



Crisis/Respite Authorizations

GOBHI Utilization Management Update – January 2019:

The updated UM protocol for crisis/respite services is as follows:

Admission Notification:

Facilities that offer crisis/respite services should send notification requesting services for a GOBHI member to GOBHI's Utilization Management Dept. by fax to 541-296-1036 (or via secured email to um@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.

- **Postservice/Retrospective Request:**
 - **Timeframe:** GOBHI makes a decision and provides written or electronic notification of the decision to the practitioner within **14 calendar days** of receipt of the request.
 - Retrospective authorization requests may be subject to administrative denial or partial approval pending medical necessity review.

Crisis/Respite

Documentation Needed for Authorization Requests

Concurrent:

1. Assessment and Service plan completed within 48 hours
 - a. Service strategies to be implemented to resolve the crisis
 - b. Identifies service needs
 - c. Desired outcomes
 - d. Signed by an QMHP
 - e. Documentation (with examples) of why respite level of care is needed:
 - Danger to self or others
 - Hallucinations, delusions, paranoia
 - Major impairment in behavior
 - Serious deterioration in inter-personal interactions
 - Moderate negative symptoms
 - Bizarre behavior
 - Other acute psychiatric behaviors
 - Worsening psychiatric behaviors over baseline
2. Completed Authorization Form
3. When requesting a re-determination, include progress notes that address items on the treatment plan. (If the presenting problem has changed then the assessment and service plan will need to be updated).

Retrospective:

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

Note: Reference: OAR 309-035-0185(4),

See also: 410-172-0650 regarding prior authorization