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:

Requested Tier end 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):
6. Clinically articulate the interventions/services that will target the needs and barriers described above:
7. Clinically articulate how the proposed interventions/services listed above targets substance use disorder:
8. Clinically articulate the proposed measurable outcomes of the interventions listed above:
9. 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: