

DAODAS PROGRESS UPDATE CONTINUED STAY AUTHORIZATION

- Absolute Total Care/Cenpatico** Phone: 866-534-5976 Fax: (866) 694-3649
 BlueChoice HealthPlan Medicaid Phone: 866-902-1689 Fax: (877) 664-1499
 First Choice by Select Health Phone: 866-341-8765 Fax: (888) 796-5521
 UnitedHealthcare Community Plan Phone: 866-261-7692 Fax: (877) 821-7350

Other

AGENCY:

Medicaid Provider #:

Agency NPI:

Client:		Client #		Date		Current Service Level	
1. Overall Motivation	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Resistant	2. Cravings:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None			Medicaid #	
3. Any absences: If so, when & why:	<input type="checkbox"/> No <input type="checkbox"/> Yes		4. UDS Dates & Results; Last Reported Use of AOD				
5. Current Symptoms; Current Diagnoses Stages of Change for Each Diagnoses	<p>Symptoms:</p> <p>Current Diagnoses: Stages of Change:</p> <p><input type="checkbox"/> Pre-contemplation: No problem and/or no interest in change –</p> <p><input type="checkbox"/> Contemplation: Might be a problem; might consider change –</p> <p><input type="checkbox"/> Preparation: Definitely a problem; getting ready to change –</p> <p><input type="checkbox"/> Action: Actively working on changing, even if slowly –</p> <p><input type="checkbox"/> Maintenance: Has achieved stability, and is trying to maintain -</p>						
6. Current Medications and Dosages	No Medications <input type="checkbox"/> Medication list:			Dosages			

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7. Family Involvement (check ONE)	<input type="checkbox"/> Family attended Group(s) Date(s): <input type="checkbox"/> Family involved but has not attended group yet (explain below) <input type="checkbox"/> Client resistant to family involvement (explain below) <input type="checkbox"/> Family is resistant to involvement (explain below) <input type="checkbox"/> Family involvement NOT advised or client has no family	Explanation:
8. Community Support Attendance	<input type="checkbox"/> Has a sponsor. <input type="checkbox"/> Attends regularly. How many a week: <input type="checkbox"/> Attends occasionally. (explain) <input type="checkbox"/> Not resistant, but has not attended (explain) <input type="checkbox"/> Resistant (explain below) <input type="checkbox"/> AA/NA Not advised or a part of treatment (explain)	Explanation:
9. Has Anything Changed in Client's Life?	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, what?	
10. Specific Progress on IPOC goals:		
11. Motivational Status in Groups:		
12. Emotional and Behavioral Status; Suicidal Thoughts, if any:	Collaboration with MH providers:	
13. Medical Problems:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: Date of last contact with PCP: If none, explain:	
14. Any Changes in the Treatment Plan	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what?	
15. Services Requested:	<input type="checkbox"/> IOP <input type="checkbox"/> Level 1 - no changes to current IPOC <input type="checkbox"/> Level 1 – changes requested, see updated IPOC attached How long requested?	
16. Why Does the client NEED this service?	Dimension 1: (Acute Intoxication and/or Withdrawal Potential) <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe Current Status ASAM Dimensions Dimension 2: (Biomedical Conditions and Complications) <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe Dimension 3: (Emotional, Behavioral or Cognitive Conditions and Complications) <div style="text-align: right;"><input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe</div>	

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	<p>Dimension 4: (Readiness to Change) <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe</p> <p>Dimension 5: (Relapse, Continued Use or Continued Problem Potential) <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe</p> <p>Dimension 6: (Recovery/Living Environment) <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe</p>
17. Relapse Prevention Plan and Discharge Plan:	
18. Expected Discharge Date?	
Staff Completing the Form – Name and Title	<p style="text-align: right;">Date:</p> <p>Fax #: Telephone Contact #:</p>