

	Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 Date revised: July 1, 2020
Policy Number: 206	Subject: Requesting Auto-Authorization – Acute Services

- (1) For acute services, the provider may implement an auto-authorization process for ensuring timely authorizations for the following services:
 - (a) Out-of-State Acute Psychiatric Hospitalization;
 - (b) SUD Medically Monitored Intensive Inpatient (ASAM 3.7); and
 - (c) Crisis Stabilization Program.
- (2) Providers must use Mountain-Pacific Quality Health Qualitrac Utilization Management Portal to submit all auto-authorization requests.
- (3) The department or the department’s designee may issue the prior authorization for as many days as deemed medically necessary up to the maximum number of days allowed as stated for each service requiring authorization. Authorization for less than the maximum days does not constitute a partial denial of services.
- (4) Requests received after the member has been admitted into services will be considered from the date the request was received by the department or the department’s designee.

Out-of-State Acute Psychiatric Hospitalization

Initial Request:

- (1) Approved if following criteria is indicated and attested to by submitter:
 - (a) any Mental Health DSM 5 diagnosis as primary; and
 - (b) danger to self or others not appropriately treated at a lower level of care.
- (2) Approved for 60 days.
- (3) The following documentation must be provided at time of request or no later than 1 business day following submission:

- (a) intake paperwork from appropriately licensed clinician indicating diagnostic impression and risk of harm to self or others if not treated at this level of care.

Subsequent Requests - must be submitted using the manual process.

SUD Medically Monitored Intensive Inpatient (ASAM 3.7)

Initial Request

(1) Approved if following criteria is indicated and attested to by submitter:

- (a) meets SUD criteria as described in this provider manual;
- (b) meets ASAM 3.7 criteria:
 - (i) high Risk Rating in Dimension 1 (Acute Intoxication and/or Withdrawal Potential);
and
 - (ii) evaluation of Dimensions 2-6 as appropriate.

(2) Approved for 3 days.

(3) The following documentation must be provided at time of request or no later than 1 business day following submission:

- (a) intake paperwork from appropriately licensed clinician indicating diagnostic impression and ASAM level of care assessment.
- (b) evidence of at least one of the following:
 - (i) active intoxication at time of admission as indicated by BAL or UDS results; or
 - (ii) imminent withdrawal risk as indicated by documented history of previous withdrawals, if seizure history, include dates; or
 - (iii) active withdrawal symptoms as indicated by CIWA, COWS and/or administered medication list.

Subsequent Request (limit of one subsequent via auto-authorization, then manual requests must be submitted):

(1) Approved if the following criteria is indicated and attested to by submitter:

- (a) meets SUD criteria as described in this manual; and
- (b) meets ASAM 3.7 criteria:
 - (i) high Risk Rating in Dimension 1 (Acute Intoxication and/or Withdrawal Potential);
and
 - (ii) evaluation of Dimensions 2-6 as appropriate.

(2) Approved for 3 days.

- (3) The following documentation must be provided at time of request or no later than 1 business day following submission:
- (a) clinical paperwork indicating evidence of at least one of the following:
 - (i) sustained imminent withdrawal risk as indicated by documented history of previous withdrawals, if seizure history, include dates; or
 - (ii) sustained active withdrawal symptoms as indicated by CIWA, COWS and/or administered medication list.
 - (b) Current treatment plan describing progress with clinical interventions and any critical incidents.
 - (c) Medication list, with explanation of any changes.
 - (d) Discharge plan including projected discharge date.

Crisis Stabilization Program

Initial Request (to be provided for days six through eight):

- (1) Approved if following criteria is indicated and attested to by submitter:
 - (a) any Mental Health DSM 5 diagnosis as primary and both of the following:
 - (i) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and
 - (ii) a lower level of care is inadequate to meet the member's treatment or safety needs.
 - (b) At least 1 of the following:
 - (i) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting; or
 - (ii) there is a high likelihood of either risk to the member's safety, clinical well-being, or further significant acute deterioration in the member's condition without continued care and lower levels of care are inadequate to meet these needs; or
 - (iii) the appearance of new impairments meeting admission guidelines.
- (2) Approved for eight days.
- (3) Following documentation must still be provided at time of request or no later than 1 business day following submission:
 - (a) intake paperwork from appropriately licensed clinician indicating diagnostic impression and initial plan of care
 - (b) discharge plan indicating projected discharge date; and
 - (c) treatment notes indicating active treatment focused on stabilizing conditions meeting admission criteria and clinical justification for treatment (days six through eight).

Subsequent Requests (limit of two subsequent request via auto-authorization, then manual requests must be submitted):

- (1) Approved if following criteria is indicated and attested to by submitter:
 - (a) any mental health DSM 5 diagnosis as primary and both of the following:
 - (i) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and
 - (ii) a lower level of care is inadequate to meet the member's treatment or safety needs.
 - (b) at least 1 of the following:
 - (i) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting; or
 - (ii) there is a high likelihood of either risk to the member's safety, clinical well-being, or further significant acute deterioration in the member's condition without continued care and lower levels of care are inadequate to meet these needs; or
 - (iii) the appearance of new impairments meeting admission guidelines.
- (2) Approved for 3 days.
- (3) Following documentation must still be provided at time of request or no later than 1 business day following submission:
 - (a) clinical paperwork (assessments or treatment notes) from appropriately licensed clinician indicating any changes to diagnostic impression and justification for continued services at this level of care;
 - (b) current treatment plan describing progress with clinical interventions and any critical incidents;
 - (c) medication list, with explanation of any changes; and
 - (d) discharge plan including projected discharge date.