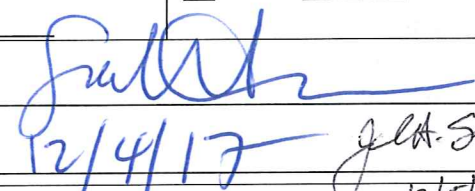
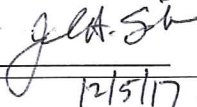
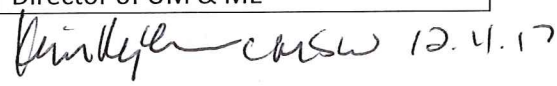


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Subject: Substance Abuse Service Authorization Guidelines		Accountability: SAPT, Utilization Management	Effective Date: 9/16/2014	Pages: 2
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA/URAC Standard _____ Other _____			Last Reviewed Date: 11/10/17	Past Reviewed Dates: 9/28/16
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD Block Grant <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 11/10/17	Past Revised Dates: 9/28/16
Approved :  Date: <u>12/4/17</u>  12/5/17			Required Reviewer: Chief Clinical Officer Manager of SAPT Director of UM & ME  12.4.17	

I. Purpose

Southwest Michigan Behavioral Health (SWMBH) will provide guidelines to Substance Use Disorder (SUD) Providers regarding the amount of services that may be requested and authorized at any given time. These guidelines are intended to provide a process for continued stay and ongoing service utilization review and are not intended to provide a service limit.

II. Policy

It shall be the policy of SWMBH to assure that SUD Authorization processes meet the contractual and regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) contract and Center for Medicare and Medicaid Services (CMS), Code of Federal Regulations (CFR), and the Public Health Code and advance the recovery of SWMBH customers. In cases where there are inconsistencies, SWMBH will follow the stricter of the two guidelines.

III. Standards and Guidelines

- A. These listed service guidelines are to be utilized when establishing an initial authorization or requesting additional authorizations. They are to be used in conjunction with Medical Necessity Criteria. It is important to remember that there are no pre-set limits to an individual's benefit. All authorizations are to be prior authorized to the service requested. The exception to prior authorization include emergency services.
- B. If the customer continues to meet criteria for the service, providers may request additional units accompanied by clinical rationale, treatment plan AND American Society of Addiction Medicine (ASAM) criteria when the authorized units have been utilized.
- C. All authorizations for service are expected to be based on Medical Necessity Criteria and documentation must demonstrate the need for initial or on-going services.
 - 1. Assessment is an ongoing process and evolutionary changes should be reflected in the clinical record. It is expected that customers will have a current assessment on file. Transfers from various levels of care within an organization should contain at minimum an addendum to the assessment identifying rationale for the change

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in level of care and the treatment needed to remediate the identified diagnosis. Typically, assessments are authorized on an initial and annual basis.

2. Providers may request a new assessment if:
 - a. It has been determined that there have been marked changes in status and the current assessment is older than 6 months (i.e. per ASAM).
 - b. Annual Assessment update is due
 - c. A customer is returning to treatment after a recent termination whose presentation has changed
 - d. A change in the customer's status. (diagnosis, living situation, employment, presentation)
 - e. The customer is transferring to an Opioid Treatment Provider (OTP) from a different level of care.
 - f. The customer has left a substance abuse residential level of care and is entering into an outpatient service level of care.
- D. It is expected that the treatment plan will be present in the chart, will contain measurable goals with progress noted in the chart, contains all services for which authorization is being requested, and is reviewed at least every 90 days. It is further expected that there will be sufficient goals, objections and interventions to support the amount of treatment being requested.
- E. The policy attachment "Level of Care Utilization Guidelines" details what is average utilization throughout the Southwest Michigan Behavioral catchment area of the listed services to achieve the statutory requirement of uniform benefit across the region. This can be used by clinical supervisors to monitor over or underutilization in ASAM service categories to ensure all customers are receiving the appropriate amount of service for their identified levels of need.
- F. It should be noted that ASAM Level II Intensive Outpatient (IOP) is to be delivered at 9-19 hours a week per the ASAM Recommendation. As indicated above, SWMBH follows the more strict Federal Guidelines which indicate IOP is a 3 hour a day service. Therefore it is the policy of Southwest Michigan Behavioral Health that this service is a bundled rate to be delivered at no less than three hours a day as many clients will need more than the minimum service threshold. However, it is understood that:
 1. Providers cannot bill for the IOP code during weeks that the client does not attend the minimum of nine hours.
 2. In the event that the customer does not meet the 3 hours per day/9 hours per week minimum to bill for IOP services, the provider can request authorizations for individual therapy and/or group therapy, for those services provided.
 3. If individual therapy and/or group therapy will be requested in lieu of IOP, those services must be documented in the customer's treatment plan, and must cover the dates of service being requested.

IV. Definitions

None

V. References

None

VI. Attachments

- A. Level of Care Service Utilization Guidelines