Salish Behavioral Health Organization
Substance Use Disorder Residential Treatment Authorization Request

***Fax requests to CommCare at 816-299-4641 or submit via encrypted email to requests@commcare1.org**
CommCare toll free 877-777-1388

Agency Name		Agency NPI #		Salish BHO Provider #	
Date and time of Authorization request		Date:		Time:	
Date and time of Assessment		Date:		Time:	
Name and title of person making request					
Requesting agency's email address					
Client Name		DOB		ID #	
Client's preferred language	English ☐	Spanish ☐	Other ☐	Language:	
Client's mailing address					
Client's Funding Source	Medicaid ☐	Provider One ID:		Non-Medicaid ☐	

Non-Medicaid Only Referred by	Criminal Justice System ☐	SUD Residential ☐	SUD Withdrawal Management ☐	SABG Funded ☐	Referent Name

DSM-5 diagnosis (ICD-10 code)		Is Client PPW?	Yes ☐	No ☐
Recommended ASAM LOC		Recommended length of care		

Supporting evidence for ASAM LOC and treatment duration

DIM	LOC	
Dim-1		
Dim-2		
Dim-3		
Dim-4		
Dim-5		
Dim-6		

Comments:

COMMCARE to complete below

Date and time of Authorization decision		Date:		Time:	
CommCare originated Authorization #					
Authorized ASAM LOC		Authorized Length of Service			
Date Authorization placed in "pending activation" status:					
Date and time individual is notified		Date:		Time:	
Signature of CommCare Rep:					

Authorization Activation Request to be completed by the admitting Residential SUD treatment provider

Name of agency requesting Authorization activation					
Name and title of individual requesting Authorization activation					
Requesting Agency	Telephone #		Email contact		
First day of covered service			Last day of covered service		
Date and time of Authorization Activation Request		Date:		Time:	

COMMCARE to complete below

CommCare originated Authorization # verified	Yes		No	
Date and time of Authorization activation	Date:		Time:	
Signature of CommCare Rep:				