

## SUD Detox Checklist

**For Providers:** Facilities that offer detox services should send notification requesting services for a GOBHI member to GOBHI's Utilization Management Department either by fax: 541-296-1036 or via secured email to [um@gobhi.org](mailto:um@gobhi.org). Approvals are based on medical necessity, as determined by ASAM guidelines.

**Please Note:** Authorizations may be denied if required documentation is not submitted with the request.

### **Documentation Needed for SUD Detox Authorization Requests:**

- **(Concurrent):** Admission notifications must include the following:
  - Stabilization Assessment when the individual is able to participate
    - ASAM – must be completed
    - **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
  - CIWA or COWS if available
  - 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 individual's involvement in treatment - including that the individual is encouraged to remain in treatment and participate in referral services
  - Completed Authorization Request Form
  - When requesting a re-determination please include progress notes that address items on the treatment plan
  
- **Retrospective** authorization requests must include all of the above items, plus the discharge summary.

In addition, please see the following OARs for reference: OAR 415-050-0030 and OAR 415-050-0035. See also: OAR 410-172-0650 regarding prior authorization.

## **OARs for Reference**

- **OAR 415-050-0030** (Oregon Health Authority, Health Systems Division: Addiction Services: Standards for Detoxification Centers: Individual Assessment & Evaluation)
- **OAR 415-050-0035** (Oregon Health Authority, Health Systems Division: Addiction Services: Standards for Detoxification Centers: Stabilization Services)
- **OAR 410-172-0650** (Medicaid Payment for Behavioral Health Services – Prior Authorization)