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Targeted Case Management (TCM) Substance Use Disorder (SUD) Authorization Request Form

☐ **Check here if Out of Network (OON): OON General Information Form, County approval letter, and a detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

Member Information

Member Name: _____ MAID: _____ DOB: _____

Member Address: _____ Phone #: _____

REL/SOGI (Complete each section and indicate if Member preferred not to answer).

Member's Race:_____ Member's Ethnicity:_____

Member's Sexual Orientation: _____ Member's Gender Identity:_____

Member's Assigned Sex at Birth:_____ Member's Pronouns: _____

Member's Alternative Name (if applicable): _____

Member's Primary Language:

Written: _____ Spoken: _____

Provider Information

Provider Name: _____

Provider Address: _____ Phone #: _____

Fax #: _____ Person Completing Form: _____

TCM Name: _____ TCM Phone #: _____

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Check One: ☐ Blended ☐ ICM ☐ RC

Check One: ☐ Adult ☐ Child

Is Member currently in a state hospital, prison/jail, detention, or nursing home? ☐ Yes ☐ No

If yes:

Date of admission?: _____

Name of facility: _____

Address of Facility: _____

Did TCM notify DHS? ☐ Yes ☐ No

Diagnosis

Current diagnosis codes: _____

Check all that apply

☐ Co-Occuring (MH/SU) ☐ Autism Spectrum Disorder

☐ Dual Diagnosis (MH-ID)

Check one

☐ Member currently in treatment with your office but is a new PerformCare Member

Requested start date: _____

☐ Initial request

Date of referral to TCM: _____

First billable date of service: _____

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Is the Member volunteering to participate in TCM services? ☐ Yes ☐ No

Does the Member meet specific criteria for TCM services established by the SCA for their respective county of residence? ☐ Yes ☐ No

Is the Member committed to drug/alcohol recovery as a goal? ☐ Yes ☐ No

Has the Member identified at least one domain in the Inventory of Support Services (ISS) in which the need is rated as "At Risk" (i.e. 5-7) or higher? ☐ Yes ☐ No

If yes, please note specific domain(s) and rating(s): _____

Comments: