Client CDS#:  Diagnosis(es): 

PWWDC: YES [ ]  NO [ ]

Request for Children: YES [ ]  NO [ ]  Child CDS#: 

1. Current Modality and Tier Level: 

Requested UNITS and Tier Level: Current Tier end date: Click or tap to enter a date.

Requested Tier end date: Click or tap to enter a date.

1. Is all documentation in the ADAD EHR (i.e. WITS) available for review and current?
2. Assessment (ASI/ADAD/ASAM): YES [ ]  NO [ ]  Dates: 
3. Health and Wellness Plans: YES [ ]  NO [ ]  Dates: 
4. Progress Note(s): YES [ ]  NO [ ]  Dates: 
5. Clinically articulate barriers and needs that justify this BE request (relate to ASAM dimensions):

Click or tap here to enter text.

1. Clinically articulate the interventions/services that will target the needs and barriers described above:

Click or tap here to enter text.

1. Clinically articulate how the proposed interventions/services listed above targets substance use disorder:

Click or tap here to enter text.

1. Clinically articulate the proposed measurable outcomes of the interventions listed above:

Click or tap here to enter text.

1. Clinically articulate why a less intensive level of care, combination of services, use of another resource or lower tier would be ineffective for this case:

Click or tap here to enter text.