

INSTRUCTIONS FOR COMPLETING THE CONTINUED SERVICES REVIEW (CSR) FORM:

- As the instructions on the form state: **All sections of the form must be completed in order for BPA to process it.**
- **If you have already submitted a CSR form and were asked to resubmit due to missing information, check the 'Yes' box. If you are submitting the CSR form for the first time, check 'No'.**

Response to Missing Information Request? Yes No

Part I: Demographic Information

1. Enter the date you are completing the form (MM/DD/YYYY) :

Today's Date: 6/15/2010 ←

2. Enter your agency's name and site information:

Agency Name: ABC Drug Free ←

Agency Site: Anywhere, Idaho ←

3. Enter the client's full legal name (Last, First, MI, Suffix):

Client's Full Legal Name (Last, First, MI, Suffix): Doe, John, D ←

4. Enter the client's BPA ID number:

Client ID#: 1234567 ←

5. Enter the client's date of birth (MM/DD/YYYY):

Date of Birth: 06/15/1978 ←

Part II: Current Authorization Information and Additional Services Requested

6. Enter the date the client admitted to your facility for treatment (MM/DD/YYYY):

Date of Admission: 6/6/2010 

7. Enter the current level of care for which you are requesting continued services

Current Level of Care: Level 1 - Outpatient  Number of Units/Days Requested:

8. Enter the number of units or days you are requesting for the current level of care:

Current Level of Care: Level 1 - Outpatient Number of Units/Days Requested: 408 

9. If the client's DSM-IV diagnosis has changed since they admitted to treatment at your facility, check the 'Yes' box, If not, check 'NO':

Has the Client's DSM-IV Diagnosis Code Changed? Yes No

10. If the client's DSM-IV diagnosis has changed, fill in the fields with their current primary and secondary diagnosis codes (example – 304.4):

If Yes, Primary Diagnosis: 304.4 Secondary: 303.9

11. Enter the date the client will be likely discharge from the current level of care (MM/DD/YYYY):

Target Discharge Date for Current Level of Care: 6/27/2010 

Part III: Clinical Documentation and Justification of Services:

12. Be sure to include ASAM-PPC 2R information for ALL six (6) dimensions and ensure that the clinical documentation in the dimensions reflects the client's current clinical status. Additional prompts are included next to the dimension title to help clarify the type of information that needs to be present:

Dimension 2: The physical health problems that required admission to the present level of care, or a new problem, requires biomedical services that can be provided effectively only at the present level of care as evidenced by:

13. Enter the name of the primary counselor who completed the form:

Primary Counselor Name (Print): John Doe 

14. List the credentials of the primary counselor who completed the form:

Credentials: LMSW, CADC 

15. Sign the form. The clinician's handwritten signature must appear on the document.

If sending the form electronically, the signed document will need to be scanned and sent to: outpatientcsr@bpahealth.com or sent via Fax:

Signature:

John Doe 

16. Enter the date the form was signed (MM/DD/YYYY):

Date: 6/15/2010 

17. Enter the phone number and extension for the primary counselor:

Phone: (208)-867-5309 Ext. 1234 

Recovery Support Services Voucher Request

If you would also like to request Recovery Support Services (RSS) – you will need to fill in the information for the services requested under “**Recovery Support Services Voucher Request**”. The RSS requested must be justified within the ASAM dimensional criteria in Part III of the CSR form.

1. Check the box next to the RSS you would like authorized for the client:

Check	Service Requested
<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Drug Testing

2. Enter the provider name and site location information for the RSS provider:

Provider and Site Location
123 Drug Free, Anywhere ID

3. Enter the number of units requested for the RSS:

Units Requested
96

4. Indicate whether the requested RSS units are an initial request, or if you are requesting additional units for an existing RSS authorization by checking the appropriate box:

Units Requested	Initial Voucher	Additional Units
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>