



Notification of Admission Substance Use Disorder Inpatient or Residential

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at:
612-676-6533 or **1-833-276-1185**



To **fax** form and any relevant documentation:

For **initial** admission notifications:
612-884-2033 or **1-855-260-9710**



Submit Request: [UCare's Secure Email Site](#)
Intake: MHSUDservices@ucare.org
Concurrent: MHSUDconcurrent@ucare.org

For **concurrent** reviews:
612-884-2231

MEMBER INFORMATION

UCare ID _____ PMI _____
Member Name _____ DOB _____
Address _____
City, State, Zip _____ Phone _____

SERVICING FACILITY INFORMATION

Facility _____ NPI Number _____
Address, City, State, Zip _____
Contact Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____
Phone _____ Total Pages Faxed _____

OTHER FACILITY

Member is transitioning from (location/facility)

Member has already admitted to your facility?

Yes No - Anticipated Admit Date _____

UCare Case Managers may assist in the coordination of services to provide the quality care that is customized accordingly to aid members to their recovery.

SUD – Inpatient or Residential (Continued)

SERVICES / PROCEDURE ITEMS REQUESTED

Initial Admission

Concurrent Review

Previously Approved Notification Number _____

Start Date	Discharge Date	Days	ICD-10	Billing Code
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Additional Comments

RECOMMENDED DOCUMENTATION

Confirm service and attach the following applicable documents:

Substance Use Disorder Residential (Non IMD Facility)

Level of Care Assessment (per DHS guidelines), Comprehensive Assessment, Discharge Summary, Progress Notes (weekly notes required), Client Placement Authorization

- Court Documents (commitments, court holds, court orders)

Substance Use Disorder Admission (Non IMD Facility)

H&P, Treatment Plan, Medical Admission Record, Practitioner & Nursing Progress Notes (24 hours), Social Work, Level of Care Assessment (per DHS guidelines), Comprehensive Assessment, Discharge Summary

- Court Documents (commitments, court holds, court orders)

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