

SUD Detox & Residential Checklist

Presented By:

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For Providers:

- ▶ Facilities that offer detox SUD services should send all authorization requests to GOBHI's Utilization Management Department.

Fax: 541-296-1036

OR

secured email: 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

Documentation Needed for SUD Detox Authorization Requests Continued:

- ▶ **Retrospective** authorization requests must include all of the items on the previous slide, plus the discharge summary.

For Providers:

- ▶ Facilities that offer residential SUD services should send all authorization requests to GOBHI's Utilization Management Department.

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OR

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- ▶ Approval for initial authorizations is based on medical necessity, as determined by ASAM guidelines for Level III placement. Consideration for ongoing authorizations is based on continued medical necessity, as well as documented engagement in treatment and progress being made.
- ▶ Please Note: All authorizations will be approved in 30 day increments (**NEW!**).

Documentation Needed for SUD Residential Authorization Requests:

SUD Residential Auth Requests

- ▶ **Pre-Service** requests must include the following:
 - ▶ SUD Assessment or ASAM completed 30 days prior to admission
 - ▶ Completed Authorization Request Form

Co-Occurring Auth Requests

- ▶ **Pre-Service** requests must include the following:
 - ▶ SUD Assessment or ASAM completed 30 days prior to admission
 - ▶ Mental Health Assessment completed within the past 6 months and signed by a QMHP
 - ▶ Completed Authorization Request Form

Documentation Needed for SUD Residential Authorization Requests Continued:

SUD Residential Auth Requests

- ▶ **(Concurrent):** Admission notifications must include the following:
 - ▶ SUD Assessment or ASAM completed at the time of entry into the program by qualified staff. Qualified staff includes:
 - ▶ Medical Doctors (MD)
 - ▶ Licensed Psychologists
 - ▶ Social Workers (LCSW)
 - ▶ Licensed Professional Counselors and Therapists (LPC)
 - ▶ Nurses (RN)
 - ▶ Certified Alcohol and Drug Counselors (CADC)
 - ▶ Current Service Plan completed prior to the start of services
 - ▶ Completed Authorization Request Form

Co-Occurring Auth Requests

- ▶ **(Concurrent):** Admission notifications must include the following:
 - ▶ SUD Assessment or ASAM completed at the time of entry into the program by qualified staff.
 - ▶ Mental Health Assessment completed within 10 days of entry into the program and signed by a QMHP
 - ▶ Current Service Plan completed prior to the start of services
 - ▶ Must include a plan for both substance abuse and mental health services
 - ▶ The frequency of treatment and services
 - ▶ Must be signed by a licensed health care professional (excluding CADC)
 - ▶ Completed Authorization Request Form

Documentation Needed for SUD Residential Authorization Requests Continued:

SUD Residential Auth Requests

- ▶ **(Concurrent):** Authorization extension requests must include the following:
 - ▶ Updated ASAM completed by qualified staff (please see list on previous slide)
 - ▶ Please include a summary of progress for each dimension
 - ▶ Current recommendations for each dimension
 - ▶ Updated Service Plan if applicable
 - ▶ Completed Authorization Request Form

Co-Occurring Auth Requests

- ▶ **(Concurrent):** Authorization extension requests must include the following:
 - ▶ Updated ASAM completed by qualified staff (please see list on previous slide)
 - ▶ Please include a summary of progress for each dimension
 - ▶ Current recommendations for each dimension
 - ▶ Updated Mental Health Assessment if applicable, signed by a QMHP
 - ▶ Updated Service Plan if applicable
 - ▶ Must include a plan for both substance abuse and mental health services
 - ▶ The frequency of treatment and services
 - ▶ Must be signed by a licensed healthcare professional (see previous slide, excluding CADC)
 - ▶ Completed Authorization Request Form

Documentation Needed for SUD Residential Authorization Requests Continued:

SUD Residential Auth Requests

- ▶ **Retrospective** authorization requests must include all of the previously mentioned items, plus the discharge summary.

Co-Occurring Auth Requests

- ▶ **Retrospective** authorization requests must include all of the previously mentioned items, plus the discharge summary.

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 309-019-0135** (Outpatient Behavioral Health Services)
- ▶ **OAR 309-018-0140** (Residential Substance Use Disorders and Problem Gambling Treatment and Recovery Services - Assessment)
- ▶ **OAR 309-018-0145** (Residential Substance Use Disorders and Problem Gambling Treatment and Recovery Services - Service Plan and Services Notes)
- ▶ **OAR 309-018-0160** (Residential Substance Use Disorders and Problem Gambling Treatment and Recovery Services - Co-Occurring Mental Health and Substance Use Disorders (COD))
- ▶ **OAR 410-172-0650** (Medicaid Payment for Behavioral Health Services - Prior Authorization)

Questions?