

Network Health Plan Request for Residential AODA Services - Initial

To request AODA Residential treatment authorization, 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: _____ Age: _____
Member #: _____
Facility name: _____
Admission Date: _____
Substance of choice: _____

Diagnosis: _____
Phone: () _____
FAX #: () _____
Last use: _____
Amt/Freq of use: _____

Clinical Indicators (Please check all that apply):

- Potential for improvement in symptoms/behavior and agrees to work on personal recovery plan
- Discharged/Transfer from detoxification/inpatient rehabilitation within last 24 hours and medically stable
- Active substance use within last week and minimal risk of withdrawal Severe cravings
- Poor impulse control
- Jailed/incarcerated and lacks sober living skills and recovery environment post-release
- Transitional youth and lacks sober living skills and recovery environment
- Severe and persistent high-risk behavior and unable to be managed safely in less intense level of care
- Arrest/confirmed illegal activity Re-arrest for non-violent crimes and drug court referral
- Endangering behavior High-risk sexual activity
- Persistent and daily substance-related behavior Seeking drugs/alcohol
- Using drugs/alcohol Can be managed safely at residential level of care

Functional Impairment: For the following, check all that have occurred in the last month:

- Socially withdrawn Sexually abusive Physically abusive
- Affiliation with/ Participation in cult activities Severe and persistent interpersonal conflict
- Hostile and accusatory Intimidating interactions

- Suspended/ terminated/ Quit / Expelled from work/ school
- Unemployed and unable to seek work Unable to care for/Neglect of dependent children/vulnerable adults
- Exposes dependent children/vulnerable adults to physical/sexual abuse
- Removal from current living situation by authorities Eviction/Foreclosure
- Unable to perform activities of daily living without supervision

Treatment History and Risks:

Prior treatment (list month/year and facility name)

- Inpatient/Detox _____
- Residential _____
- IOP: _____
- Outpatient/Other _____
- No previous treatment

- Risks: Unable to apply recovery skills No positive connection to family/sober peers
- Inadequate coping skills Self-destructive behaviors Requires intense monitoring and reinforcement
 - Pregnancy/Co-occurring medical/psychiatric condition History of nonadherence with treatment

- Support System: Unavailable Abusive High risk environment
- Intentional sabotage of treatment

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Authorization number _____ Number of days authorized _____ Valid through _____

Concurrent review is needed on _____ by submitting the Residential AODA Concurrent form.

BHCM _____