SUD Services Request Form

Aetna
Fax: 855-255-4102

Sunflower
Fax: 844-824-7705

United
Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

Member Demographics				
Last Name	First Name	MI	Beneficiary ID:	
			SSN:	
Date of birth:	Age: _____ Gender: Choose One...			
Address/Street	City	State KS	Zip	
Phone		Requested Service Start Date:		
Main:		Requested Service End Date:		
Alternate:				
Completed by:				
Funding Source: Choose an option		Federal Poverty Level- above or below 200% (Beacon Only): Above 200% FLP (Assessment and Social Detox only)		
Facility Information				
Facility Name:				
Address/Street:	City:	State: KS	Zip:	
Facility TIN:		Facility NPI #:		
Facility telephone #:		Fax #:		
Contact Person:		Telephone #:		
Members Counselor:		Telephone #:		

*To submit Eligibility Form to Beacon, stop here and send only page one.

Attachment A

SUD Services Request Form

Aetna
Fax: 855-255-4102

Sunflower
Fax: 844-824-7705

United
Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

Requested Level: ☐Level 2.1 # of days ___ ☐Level 3.5 # of days_____ ☐Level 3.3 # of days_____ ☐Level 3.1 # of days ____
Admission ☐ Continued Stay ☐ Explain if requesting Level 3 while providing lower level of care: be formatted to date options) • "Facility Phone#" should be formatted as a phone# (All Phone/fax# should be formatted to this options) • "Requested Level"-Need to make buttons only select one thing to avoid errors of multiple selections. • "Explain if requesting Level 3"… need to have a wrap format selected also (besides the shrink feature)- THIS APPLIES to all Text / Explanation Boxes • "Hx and Severity of Use" need Multi-line option. Must complete the appropriate sections below or attach documentation from medical record or referring provider that contains the information requested below.
Admission Only Information:
Circumstances of admission: (Why is the member currently seeking treatment?) **Was the member previously in an acute inpatient psychiatric or substance treatment facility within 30 days prior to this admission?** Choose an option **List Prior Attempts with Inpatient, Residential and/or Outpatient Services:** **Summary of assessment:**
Complete for all requests:
Requested units/Expected length of stay in this level:
Substance Use History

Primary Substance	
Name:	
Route of Ingestion:	
Age of First Use:	
Amount used:	
Length of Time Used:	
Frequency:	
Attempts to Stop Using:	
Time & Date of Last Use:	
Behavior exhibited during use:	
Effects on relationship with others:	

SUD Services Request Form

Aetna
Fax: 855-255-4102

Sunflower
Fax: 844-824-7705

United
Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

Secondary Substance	
Name:	
Route of Ingestion:	
Age of First Use:	
Amount used:	
Length of Time Used:	
Frequency:	
Attempts to Stop Using:	
Time & Date of Last Use:	
Behavior exhibited during use:	
Effects on relationship with others:	
Additional Substances Used: (Please add the above information)	
Dimension I Withdrawal Potential:	
Blood Pressure (if known):	
Withdrawal Symptoms:	
Date of Last Use:	
Substance Used:	
Dimension II Biomedical:	
Current Medications:	
Medical Issues:	
Pregnancy:	Choose an option
Pain Management Issues:	
Risk Factors for Infectious Disease:	

SUD Services Request Form

Aetna
Fax: 855-255-4102

Sunflower
Fax: 844-824-7705

United
Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

Dimension III Emotional Behavioral Cognitive:	
Current MH Treatment/Referrals:	
Current Medications and Adherence:	
Diagnoses (if known):	
Risk Assessment (SI, HI, harm to self/others):	
History of abuse as a victim or perpetrator:	
Coping Strategies:	
Activities of Daily Living (ADL) Issues:	
Dimension IV Readiness for Change:	
Choose an option	
Dimension V Relapse, Continued Use Potential:	
History and Severity of Use:	
Risk for Relapse without Continued Treatment:	
Longest Period of Abstinence:	
Dimension VI Recovery/Living Environment:	
Positive Family/Natural/Recovery Supports:	
Family social history including family history of use:	
Legal Issues (Past, Present, Pending):	
Housing Status:	Choose an option
Employment Status including 5-year employment history:	
Role of Spirituality:	
Assessment of Supports/Barriers to Recovery:	
Highest Level of Education Achieved:	
Vocational experience:	
Veteran:	Choose an option

Attachment A

SUD Services Request Form

Aetna
Fax: 855-255-4102

Sunflower
Fax: 844-824-7705

United
Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

DSM Diagnostic Impressions (Please include F code):	
Primary**:**	
Secondary:	
Other**:**	
Special Population: ☐SED ☐SPMI ☐SMI ☐IDD ☐BH and SUD **Urgent:** ☐Pregnant using substances ☐IV user	
Notes:	

_____ _____

Signature of qualified staff Date

Attachment A

SUD Services Request Form

Aetna	Sunflower	United
Fax: 855-255-4102	Fax: 844-824-7705	Fax: 855-268-9392

Beacon- Secure Email: KansasClinical@BeaconhealthOptions.com

Discharge plan:
Discharge date:
Housing Issues: **Housing Status upon discharge**: Choose an option
Psychiatry:
Therapy and/or Counseling:
Medical:
Substance Treatment Services:
Discharge Appointments:

Substance Use Treatment Request Instructions

General instructions for the form/requesting process

- Assessments- If an assessment is completed there is no need to send any documentation to the MCO for payment for H0001 code. No prior authorization needed.
- Level 1- no need to send anything to the MCO. No prior authorization needed for Admission or Continued Stay Review. No need to send discharge information either. There is no limit on this code due to Parity.
- Levels 2.1, 3.1, 3.2, 3.3, 3.5 and 3.7-all Admissions and Continued Stay Reviews will require completion of the form.
- Providers can attach any relevant clinical documentation in replacement for filling out any of the boxes on the form.
- If a pre-cert is needed for level 3, Providers can send the form with the clinical attached that show the member needs that level of care. The MCO will then give the pre-cert number to the provider requesting a higher level of care. Once the member admits to level 3 the admitting provider will need to submit the request form to receive an authorization number.
- Transfers of Level are no longer needed for any level of care.
- Continued Stay Review to New Provider- no longer needed for any level of care
- Discharge from level 3: Providers will only complete page 1 and page 6 of the request form to let MCO only know member has discharged from that level of care.
- Clinical needed to fill out the form and request appropriate level of care is collected from the requesting provider. The MCO will no longer receive the clinical from the previous provider to show member meets for the level of care requested.
- If a request form is submitted that is not needed, the MCO will call provider to let them know it will not be processed. For example if the request is for level 1.
- Providers will no longer have access to the KCPC to complete the assessment. Providers can use their own assessment or clinical received from the referring provider to request prior authorization.
- Pregnant and Using and or IV drug use requests will be processed as a priority status.
- Effective April 15, 2019 all prior authorization request must be submitted within 24 hours of the start date requested.
- KDADS Licensing has determined that filling out the SUD Services Request form completely and with detailed responses will meet the licensing standards for a consumer assessment. However, this is **not** the intended purpose of the SUD Services Request Form. This form is intended to provide common data elements required by the 3rd party payers to make medical necessity determinations.
    - Professional practice denotes that all consumers should receive a comprehensive psychosocial assessment which directly contributes to a consumer focused and directed treatment plan. Please refer to your state licensing board for specific practice requirements https://ksbsrb.ks.gov/reg-stats/ksbsrb-statutes. Please also refer to The ASAM Criteria https://www.asam.org/resources/the-asam-criteria/about and SAMHSA https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs for additional assessment information and best practices.

*Note: It is important that if the member has other primary insurance (third party liability), that the provider check the third-party liability noncovered procedure code list on KMAP website and coordinate primary insurance coverage.

Case example 1:

Member gets an assessment from provider A.

- Provider A begins services with member.
- Member then needs residential services at another provider. Provider A will obtain a multiparty release of information so that they can help member get connected with residential services.
    - Provider A needs to provide Provider B applicable referral justification and assessment data necessary for Provider B to determine if the member is appropriate for their program. Provider A can continue to provide services until the member can be admitted to provider B. (Note: For Beacon only, a residential provider can submit an authorization request for a future date in Beacon's provider portal.).
- When member admits to Provider B, Provider B will coordinate with Provider A to receive the clinical needed to submit the SUD Service Request form.
- When the member discharges from residential treatment the residential provider will send the SUD Services Request form to the applicable MCO with page 1 and the discharge section completed. For Beacon only providers can complete a discharge review within their provider portal.
- If the member then moves back down to a lower level of care, for example outpatient or IOP, the residential provider will not need to submit any information to the MCO other than the discharge from residential.
- Member enters the lower level of care
    - If it is a LOC that needs a prior auth the lower level of care provider will need to submit the form.
    - If the lower level of care does not need a prior auth. Nothing is submitted to the MCO.

Case Example 2:

Member admits to level 1 with Provider A. Member then moves to a different town and begins Level I services with Provider B. Neither Provider A nor Provider B need to submit any information to the MCO except to the billing department for claims payment.

Case Example 3:

Member admits to a level of care that needs a prior auth. Member then transfers to a different provider for that same level of care. Both providers have to submit a request form for services.