

SUD PRIOR AUTHORIZATION FORM

TO BE COMPLETED BY REFERRING AGENCY

Send completed referrals to SUDReferrals@state.sd.us for consideration. Referrals **MUST** include:

- High Intensity Referral Form – ALL fields are REQUIRED
- Release of Information – signed and dated by the CLIENT and a WITNESS
- Financial Eligibility Form – completed, signed, and dated by the CLIENT
- Integrated assessment completed **WITHIN 30 DAYS** of request which supports the recommended level of care

REFERRING AGENCY				
DATE OF REFERRAL		AGENCY NAME		
AGENCY CONTACT		EMAIL ADDRESS		
CLIENT				
FIRST AND LAST NAME				
LAST 4 DIGITS OF SSN	DATE OF BIRTH MM-DD-YYYY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	MOTHER'S FIRST NAME	STARS ID
STREET ADDRESS		CITY, STATE	ZIP	COUNTY
PHONE		ALTERNATE CONTACT		DATE AVAILABLE FOR TREATMENT
MEDICAID <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID # <div style="color: red; font-size: small; margin-top: 5px;">Medicaid funded referrals require a physician referral letter indicating medical necessity for 3.7 or PRTF services.</div>			
Check all that apply:				
Substance Use <input type="checkbox"/> IV drug use in the last 30 days <input type="checkbox"/> IV drug use lifetime <input type="checkbox"/> Current heroin use <input type="checkbox"/> Current prescription (opiate) drug use <input type="checkbox"/> Pregnant / EDD: <div style="color: red; font-size: small; margin-top: 5px;">Must provide a physician's letter verifying pregnancy with estimated due date (EDD).</div>		Legal Status <input type="checkbox"/> IVC County: <input type="checkbox"/> Currently on probation/parole Name of JCA/CSO/Parole Agent: <input type="checkbox"/> Pending legal charges County of charges: <input type="checkbox"/> Currently incarcerated		

ASAM RECOMMENDED LEVEL OF CARE

Select from the drop-down list.

Level of Care:

PREFERRED PLACEMENT CHOICES

Choose **ONLY** providers from the corresponding recommended level of care – listed below.

1ST Choice:

2nd Choice:

3rd Choice:

TREATMENT PROVIDERS BY LEVEL OF CARE

3.7 Adult Intensive Inpatient Treatment Providers

- Avera St. Luke's/Avera Addiction Care Center – Aberdeen
- Dakota Counseling Institute/Stepping Stones – Mitchell
- Dakotah Pride – Sisseton
- Human Services Center – Yankton
- iRecover - Howard
- Keystone Treatment Center – Canton
- Lewis & Clark Behavioral Health Services – Yankton
- Northern Hills Alcohol and Drug Services/Compass Point – Sturgis

3.7 and 3.1 Pregnant Women/Women with Dependent Children Providers

- West River Mental Health/Full Circle – Rapid City
- Volunteers of America/New Start – Sioux Falls

Intensive Methamphetamine Treatment (IMT) Providers

- Avera St. Luke's/Avera Addiction Care Center – Aberdeen
- Carroll Institute – Sioux Falls
- Dakota Counseling Institute/Stepping Stones – Mitchell
- Glory House – Sioux Falls
- Keystone Treatment Center – Sioux Falls (3.1 residential services can take place at Glory House or Carroll Institute while involved in IMT outpatient services at Keystone)
- Pennington County Sheriff's Office Addiction Services/Care Campus – Rapid City
- Rosebud Sioux Tribe Meth Treatment Program – Rosebud

Adolescent PRTF Substance Use Disorder Treatment Providers

- Avera Adolescent Addiction Care Center – Sioux Falls
- Our Home, Inc. Rediscovery – Huron
- Wellfully – Rapid City