Alliance Health Transition of Care- Service Authorization Request (SAR)

Patient's Name:						7.04	OTTO			ı	1
Social Security # DOB:						I. Risk of Harm	1 2	3 4 5		_	
Current Address:						II. Functional Status			Composite Score	LOC Recommendation	
City/State/Zip:						III. Co-Morbidity			te S	end	
						IV- a. Recovery Enviro			isoc	u u	
Medicaid #: County (Medicaid Eligibility):						IV-b. Recovery Enviro			lmo	LOC Recoi	
Attending Provider:						V. Treatment and Recovery History				Ď	JÄ
Legal Guardian: None Parent DSS Other: Name:					VI. Engagement						
						CALO	OCUS	1 2	3 4 5		
						I. Risk of Harm				<u>.</u>	Ę
						II. Functional Status				Composite Score	LOC Recommendation
Diagnosis:						III. Co-Morbidity	إلالا		Š	pue	
						IV- a. Recovery Environment IV-b. Recovery Environment			osit) III	
						V. Resiliency and Tre		HH		du	C uo
						VI-a. Acceptance/Enga	•			ΰ	LOC
DATE OF INITIAL ASSESSMENT and/or S ☐ MH ☐ SA ☐ Voluntary ☐ Involuntary	ubsequent Ass	essments pri	or to ref	erral:		VI-a. Acceptance/Enga			 		
Initial Request Reauthorization Di	scharge []*	* EXPEDIT	ED**			Comments:	8 ()			I.	
ASAM Dationt Dlogom	ant Critaria	A dult/A do	logoont	<u> </u>	CI	RRENT(C) and PREVIO	THE (D) THE ATMEN	TATE)			
ASAM Patient Placement Criteria Adult/Adolescent (See ASAM criteria for placement considerations)						vice	Current / Prev		Comments		
0	1 2	3	4	5		ntal Health Outpatient	\square C \square P				
I. Withdrawal/Intoxication					Mar	ntal Haalth Innations	□ C □ P				
II. Medical Complication						ntal Health Inpatient					
III. Behavioral/Emotional Cognitive Complication					Sub	ostance Abuse Outpatient	□ C □ P				
IV. Readiness for Change					Det	OX	□ C □ P				
V. Relapse/Continued use or					Sub	ostance Abuse Inpatient	□ C □ P				
problem potential					Sub Oth	•	□ C □ P □ C □ P				
						•					
problem potential VI. Recovery Environment						•					
problem potential VI. Recovery Environment					Oth	ier					
problem potential VI. Recovery Environment Placement Recommendation:				SUB	Oth	CE USE	□ C □ P				
problem potential VI. Recovery Environment Placement Recommendation: Drug of Choice N/A		Age of 1s	st Use		Oth	CE USE	C P Amount	Da	ate of Last	use	
problem potential VI. Recovery Environment Placement Recommendation: Drug of Choice N/A Primary:		Age of 1s	st Use	SUB	Oth	CE USE	C P Amount Per	Da	ate of Last	use	
problem potential VI. Recovery Environment Placement Recommendation: Drug of Choice N/A Primary: Secondary:		Age of 1s Ye Ye	st Use ears	SUB	Oth	CE USE	Amount Per Per	Da	ate of Last	use	
problem potential VI. Recovery Environment Placement Recommendation: Drug of Choice N/A Primary:		Age of 1s Yes Yes	st Use	SUB	Oth	CE USE	C P Amount Per	Da	ate of Last	use	

Alliance Health 08/09/2018

MEDICAL: Current Print Medically- Complian	mary Care Physicia	in Name:		Signed Rel	ease to Primar	y Care Physician? Yes	No		
CURRENT MEI	DICATIONS	Current R		of months	CHI	RRENT MEDICATIONS	Current Regimen	# of months	
CURRENT MEI	DICATIONS	Current R			COI	RENT MEDICATIONS	Current Regimen		
				<1 >1				<u> </u>	
				<1 >1				<u> </u>	
				<1 >1	Other:			<1 >1	
Allergies: NKA									
Reason for Admission, Co	numucu stay or other	er comments.							
				Request f	or Service				
Service Description & Code		# of Units	Requested	Start Date	End Date	Provider	Site Name or ID		
Clinician Signature:			Print Clinician	Name		Date:	Date:		
**Submission	does not automati	cally constitute at	uthorizations. 1	All treatment is	s subject to me	edical necessity determination	and based on beneficiary eligi	bility	

This form is to be submitted with the Request to Move to NC Medicaid Direct or LME-MCO: Provider Form, which can be found and completed at the following website https://ncmedicaidplans.gov/submit-forms-online or by calling the Enrollment Broker at 833-870-5500 to request a downloadable version that can be mailed/faxed.