



1115 Waiver Concurrent Review Substance Use 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

MEMBER INFORMATION

UCare ID _____ PMI _____

Member Name _____ DOB _____

Address _____

City, State, Zip _____ Phone _____

SERVICING PRACTITIONER INFORMATION

Only for 1115 Waiver Providers: *List the location in which the services are rendered and identify the UCare issued provider ID to ensure accurate rendering location is tied to concurrent authorization.*

1115 Waiver UCare Provider ID # _____

Do not use this section if you are not a Provider/Location approved under the 1115 Waiver

Practitioner Name _____ NPI Number _____

Service Location Address _____

City, State, Zip _____

Contact Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____

Phone _____ Total Pages Faxed _____

DATE OF SERVICE / PROCEDURE CODE

Previously Approved Notification Number: _____

Start Date: _____ Discharge Date: _____ ICD-10: _____

Procedure Code: _____ Units/Days Requested _____

1115 Waiver Residential Treatment (Continued)

CLINICAL DOCUMENTATION

Confirm service and attach the following applicable documents:

Note: Please provide all required documents

- Client Placement Agreement (if applicable)
- Court Documents (commitments, court holds, court orders) (if applicable)
- Discharge Summary (when applicable)
- Documentation of Treatment Coordination
- Initial Services Plan (ISP) or Individual Treatment Plan (with measurable goals)
- Progress Notes
- Weekly Treatment Plan Review Notes (weekly notes required within past 14 days)

PROVIDE THE REQUIRED DOCUMENTATION

What's the highest level of care (LOC) recommended for this client?

Would partial hospitalization (LOC 2.5) be appropriate if available?

Has a medical consultation addressed if this client would benefit from substance use disorder treatment with medications for opioid use disorder (SUD MOUD)?

Does the client have a desire, or would the client benefit from specialized programming?

Is the ASAM recommended level of care the same as the received level of care?

Any item that requires immediate action?

What is the current plan and time for the client to move to the next lower level of care?

What is the expected duration of this level of care?

Additional Comments: