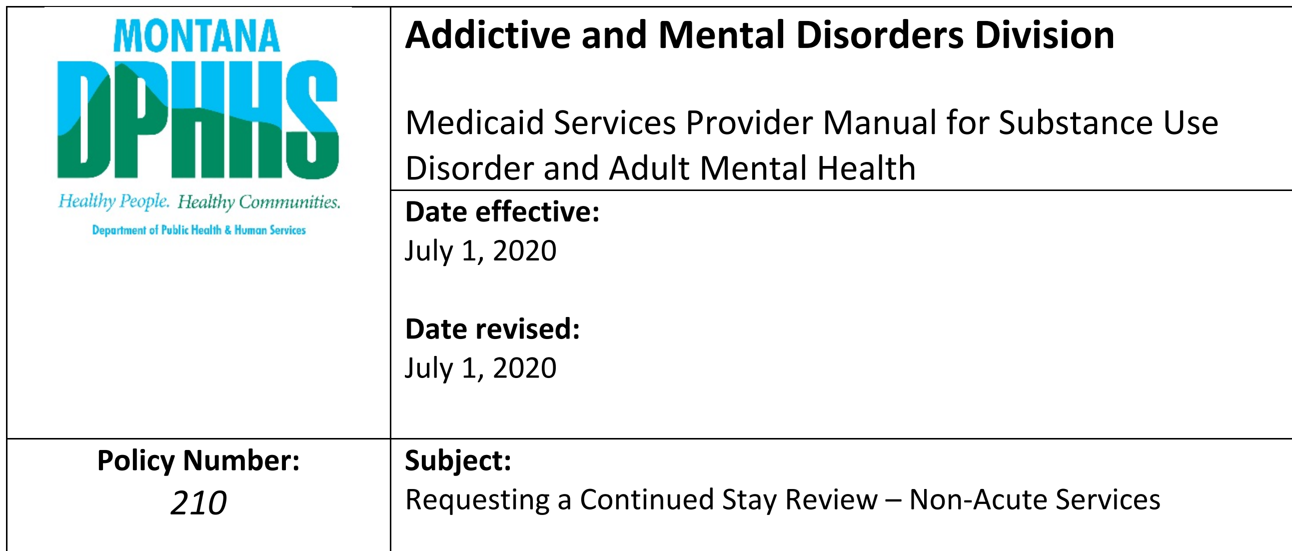

MONTANA DPHHS	**Addictive and Mental Disorders Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 **Date revised:** July 1, 2020
Policy Number: *210*	**Subject:** Requesting a Continued Stay Review – Non-Acute Services

Procedure for Requesting a Continued Stay Review

Providers must use Providers must use Mountain-Pacific Quality Health Qualitrac Utilization Management Portal to submit all Continued Stay Review requests.

(1) The department or its designee may issue the continued stay for up to the maximum number of days allowed as stated for each service requiring authorization. A provider may request a continued stay prior to the end of the initial stay authorization timeframe.

(2) The department or its designee must receive the request for continued stay no earlier than five business days prior to the end of the current authorized period. Requests received earlier than five days prior to the end of the current authorization will be returned to the provider with an indication that the provider will need to resubmit the request no earlier than five days prior to the admission.

(3) If a request is received after the authorized period has expired, the request will be considered from the date received by the department. The department or its designee will not retroactively authorize days if a continued stay request is received late.

(4) For acute and/or crisis services, see Policy 266/206a.

(5) For services that are not acute services, the clinical reviewer will complete the continued stay review process within three business days of receipt of all required information.

(6) The following information must be submitted to the department or its designee for each continued stay review:

(a) changes to current DSM/ICD diagnosis;

(b) justification for continued services at this level of care;

(c) a description of mental health and/or substance use disorder interventions and critical incidents;

(d) a copy of the member's most recent individualized treatment plan (ITP);

(e) a list of current medications and rationale for medication changes, if applicable; and

(f) a projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.

(8) The clinical reviewer will take one of the following actions:

(a) request additional information as needed to complete the review, the provider must submit the requested information within five business days of the request for additional information;

(b) authorize the continued stay as medically necessary for up to the maximum number of days allowed as stated for each service requiring authorization and generate notification to all appropriate parties if the continued stay meets the medical necessity criteria; or

(c) defer the case to a board-certified physician for review and determination if the continued stay does not meet the medical necessity criteria.

(9) The board-certified physician will complete the review and determination within four business days of receipt of the information from the clinical reviewer.

(10) After a denial, a new continued stay request may be submitted only if there is new clinical information.