

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

Patient's Name:	
Social Security #	DOB:
Current Address:	
City/State/Zip:	
Medicaid #:	County (Medicaid Eligibility):
Attending Provider:	
Legal Guardian: <input type="checkbox"/> None <input type="checkbox"/> Parent <input type="checkbox"/> DSS <input type="checkbox"/> Other:	Name:
Diagnosis:	
DATE OF INITIAL ASSESSMENT and/or Subsequent Assessments prior to referral: <input type="checkbox"/> MH <input type="checkbox"/> SA <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Initial Request <input type="checkbox"/> Reauthorization <input type="checkbox"/> Discharge <input type="checkbox"/> ** EXPEDITED **	

LOCUS	1	2	3	4	5	Composite Score	LOC Recommendation
I. Risk of Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
II. Functional Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
III. Co-Morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV- a. Recovery Environment. (Support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV-b. Recovery Environment. (Stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
V. Treatment and Recovery History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VI. Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CALOCUS	1	2	3	4	5	Composite Score	LOC Recommendation
I. Risk of Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
II. Functional Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
III. Co-Morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV- a. Recovery Environment. (Support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV-b. Recovery Environment. (Stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
V. Resiliency and Treatment History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VI-a. Acceptance/Engagement (C&Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VI-b. Acceptance/Engagement (Parent/PS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments:							

ASAM Patient Placement Criteria Adult/Adolescent (See ASAM criteria for placement considerations)						
	0	1	2	3	4	5
I. Withdrawal/Intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Medical Complication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Behavioral/Emotional Cognitive Complication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Readiness for Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Relapse/Continued use or problem potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Recovery Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement Recommendation:						

CURRENT(C) and PREVIOUS (P) TREATMENT)		
Service	Current / Previous	Comments
Mental Health Outpatient	<input type="checkbox"/> C <input type="checkbox"/> P	
Mental Health Inpatient	<input type="checkbox"/> C <input type="checkbox"/> P	
Substance Abuse Outpatient	<input type="checkbox"/> C <input type="checkbox"/> P	
Detox	<input type="checkbox"/> C <input type="checkbox"/> P	
Substance Abuse Inpatient	<input type="checkbox"/> C <input type="checkbox"/> P	
Other	<input type="checkbox"/> C <input type="checkbox"/> P	

SUBSTANCE USE						
Drug of Choice <input type="checkbox"/> N/A	Age of 1 st Use	Route of Usage	Frequency	Amount	Date of Last use	
Primary:	Years			Per		
Secondary:	Years			Per		
Tertiary:	Years			Per		
Other:	Years			Per		

