



SALISH BEHAVIORAL HEALTH ORGANIZATION UTILIZATION MANAGEMENT POLICIES AND PROCEDURES

Policy Name: SUD RESIDENTIAL AUTHORIZATION
REQUEST INSTRUCTIONS

Policy Number: 7.08

Reference: WAC, Contract requirements
DSM-5, ASAM, 42 CFR 438

Effective Date: 4/2016

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Approved by: SBHO Executive Board

CROSS REFERENCES

- Letter: Notice of Adverse Benefit Determination Form Letter Template
- Letter: Notice of Determination Template
- Policy: Corrective Action Plan
- Policy: Notice of Adverse Benefit Determination Requirements

DEFINITIONS

Access to Care Standards (ACS) are established by the Department and implemented by SBHO for the purposes of determining eligibility for Medicaid and Non-Medicaid enrollees seeking admission and continuing authorization for SUD services.

ASAM Criteria is used to evaluate an individual's need for treatment along six dimensions after systematically evaluating the severity and diagnosis of an individual, and then utilize a fixed combination rule to determine which of four levels of care a substance abusing individual will respond to with the greatest success. ASAM also includes the recommended duration of substance use disorder treatment based on each individual's need.

Authorization is defined as the authority exercised by the SBHO, or their designated Administrative Service Organization (ASO), CommCare, to approve and/or deny

authorization requests for residential services for individuals seeking substance use disorder services.

Individual means a person who has applied for, is eligible for, or who has received publicly funded behavioral health services.

Request for Services is defined as the point in time when services are sought or applied for through a telephone call, walk-in, or a written request for services from an individual/enrollee or an authorized representative.

PROCEDURE

Outpatient Enrollment

1. The SBHO contracted Outpatient provider's CDP, or CDPT under the supervision of a CDP, completes an assessment per WAC and contract requirements.
2. The Outpatient service provider must obtain ROIs for SBHO signed by the individual.
3. Based on the ACS, LOC Guidelines, and ASAM criteria, the outpatient provider determines if the individual meets medical necessity for Outpatient treatment.
4. If the provider agency determines individual does not meet medical necessity, the agency completes the Denial Request form and submits it to the SBHO. This information will be reviewed by the SBHO reviewer. The SBHO reviewer will make final decisions regarding denials and will follow up with providers regarding the final decision. Once a denial is processed, a notice will be sent to the individual.
5. If the provider agency determines individual does meet medical necessity, the agency initiates treatment services within prescribed timelines.

Residential Authorization Requests

1. A SBHO contracted SUD provider's CDP, or CDPT under the supervision of a CDP, completes an assessment per WAC and contract requirements.
2. Based on the ACS, LOC Guidelines, and ASAM criteria, the provider determines if the individual meets medical necessity for residential services.
3. The provider obtains ROIs signed by the individual for both CommCare and SBHO.
4. If the individual meets medical necessity for residential services, the provider completes the Substance Use Disorder Residential Treatment Authorization Request, completing all sections of the form except those CommCare is responsible for.

5. The authorization request along with the signed ROI is submitted to CommCare via secure email to requests@commcare1.org or Fax # 816-299-4641.
6. CommCare completes the authorization portion of the Substance Use Disorder Residential Treatment Authorization Request (indicating the appropriate level of care and number of days authorized) and returns it to the requesting agency via secure email. CommCare has up to three days to respond to initial requests for residential services.
7. Following approval of a SUD residential authorization, CommCare will hold the approved authorization in “Pending Activation” status for up to 60 days. Approved authorizations that have not been activated within 60 days will not be activated.
8. The referring provider must document the residential authorization data in the individual’s Electronic Medical Record (EMR).
9. The referring SUD provider will:
 - a. Coordinate treatment admission date and length of stay with an appropriate residential SUD treatment provider.
 - b. Forward the approved authorization information, appropriate clinical documentation, and ROI signed by the individual to the residential treatment provider.
 - c. Coordinate transportation for the individual if necessary.
10. Upon the individual’s admission to SUD residential treatment, the admitting residential treatment provider will complete the Authorization Activation Request portion of the authorization form and forward it along with an ROI signed by the individual to CommCare via secure email, requests@commcare1.org or Fax # 816-299-4641.
11. CommCare will activate the authorization and document the identified dates of service. CommCare will confirm the authorization information with the admitting residential provider’s designated point of contact identified in the Authorization Activation Request portion of the authorization form.
12. Residential treatment services extension requests will be submitted to CommCare via secure email or fax by the residential provider at least five days prior to expiration of the current authorization. CommCare has up to three days to authorize extension requests for Residential services. Completed extension requests will be placed in the individual’s medical record.

Residential Authorization Requests by Out-of-Network Providers

1. The Out-of-Network provider’s CDP, or CDPT under the supervision of a CDP, completes an assessment per WAC requirements.

2. Based on the ACS, LOC Guidelines, and ASAM criteria, the Out-of-Network provider determines if the individual meets medical necessity for residential services.
3. The provider must obtain signed ROIs for both CommCare and SBHO.
4. If the individual meets medical necessity for residential services, the provider completes the Out-of-Network provider residential authorization request, completing all sections of the form except those CommCare is responsible for.
5. The authorization request along with the signed ROI is submitted to CommCare via secure email requests@commcare1.org or Fax # 816-299-4641.
6. CommCare completes the authorization portion of the Substance Use Disorder Residential Treatment Authorization Request (indicating the appropriate level of care and number of days authorized) and returns it to the requesting Out-of-Network provider via secure email. CommCare has up to three days to respond to initial requests for residential services.
7. Following approval of a SUD residential authorization, CommCare will hold the approved authorization in “Pending Activation” status for up to 60 days. Approved authorizations that have not been activated within 60 days will not be activated.
8. The referring Out-of-Network provider must document the residential authorization data in the individual’s EMR.
9. The referring Out-of-Network provider will:
 - a. Coordinate treatment admission date and length of stay with an appropriate residential SUD treatment provider.
 - b. Forward the approved authorization information, appropriate clinical documentation, and ROI signed by the individual to the residential treatment provider.
 - c. Coordinate transportation for the individual if necessary.
10. Upon the individual’s admission to SUD residential treatment, the admitting residential treatment provider will complete the Authorization Activation Request portion of the authorization form and forward it along with an ROI signed by the individual to CommCare via secure email, requests@commcare1.org or Fax # 816-299-4641.
11. CommCare will activate the authorization and document the identified dates of service. CommCare will confirm the authorization information with the admitting residential provider’s designated point of contact identified in the Authorization Activation Request portion of the authorization form.
12. Residential treatment services extension requests will be submitted to CommCare via secure email or fax by the residential provider at least five days prior to expiration of the current authorization. CommCare has up to three days to authorize extension requests for Residential services. Completed extension requests will be placed in the individual’s medical record.

Withdrawal Management Notification Requirements

1. The Withdrawal Management provider's qualified staff completes a screening per WAC requirements.
2. The Withdrawal Management provider must obtain ROIs for SBHO.
3. Based on the ACS, LOC Guidelines, and ASAM screening criteria, the Withdrawal Management provider determines if the individual meets medical necessity for Withdrawal Management services.
4. If the individual meets medical necessity for Withdrawal Management, the Withdrawal Management provider notifies the SBHO Substance Use Disorder Manager within 24 hours of admission. No authorization is required.

MONITORING

This policy is mandated by statute and contract.

1. SBHO monitors this policy as indicated below:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Annual Provider Chart Reviews
 - SBHO Grievance Tracking Reports
 - Biennial Provider Quality Review Team Review
 - Utilization Committee activities, such as the ASO case review
 - Quality Management Plan activities, such as reviews of targeted measures for trends and recommendations
2. If a provider performs below expected standards during any of the reviews listed above, a Corrective Action Plan will be required for SBHO approval.