

HIGH INTENSITY REFERRAL FORM
TO BE COMPLETED BY REFERRAL AGENCY

All fields are REQUIRED. Incomplete forms will be returned

Client's First and Last Name: **STARS ID:**
Last 4 of Social Security #: **DOB:** **Mothers First Name:**
Street Address
City: **State:** **Zip Code:** **County:**
Home Phone #: **Cell Phone #:**

Medicaid Number:

Medicaid funded referrals must include a physician referral indicating medical necessity for 3.7 or PRTF service.

Date Approval Form Completed: **Date Assessment Completed:**

Agency Submitting the Request:

Agency Contact Person:

Email Address:

ASAM Recommended Level of Care: Choose an item.

Please provide the top three choices for placement. The referral may be sent to a different provider due to monitoring capacity.

Recommended Placement-1st Choice: Choose an item.

Recommended Placement-2nd Choice: Choose an item.

Recommended Placement-3rd Choice: Choose an item.

Date client is available to enter treatment:

Please check boxes if the following apply: IVCCounty:

Pregnant (EDD date:)

Currently on probation/parole JCA/CSO/Parole Agent/:

Pending legal charges List of pending legal charges County of charges

Currently incarcerated Current CJJ Client

IV drug use in the last 30 days IV Drug use lifetime

Current Heroin Drug Use Current Prescription (Opioid) Drug Use

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- All referrals must include:
 - Release of information signed by the client
 - Financial means form
 - Completed integrated assessment which matches the recommended level of care being made on this form
 - Pregnant Women or Pregnant Adolescent referrals must also include a Physician's Letter verifying pregnancy with estimated due date (EDD).

Please send completed forms to the Division of Behavioral Health via fax at (605) 367-5239 or email at: DSS.DCBHTNANotifications@state.sd.us.

Client's First and Last Name:

STARS ID:

BELOW TO BE COMPLETED BY RECOMMENDED AGENCY

Client approved for admission
Prior to submitting this form to the Division of Behavioral Health, the Client Information screen and the Income Eligibility screen must be completed in STARS.

Anticipated start date:
Level of Care: Choose an item.
Agency Providing Services: Choose an item
Contact Name:
Contact Email:

Clinical necessity does not support level of care recommendation

Comments (Please indicate dimension(s) not supported and any recommendations):

Contact Name:
Contact Email:

Unable to admit due to the following reasons:

<input type="checkbox"/> Conflict of Interest	
<input type="checkbox"/> Relative employed at agency	<input type="checkbox"/> Victim currently residing in agency
<input type="checkbox"/> Spouse/Family members currently residing in agency	<input type="checkbox"/> Co-defendant currently residing in agency
<input type="checkbox"/> Unable to serve due to medical reason	<input type="checkbox"/> Unable to serve due to
<input type="checkbox"/> Unable to serve due to mental health Concerns	Reason:

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Cheat Sheet for referral high intensity referral form:

Reminder:

To be eligible for 3.7 level of care, ASRD 67:61:18:01 indicates the client shall meet the following criteria:

1. The client shall meet one of the following:
 - (a) The client is experiencing moderate to severe withdrawal or is at risk of severe withdrawal based on previous withdrawal history;
 - (b) The client's continued substance use causes imminent risk to biomedical conditions; or
 - (c) The client's continued substance use causes imminent risk to emotional, behavioral, and cognitive conditions; and
2. The client shall meet one of the following:
 - (a) The client requires intensive monitoring and support to promote progress through the stages of change;
 - (b) The client is in immediate danger of continued severe substance use or relapse and such behaviors present significant risk of serious adverse consequences to the client, others, or both; or
 - (c) The client's recovery environment poses a threat to safety, engagement in treatment, or both.

3.7 Medically Monitored Adult Providers

Dakota Counseling Institute- Stepping Stones- Mitchell, SD
Dakotah Pride- Sisseton, SD
Human Services Center- Yankton, SD
Keystone Treatment Center- Canton, SD
Lewis and Clark Behavioral Health Services- Yankton, SD
Northern Hills Alcohol and Drug Services-Compass Point-Sturgis, SD

Pregnant Women-Women with Dependent Children Providers 3.7 and 3.1

Behavior Management Systems-Full Circle- Rapid City, SD
Volunteers of America-New Start- Sioux Falls, SD

PRTF-Adolescent 3.7 SUD Treatment

Keystone Treatment Center- Canton, SD
Our Home, Inc. -Rediscovery- Huron, SD
Volunteers of America-Heisler- Sioux Falls, SD
WellSpring-Wellfully- Rapid City, SD

Intensive Methamphetamine Treatment-(starting level of care)

Carroll Institute- Sioux Falls, SD (Level 3.1/2.1)
Dakota Counseling Institute- Stepping Stones- Mitchell, SD (3.1/2.1)
Glory House, Sioux Falls, SD (3.1/2.1)
Keystone Treatment Center- Sioux Falls, SD (3.1/2.1 – 3.1 placement at Glory House while involved in IMT outpatient services at Keystone)
Pennington County Sheriff Office-Addiction Treatment-Rapid City, SD (Level 3.1/2.1)

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