

## SUD Residential Checklist

**For Providers:** 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:**

- **Pre-Service** requests must include the following:
  - SUD Assessment or ASAM completed 30 days prior to admission
  - Completed Authorization Request Form
  
- **(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
  
- **(Concurrent): Authorization extension requests** must include the following:
  - Updated ASAM completed by qualified staff (please see list above)
    - Please include a summary of progress for each dimension
    - Current recommendations for each dimension
  - Updated Service Plan if applicable
  - Completed Authorization Request Form
  
- **Retrospective** authorization requests must include all of the above items, plus the discharge summary.

In addition, please see the following OARs for reference: OAR 309-018-0140 and OAR 309-018-0145. See also: OAR 410-172-0650 regarding prior authorization.

## Co-Occurring Residential Checklist

**For Providers:** 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 Co-Occurring Residential Authorization 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
  
- **(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)
  - Mental Health Assessment completed within 10 days of entry into the program, 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 (see list above, excluding CADC)
  - Completed Authorization Request Form

- **(Concurrent):** Authorization extension requests must include the following:
  - Updated ASAM completed by qualified staff (please see list above)
    - 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 list above, excluding CADDC)
  - Completed Authorization Request Form
  
- **Retrospective** requests must include all of the above items, plus the discharge summary.

In addition, please see the following OARs for reference: OAR 309-019-0135, OAR 309-018-0140, OAR 309-018-0145, and OAR 309-018-0160. See also: OAR 410-172-0650 regarding prior authorization.

## **OARs for Reference**

- **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)