

## Network Health Plan Request for Residential AODA Services - Concurrent

To request AODA treatment sessions, please complete and fax this form to NHP at (920) 720-1903.  
Address: Behavioral Health Care Management Department Network Health Plan 1570 Midway Place Menasha, WI.54952  
Provider questions: (920) 720- 1340 or (800) 555-3616

Member Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Admission date: \_\_\_\_\_  
Member #: \_\_\_\_\_ Estimated discharge date: \_\_\_\_\_  
Facility name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Reviewer name: \_\_\_\_\_ FAX #: \_\_\_\_\_

### **Adherence to Current Treatment: Check all that apply within the last TWO weeks:**

AODA programming attendance:  at least 90% of required programming  
 less than 90% of required programming Explain: \_\_\_\_\_  
Personal recovery plan:  Identifying goals and triggers  
 Identifying sober supports and engagement with positive peer group

### **Services (check all that apply):**

Clinical assessment daily  Individual/Group therapy 3X/wk  Support system/Family therapy 2X per month  
 Recovery/Education group at least 1X/daily  Individualized treatment plan  
 Behavioral contract/Symptom Management Plan  
 Toxicology screens/ Quantitative drug analysis as needed

### **Symptoms/Behavior (check all that apply):**

Drug glorification  Preoccupation with getting high/past drugging experiences  
 Severe Cravings  Reduced Cravings  Overwhelming guilt/remorse/shame  
 Diminished guilt/remorse/shame  Reduced drug –seeking/glorification behaviors  
 Drug seeking  Physical altercation/Angry outbursts  
 Self-mutilation  Decreased frequency/intensity of self-mutilation  
 Suicidal ideation without intent  Suicidal ideation without plan/intent and no firearms in home  
 Independent living skills improving  Interpersonal conflict improving/controlled  
 Homicidal ideation without intent  Easily frustrated and poor impulse control  
 Frequent mood swings/Emotional lability  Mood/Emotional lability improving/controlled  
 No physical altercations/angry outbursts  
 Symptoms/ Behavior improved and discharge planned within 2 weeks  
 Treatment goals not met  Discharge placement pending

### **Functioning: (check all that apply):**

Socially withdrawn  Frequent interpersonal conflict  Hostile and accusatory  
 Intimidating interactions  Easily manipulated by peer group  
 Difficulty following instructions/engaging in treatment  
 Unable to establish positive staff/peer relationships  
 Unable to perform activities of daily living independently  
 Improved independent functioning  Therapeutic passes planned to transition to alternate level of care  
 Inadequate coping skills and unable to remain sober without consistent intervention and structure  
 Difficulty responding to limits  Lacks consistent ability to apply recovery skills  
 Marginal positive connection to family/sober peers  
**Support system**  Unavailable  Abusive  High risk environment  
 Intentional sabotage of treatment  Unable to manage intensity of symptoms

### **Treatment Request:**

Requesting \_\_\_\_\_ additional days of AODA Residential treatment  
Requesting Alternate level of care:  Residential therapeutic group home  
Facility: \_\_\_\_\_ Admission date: \_\_\_\_\_

#### **\*For NHP use only\***

Authorization number \_\_\_\_\_ Additional days authorized \_\_\_\_\_ Valid through \_\_\_\_\_  
Concurrent review is needed on \_\_\_\_\_ by submitting the Residential AODA Concurrent form.  
BHCM \_\_\_\_\_