

Behavioral Health CareConnection®
Data Collection Form: Intensive Services

Member Name: _____ **Member ID:** _____

Program Level of Care

Type of approved

intensive program:

- Mental Health
- Substance Abuse -- Addiction Only Services *
- Substance Abuse Dual Diagnosis Capable *
- Substance Abuse Dual Diagnosis Enhanced *

Name of IS requested: _____

Location of Program (County): _____

Identify Evidenced Based

Practices integrated into IP:

- Ecosystemic Family Therapy
- Integrated Dual Diagnosis Therapy
- Cognitive Behavioral Therapy
- Multi-Systemic Family Therapy
- Other
- None

* If Intensive Service Type is not Mental Health, please complete ASAM Risk Rating

ASAM Risk Rating:

Withdrawal/Intoxication:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Medical Conditions:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Behavioral/Emotional/ Cognitive Conditions:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Readiness For Change Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Relapse/Continued Use or Problem Potential Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Recovery Environment Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

