



## SUD Residential Authorizations

### GOBHI Utilization Management Update – July 2017:

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

#### **Admission Notification:**

Facilities that offer residential SUD 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](mailto: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.

## **SUD Residential**

### Documentation Needed for Authorization Requests

#### **Pre-Service:**

1. SUD Assessment or ASAM completed within 30 days prior to admission
2. Completed Authorization Form

#### **Concurrent:**

1. SUD Assessment or ASAM at time of entry (within 24 hours) by qualified staff
  - a. Qualified staff includes:  
Clinical Supervisor who is certified or licensed by a health or allied provider agency:
    - Medical Doctor (MD)
    - Psychologist Licensed
    - Social Workers (LCSW)
    - Licensed Professional Counselors and Therapists (LPC)
    - Nurse (RN)
    - Certified Alcohol and Drug Counselor (CADC)
2. Documentation (with examples) of why residential level of care is needed:
  - Risk of potential harm to self or others
  - Deterioration in inter-personal interactions
  - Failure to perform self-care, or
  - In ability to perform close to usual standards of adult obligations
  - Neglecting obligations regularly or over extended period of time
  - Serious vegetative status or threatening physical function
  - Patient is likely to deteriorate if not in residential treatment plan
  - Structure is needed to facilitate change
  - Patient does not recognize need for treatment
3. Service plan completed prior to the start of services (within 7 days of entry)
  - a. Include in plan the frequency of treatment and services (*this determines length of authorization*)
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.

Note: Reference: OAR 309-018-0140, 309-018-0145, 309-018-0150, 309-008, 309-019-0100 thru 019-0135  
See also: 410-172-0650 regarding prior authorization