SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Alice Gleghorn, PhD
Director

Substance Use Disorder (SUD) Residential Treatment Extension Request

Instructions: Please complete this form along with an ASAM placement screening, to be finalized in Clinician's Gateway. Upon receiving this Extension Request Form, a QCM coordinator will review the placement screening, and clinical documentation and either approve or deny the extension request. The assigned QCM coordinator will email the staff listed below of a decision within 72 hours of receiving the request. Requests for extensions should be received no later than 5 calendar days prior to the last day of authorized treatment. Please submit this form to BwellQCMADP@sbcbwell.org or fax to (805) 681-5117.

Treatment Facility: _____Client Number: _____

Admission date of current Treatment Episode: _____

The above client is in need of additional days of Residential SUD treatment. There have been active efforts to move client to a lower level of care. The clinical documentation in Clinician's Gateway has evidence of reassessment, at minimum, every 30 days, to assess for appropriate level of care and whether or not client meets medical necessity for SUD Residential Treatment.

Days requested for residential extension: _____

Staff Requesting Extension: _____ Signature: _____ Date: _____

Program Supervisor/Manager: _____ Signature: _____ Date: _____

FOR QCM ADP STAFF ONLY:

QCM ADP Reviewer: _____Signature: _____ Date: _____

Approved: _____Denied: _____

Reason for Denial:

_____

_____

** Should the assigned QCM coordinator deny this request, or authorize less time than requested, QCM or other assigned staff will issue a written NOABD (Notice of Adverse Benefit Determination) to the provider and the beneficiary when this decision is made.*

Revised: February 6, 2019