



SUD Residential Detox Authorizations

GOBHI Utilization Management Update – July 2017:

The updated UM protocol for SUD residential detox services is as follows:

Admission Notification:

Facilities that offer residential detox services should send notification requesting services for a GOBHI member to GOBHI's Utilization Management Dept. by fax to 541-298-7996 (or via secured email to ac@gobhi.net) within the timeframes listed below.

Authorization Timeframes:

Note: Authorizations may be denied if required documentation is not submitted and reviewed within the timelines listed below.

- **Concurrent Request:** A request for coverage of care or services made while a member is in the process of receiving the requested care or services, even if GOBHI did not previously approve the earlier care.
 - **Timeframe:** GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **24 hours** of receipt of the request.
- **Urgent Preservice Request:** A request for care or services where application of the time frame for making routine or non-life threatening care determinations: could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
 - **Timeframe:** GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **48 hours** of receipt of the request.
Note that this category includes: Authorizations for alcohol and drug services and expedited prior authorizations.
- **Postservice/Retrospective Request:**
 - **Timeframe:** GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **30 calendar days** of receipt of the request.
 - Retrospective authorization requests may be subject to administrative denial or partial approval pending medical necessity review.

Detox – Residential Facility

Documentation Needed for Authorization Requests

Concurrent:

1. Stabilization Assessment when the individual is able to participate
 - a. ASAM – must complete dimensions 1 and 2
 - b. Or Assessment that includes:
 - State of acute intoxication and/or withdrawal potential – including substance involved
 - Health history & current physical condition
 - Please describe why this patient can't be taken care of in a less restrictive environment
2. CIWA or COWS if available
3. Service Plan
 - Plan for addressing each identified problem
 - Stabilization methods and activities for each specific objective desired
 - Frequency of contact for different services and activities
 - Documentation of individuals involvement in treatment
 - Including that individual is encouraged to remain in treatment and participate in referral services
4. Completed Authorization Form
5. When requesting a re-determination include progress notes that address items on the treatment plan.

Retrospective:

1. All items identified in the concurrent request, plus the discharge summary.

Reference: 415-050-0030 and 415-050-0035

See also: 410-172-0650 regarding prior authorization