



## Residential Co-occurring Authorizations

### GOBHI Utilization Management Update – January 2019:

The updated UM protocol for residential co-occurring SUD/MH services is as follows:

#### **Admission Notification:**

Facilities that offer co-occurring 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](mailto:um@gobhi.net)) within the timeframes listed below.

#### **Authorization Timeframes:**

Note: Authorizations maybe 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 **14 calendar days** of receipt of the request.
  - Retrospective authorization requests may be subject to administrative denial or partial approval pending medical necessity review.

## Co-Occurring – Residential

### Documentation Needed for Authorization Requests

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

1. SUD Assessment or ASAM completed within 30 days prior to admission
2. Mental Health Assessment within past 6 months, signed by QMHP
3. 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. Mental Health assessment within 10 calendar days of entry, signed by QMHP
3. 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
4. Service plan completed prior to the start of services (within 7 days of entry)
  - a. Must include plan for both substance abuse and mental health services
  - b. Include in plan the frequency of treatment and services (*this determines length of authorization*)
  - c. Must be signed by licensed health care professional (see list above, excluding CADC)
5. Completed Authorization Form
6. 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 309-019-0135, 309-018-0140, and 309-018-0145. See also: 410-172-0650 regarding prior authorization