



**CHECKLISTS OF REQUIRED DOCUMENTATION
FOR ELIGIBILITY VERIFICATION AND SERVICE AUTHORIZATION
REQUESTS**

Checklist of Required Documentation

Medical Necessity for Outpatient Services - 1.0 ASAM level of care

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature 	<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including: <ul style="list-style-type: none"> • LPHA Signature • Counselor Signature • Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination

Checklist of Required Documentation

Medical Necessity for Intensive Outpatient Services - 2.1 ASAM level of care

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature 	<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including: <ul style="list-style-type: none"> • LPHA Signature • Counselor Signature • Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination

Checklist of Required Documentation

Medical Necessity for Opioid Treatment Program - 1 ASAM level of care

Initial Eligibility Verification Request	Re-Verification of Eligibility
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE 	<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF LEVEL OF CARE <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including: <ul style="list-style-type: none"> • LPHA Signature • Counselor Signature • Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination

Checklist of Required Documentation

Intensive Inpatient Treatment Services – 3.7 and 4.0 ASAM level of care

Initial Pre-Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR INPATIENT SUD TREATMENT SERVICES <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature 	<p>Not Applicable*</p> <p>*This service is limited to a 14 calendar day episode</p>

Checklist of Required Documentation

Residential Treatment Services- 3.1, 3.3, 3.5 ASAM level of care (Youth, Young Adult, Adults)

Initial Pre-Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR RESIDENTIAL SUD TREATMENT SERVICES <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature <p>For Perinatal Patients</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical documentation that substantiates the patient's perinatal status <p>For Criminal Justice Patients</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal Justice Identification Number must be documented on the Service Request Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES AND JUSTIFICATION OF RESIDENTIAL SUD TREATMENT SERVICES <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including: <ul style="list-style-type: none"> • LPHA Signature • Counselor Signature • Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination <p>For Perinatal Patients</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical documentation that substantiates the patient's perinatal status <p>For Criminal Justice Patients</p> <ul style="list-style-type: none"> <input type="checkbox"/> Criminal Justice Identification Number must be documented on the Service Request Form

Checklist of Required Documentation

Medication-Assisted Treatment for Youth under age 18

Initial Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST DOCUMENT JUSTIFICATION FOR THE PRESCRIBED MEDICATION (e.g., name, dosage, route, frequency, duration, and rationale) <input type="checkbox"/> Complete ASAM assessment <ul style="list-style-type: none"> • DSM-5 substance use disorder diagnosis • Appropriate level of care determination • LPHA signature <input type="checkbox"/> Written parental consent for treatment with MAT <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE 	<ul style="list-style-type: none"> <input type="checkbox"/> Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN NEED FOR ONGOING SERVICES <input type="checkbox"/> Most current treatment plan that MUST be updated at least within the last 30 days including: <ul style="list-style-type: none"> • LPHA Signature • Counselor Signature • Patient Signature <input type="checkbox"/> Pertinent laboratory/drug testing results – IF APPLICABLE <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination

Checklist of Required Documentation

Withdrawal Management for Youth under age 18 (any level of WM)

Initial Authorization Request	Re-Authorization Request
<ul style="list-style-type: none"><input type="checkbox"/> Service Request Form<ul style="list-style-type: none">• MUST EXPLAIN JUSTIFICATION AND NEED FOR WITHDRAWAL MANAGEMENT FOR YOUTH <input type="checkbox"/> Complete Youth ASAM assessment<ul style="list-style-type: none">• DSM-5 substance use disorder diagnosis• Appropriate level of care determination• LPHA signature <input type="checkbox"/> If requesting MAT, refer to required documentation for MAT for Youth	Not Applicable

Checklist of Required Documentation	
Recovery Bridge Housing	
Initial Authorization Request	Re-Authorization Request
<input type="checkbox"/> Recovery Bridge Housing Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND NEED FOR RECOVERY BRIDGE HOUSING <input type="checkbox"/> Documentation verifying enrollment in Outpatient (OP, IOP, OTP, OP-WM) Services <ul style="list-style-type: none"> • E.g., letter or other documentation from treatment provider verifying participation in treatment, or Treatment Plan <input type="checkbox"/> Client Fee Determination form – IF APPLICABLE	Not Applicable
If Stepping Down from Residential <input type="checkbox"/> Documentation verifying enrollment in Outpatient (OP, IOP, OTP, OP-WM) Services E.g., letter or other documentation from treatment provider verifying participation in treatment	
Perinatal Patients <input type="checkbox"/> Medical documentation that substantiates the patient’s pregnancy or postpartum	
	Perinatal Patients <input type="checkbox"/> Recovery Bridge Housing Service Request Form <ul style="list-style-type: none"> • MUST EXPLAIN JUSTIFICATION AND ONGOING NEED FOR RECOVERY BRIDGE HOUSING <input type="checkbox"/> Documentation verifying enrollment in Outpatient (OP, IOP, OTP, OP-WM) Services <ul style="list-style-type: none"> • E.g., letter or other documentation from treatment provider verifying participation in treatment, or Treatment Plan <input type="checkbox"/> Additional documentation requested by SAPC, as needed, in order to facilitate appropriate clinical determination

Checklist of Required Documentation

Medical Necessity for Adult Withdrawal Management: Level 1.0, 3.2, 3.7, 4.0

Initial Eligibility Verification Request*

*Withdrawal Management (WM) is NOT a preauthorized or authorized service. However, patients receiving WM for the first time still require an eligibility verification request.

**This service is limited to a 14 calendar day episode

- Service Request Form
 - MUST EXPLAIN JUSTIFICATION AND NEED FOR REQUESTED LEVEL OF CARE

- Complete ASAM assessment
 - DSM-5 substance use disorder diagnosis
 - Appropriate level of care determination
 - LPHA signature