**Fax: 206.205.1634  Backup Fax: 206.205.8262**

 **SUD Residential Treatment**

 **Authorization Request Cover Sheet vF2**

|  |
| --- |
| **REFERRING PROVIDER INFORMATION** |
| **AGENCY NAME** | **AGENCY SITE/PROGRAM NAME** |
|  |  |
| **CONTACT PERSON** | **PHONE NUMBER** |
|  |  |
| **EMAIL ADDRESS** | **FAX NUMBER** |
|  |  |
| **Client Identification** |
| **Last NamE** | **First Name** | **Middle Name** | **Other Last Name** | **SuffiX**  |
|  |  |  |  |  |
| **Street Address** | **City** | **County** | **Zip Code:** |
|  |  |  |  |
| **Provider One ID (if known)** | **King County ID (if known)** | **DATE OF BIRTH** | **SOCIAL SECURITY NUMBER** |
|  |  |  |  |
| **GENDER (AS REPORTED BY CLIENT)** |
| [ ]  Male | [ ]  Female  | [ ]  Transgender  | [ ]  Intersex (born with characteristics of both male and female) |
| **Marital Status** | **SEXUAL ORIENTATION** |
| [ ]  Single or Never Married  | [ ]  Divorced | [ ]  Heterosexual | [ ]  Questioning |
| [ ]  Married or Committed Relationship | [ ]  Widowed | [ ]  Gay/Lesbian/Queer/ Homosexual | [ ]  Not Asked |
| [ ]  Separated | [ ]  Unknown | [ ]  Bisexual | [ ]  Unknown |
|  |  | [ ]  Choosing Not to Disclose |  |
| **Ethnicity (Select as many as the client reports from the following list)** |
| [ ]  White/Caucasian  | [ ]  Cambodian | [ ]  Vietnamese |
| [ ]  American Indian or Alaskan Native | [ ]  Chinese | [ ]  Guamanian or Chamorro |
| [ ]  Asian Indian | [ ]  Filipino | [ ]  Samoan |
| [ ]  Native Hawaiian | [ ]  Japanese | [ ]  Middle Eastern |
| [ ]  Other Pacific Islander | [ ]  Korean | [ ]  African – Ethnic |
| [ ]  Other Asian | [ ]  Laotian | [ ]  Some Other Race |
| [ ]  Black or African American | [ ]  Thai | [ ]  Not Reported/Unknown |
| **Hispanic Origin (Select One)** |
| [ ]  Cuban  | [ ]  Not Spanish/Hispanic |
| [ ]  Other Spanish/Hispanic | [ ]  Unknown |
| [ ]  Puerto Rican  |  |
| **Has client served in the military?** | **IS CLIENT DEPENDENT CHILD/SPOUSE/PARTNER OF PERSON IN MILITARY?** |
| [ ]  Yes [ ]  No [ ]  Not asked/refused to answer [ ]  Unknown | [ ]  Yes [ ]  No [ ]  Not asked/refused to answer [ ]  Unknown |
|  |
| **PRIMARY LANGUAGE USED** (SELECT ONE)  **INTERPRETER REQUIRED**: [ ]  YES [ ]  NO

|  |  |  |
| --- | --- | --- |
| [ ]  American Sign Language | [ ]  Amharic  | [ ]  Arabic |
| [ ]  Bosnian | [ ]  Cambodian | [ ]  Cantonese |
| [ ]  Czech | [ ]  Dutch | [ ]  English |
| [ ]  Farsi | [ ]  Finnish | [ ]  French |
| [ ]  German | [ ]  Greek | [ ]  Gujarati |
| [ ]  Hindi | [ ]  Hmong | [ ]  Hungarian |
| [ ]  IIocano | [ ]  Indian | [ ]  Italian |
| [ ]  Japanese | [ ]  Korean | [ ]  Lakota Sioux |
| [ ]  Laotian | [ ]  Malay | [ ]  Mandarin |
| [ ]  Marathi | [ ]  Mien | [ ]  Norwegian |
| [ ]  Oromo | [ ]  Other African | [ ]  Other Asian |
| [ ]  Other Chinese(not Cantonese or Mandarin) | [ ]  Other Filipino Dialect | [ ]  Other Language |
| [ ]  Other Communication Methods (e.g., lip-reading, finger-spelling, etc.) | [ ]  Other Native American | [ ]  Polish |
| [ ]  Portuguese | [ ]  Punjabi | [ ]  Puyallup |
| [ ]  Romanian | [ ]  Russian | [ ]  Salish |
| [ ]  Samoan | [ ]  Somali | [ ]  Spanish |
| [ ]  Swahili | [ ]  Tagalog  | [ ]  Thai |

 |
| **SUBSTANCE USE HISTORY** |
| SUBSTANCES |
| SUBSTANCE | PST (CHECK ONE BOX PER SUBSTANCE) | SUBSTANCE | PST (CHECK ONE BOX PER SUBSTANCE) |
| 1. None |  1 [ ]  2 [ ]  3 [ ]  | 12. Benzodiazepine |  1 [ ]  2 [ ]  3 [ ]  |
| 2. Alcohol |  1 [ ]  2 [ ]  3 [ ]  | 13. Other Non-Benzodiazepine Tranquilizers |  1 [ ]  2 [ ]  3 [ ]  |
| 3. Cocaine/Crack |  1 [ ]  2 [ ]  3 [ ]  | 14. Barbiturates |  1 [ ]  2 [ ]  3 [ ]  |
| 4. Marijuana/Hashish |  1 [ ]  2 [ ]  3 [ ]  | 15. Other Non-Barbiturate Sedatives or Hypnotics |  1 [ ]  2 [ ]  3 [ ]  |
| 5. Heroin |  1 [ ]  2 [ ]  3 [ ]  | 16. Inhalants |  1 [ ]  2 [ ]  3 [ ]  |
| 6. Other Opiates & Synthetics |  1 [ ]  2 [ ]  3 [ ]  | 17. Over the Counter |  1 [ ]  2 [ ]  3 [ ]  |
| 7. PCP – phencyclidine |  1 [ ]  2 [ ]  3 [ ]  | 18. Oxycodone |  1 [ ]  2 [ ]  3 [ ]  |
| 8. Other Hallucinogens |  1 [ ]  2 [ ]  3 [ ]  | 19. Hydromorphone |  1 [ ]  2 [ ]  3 [ ]  |
| 9. Methamphetamine |  1 [ ]  2 [ ]  3 [ ]  | 20. MDMA (ecstasy, Molly, etc.) |  1 [ ]  2 [ ]  3 [ ]  |
| 10. Other Amphetamines |  1 [ ]  2 [ ]  3 [ ]  | 21. Other |  1 [ ]  2 [ ]  3 [ ]  |
| 11. Other Stimulants |  1 [ ]  2 [ ]  3 [ ]  |  |  1 [ ]  2 [ ]  3 [ ]  |
| KEY CODES |
| PST CODESPrimary (1)Secondary (2)Tertiary (3) | ADMINISTRATION CODESInhalation (I) Oral (O)Injection (J) Other (X)Smoking (S) | FREQUENCY OF USE/PEAK USE PER MONTH1 – No use 4 – 13 or more times2 – 1 to 3 times 5 – Daily3 – 4 to 12 times 6 – Unknown |
| IN THE FOLLOWING TABLE DESCRIBE SUBSTANCE USE WITH THE ABOVE KEY CODES |
| PST | SUBSTANCE(CODE) | ADMIN(CODE) | AGE OFFIRST USE | FREQUENCY OF USE -LAST 30 DAYS(CODE) | FREQUENCY OF USE –UNCONTROLLED ENVIRONMENT(CODE) | PEAK USE PER MONTH - LAST YEAR(CODE) | DATE LAST USEDMM/DD/YYYY |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  **Opiate Substitution Treatment?**  | **Opioid Used** |
| [ ]  Yes [ ]  No  |  |
| **USED NEEDLE WITHIN LAST 30 DAYS** | **NEEDLE USE EVER** |  |
| [ ]  Yes | [ ]  Continuously | [ ]  Rarely |
| [ ]  No | [ ] Intermittently | [ ]  Never  |
| **CURRENT HOUSING** |
| **RESIDENTIAL ARRANGEMENT (see attached)** |  |
| [ ]  Permanent housing – unassisted | [ ]  Skilled Nursing/Nursing/Intermediate Care Facility |
| [ ]  Permanent housing – assisted | [ ]  Other institutional setting |
| [ ]  Temporary housing – unassisted | [ ]  Residential SUD treatment (more than 90 days) |
| [ ]  Temporary housing – assisted | [ ]  Jail/Juvenile Correctional Facility (more than 60 days) |
| [ ]  Temporary housing – dependent | [ ]  Psychiatric Inpatient Facility (more than 90 days) |
| [ ]  Transitional housing | [ ]  Foster Care |
| [ ]  Residential Care | [ ]  Homeless |
| [ ]  Adult Family Home |  |
| **RESIDENTIAL treatment INFORMATION** |
| **REQUESTED ADMIT DATE:** | **REQUESTED SUD Residential FACILITY OR GENERAL LOCATION (If any):** |
|  |  |
| **OTHER CONSIDERATIONS OR REQUESTS REGARDING PLACEMENT?** | **# OF CHILDREN THAT WILL RESIDE W/CLIENT IN FACILITY?** |
| [ ]  Yes [ ]  No If yes, please describe in “Notes” section |  |
| **REQUESTED Service LEvel:** |
| [ ]  Adult Intensive Inpatient | [ ]  Pregnant & Parenting Women (PPW) | [ ]  Youth – Intensive Inpatient (Level I) |
| [ ]  Adult Long Term Care | [ ]  Adult Co-Occurring | [ ]  Youth – Recovery House |
| [ ]  Adult Recovery House | [ ]  Youth Intensive Inpatient (Level II) |  |
| **Recommended asam placement level** |  |
| [ ]  3.1 Clinically Managed Low Intensity Residential Services | [ ]  3.5 Clinically Managed High Intensity Residential Services |
| [ ]  3.3 Clinically Managed Population Specific High Intensity Residential Services | [ ]  3.7 Medically Monitored Intensive Inpatient Services |
|  | **ASSESSMENT DATE** |
|  |
| **FUNDING SOURCE**[ ]  Medicaid [ ] Low Income [ ]  CJTA [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **INVOLVED IN CRIMINAL JUSTICE OR CHILD WELFARE SYSTEM?** [ ] Yes [ ] No |
| [ ]  Drug/Mental Health Court | [ ]  Family Treatment Court | [ ]  Probation | [ ]  CPS | [ ]  Other (please describe) |
| **PRIORITY POPULATION?**  | [ ] Yes [ ]  No | **If Yes, check appropriate box** |
| [ ]  Woman pregnant & injecting drugs | [ ]  Parenting woman | [ ]  Offender |
| [ ]  Woman pregnant w/STDs | [ ]  Postpartum woman | [ ]  Referred by SBIRT |
| [ ]  Individual injecting drugs | [ ]  Parenting Individual w/CPS involvement |  |
| **EDUCATION/EMPLOYMENT/MISCELLANEOUS INFORMATION** |
| **EMPLOYMENT STATUS** |
| [ ] Employed Competitively Full Time | [ ]  Not Employed – Actively Looking | [ ] NLF: Disabled |
| [ ] Employed Competitively Part-Time > 20 hrs. | [ ]  Not in Labor Force (NLF): Homemaker | [ ] NLF: Other |
| [ ] Employed Competitively Part-Time <20 hrs. | [ ] NLF: Student | [ ] Unknown |
| [ ] Employed Non-Competitive Job | [ ] NLF: Retired |  |
| **CURRENT EDUCATIONAL STATUS** |
| [ ]  Full-time education: (1-12 grade: 20+ hours per week; kindergarten and >12 grade: 12+ hours per week). A person is considered enrolled in school during scheduled vacations or term breaks that follow a period of enrollment as defined above. |
| [ ]  Part-time education: (1-12 grade: less than 20 hours per week; kindergarten and >12 grade: less than 12 hours per week). A person is considered enrolled in school during scheduled vacations or term breaks that follow a period of enrollment as defined above. |
| [ ]  Not in educational activities |
| **HIGHEST GRADE LEVEL ACHIEVED** |
| [ ]  Grade 1 | ☐ Grade 9 | ☐ 3 years of college |
| [ ]  Grade 2 | ☐ Grade 10 | [ ]  4 years of college |
| [ ]  Grade 3 | [ ]  Grade 11 | [ ]  Vocational |
| [ ]  Grade 4 | [ ]  High School Diploma or GED | [ ]  Nursery school, pre-school, head start |
| [ ]  Grade 5 | [ ]  2 years of college or Associate Degree | [ ]  Kindergarten |
| [ ]  Grade 6 | [ ]  Bachelor’s Degree | [ ]  Grade 12 (no diploma or GED) |
| [ ]  Grade 7 | [ ]  1 year of college | [ ]  Never attended or below preschool |
|  | [ ]  Post-graduate education | [ ]  Unknown |
| **BIRTHDATE OF YOUNGEST CHILD:** | **PREGNANT?**[ ] Yes [ ]  No |
| **SMOKING STATUS** | **Look Up ROI Signed?** |
| [ ]  Current Smoker | [ ]  Former Smoker | [ ]  Never Smoker | [ ]  **Yes** [ ]  **No** |
| **SELF HELP COUNT** |
| [ ]  No attendance | [ ]  About once a week | [ ]  At least 4 times a week |
| [ ]  Less than once a week | [ ]  2 to 3 times per week | [ ]  Unknown |
| **DIAGNOSIS(ES) – all that apply** |
| ICD-10 Code: |  |
| ICD-10 Code:  |  |
| ICD-10 Code: |  |
| ICD-10 Code: |  |
| ICD-10 Code: |  |
| **ADDITIONAL INFORMATION****Questions 1 – 5 are intended to guide placement decisions and not grounds for immediate exclusion. History of arson and/or sex offense may exclude applicants from facilities.** |
| 1. **BEHAVIORAL HEALTH SYMPTOMS**
 |
| Does the individual exhibit behavioral health symptoms that may impact treatment? [ ]  Yes [ ]  No |
| If so, are they described in biopsychosocial assessment? [ ]  Yes [ ]  No  |
| If no, please describe in “Notes” section. |
| 1. **PSYCHOTROPIC MEDICATIONS**

Does the individual take psychotropic medications? ☐ Yes ☐ NoIf so, are they listed in biopsychosocial assessment – including name, dose and frequency? ☐ Yes ☐ No If no, please list in “Notes” section. |
| 1. **BEHAVIORS**
 |
| Does the individual exhibit behaviors that may impact treatment? [ ]  Yes [ ]  No |
| If so, are they described in biopsychosocial assessment? [ ]  Yes [ ]  No  |
| If no, please describe in “Notes” section. |
| 1. **MEDICAL CONDITIONS**
 |
| Does the individual have medical conditions that may impact treatment? [ ]  Yes [ ]  No |
| If so, are they described in biopsychosocial assessment? [ ]  Yes [ ]  No  |
| If no, please describe in “Notes” section. |
| 1. **HISTORY OF VIOLENCE**
 |
| Does the individual have a history of violence? [ ]  Yes [ ]  No |
| If so, is it described in biopsychosocial assessment? [ ]  Yes [ ]  No  |
| If no, please describe in “Notes” section. |
| 1. **HISTORY OF ARSON**
 |
| Does the individual have a history of arson? [ ]  Yes [ ]  No |
| If so, is it described in biopsychosocial assessment? [ ]  Yes [ ]  No  |
| If no, please describe in “Notes” section. |
| 1. **SEX OFFENSE**
 |
| Is the individual a registered sex offender? [ ]  Yes [ ]  No  |
| If so, what level? [ ]  Level 1 [ ]  Level 2 [ ]  Level 3 |
|  |
| **NOTES** |
|  |

|  |
| --- |
| **Permanent housing – unassisted:** Without intensive supporting services required to maintain housing. A house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO), rented or owned, with expectation of long-term residency. Includes dependent children living with parents /legal guardians but not foster care. |
| **Permanent housing – assisted**: With intensive supporting services required to maintain housing. A house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO), rented or owned, with an expectation of long-term residency. |
| **Temporary housing – unassisted**: Without intensive supporting services required to maintain housing, and without an expectation of long-term residency. |
| **Temporary housing –assisted:** With intensive supporting services required to maintain housing, and without an expectation of long-term residency. |
| **Temporary housing – dependent:** Living with friends or family temporarily including “couch surfing” and includes emancipated youth.  |
| **Transitional housing**: Housing provided as part of participation in a housing readiness program with time-limited housing and supporting services provided with the goal of permanent housing. |
| **Residential Care**: May include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, Rehabilitation Center, or Agency-operated residential care facilities. |
| **Skilled Nursing/Nursing/Intermediate Care Facility** |
| **Other institutional setting:** A licensed institutional treatment and care facility not covered by other codes, including: Institute of Mental Disease (IMD), DD Facility, or Medical Hospital. |
| **Adult Family Home:** Regular neighborhood homes licensed by the state for two to six residents where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided. |
| **Residential Drug/Alcohol treatment**: treatment for 90 days or more. If the client is in treatment for less than 90 days, use the code for the living arrangement just prior to treatment. |
| **Foster Care (for children)** A Licensed Foster Home to provide foster care to children and adolescents including Therapeutic Foster Care Facilities. |
| **Jail/Juvenile Correctional Facility:** Incarceration for 60 days or more. If the client is incarcerated for less than 60 days, use the code for the living arrangement just prior to incarceration. |
| **Psychiatric Inpatient Facility**: Voluntary or involuntary hospitalization for 90 days or more; includes CLIP programs. Types of facility include Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital. If the client is hospitalized for less than 90 days, use the code for the living arrangement just prior to hospitalization. |
| **Homeless**: Those persons of all ages who lack a fixed, regular, and adequate nighttime residence including persons whose primary nighttime residence is one of the following:* Emergency shelter (e.g., missions, churches) where residence is on a ‘night by night basis’
* Living on the streets, in a vehicle, or abandoned building
* Being discharged/discharged from an institution (e.g., jail, medical or psychiatric hospital) with no arranged residence
* Temporary living accommodations by a voucher system (e.g., motel vouchers)
* Living in a public or private place not designed for, or not ordinarily used as, a regular sleeping accommodation for human beings
 |