supportive environment
	Environment is dangerous, patient needs 24-hour structure to learn to cope
	Environment is imminently dangerous, patient lacks skills to cope outside of a highly structured environment

SIGNATURE OF PHYSICIAN/HSPP	
Name (print):	
Signature of Physician/HSPP:	**Date:**

Mandatory Additional Documentation Checklist

☐ Intake assessment	☐ Clinical assessment	☐ Psychosocial assessment	☐ Treatment plan/goals

PLEASE FAX FORM and the mandatory additional documentation with the Residential/Inpatient SUD Prior Authorization Request Form TO THE APPROPRIATE ENTITY.