Addictive and Mental Disorders Division (AMDD)
Provider Training
Montana Substance Use Disorder (SUD)
Welcome

Today’s Presenters:

Aaron Hahm, Medicaid State Plan Program Officer

Isaac Coy, LAC, Treatment Program Manager

Dr. Steven Jenkusky, Magellan Medicaid Administration

Staci Lindsay, Magellan Medicaid Administration

Colleen Boltman, Magellan Medicaid Administration
Training Topics

Rulemaking process overview

Introduction and review of the Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, May 1, 2018

Important changes

Forms for Substance Use Disorder Prior Authorization and Continued Stay Requests
Prior Authorization and Continued Stay Requests

Overview

Prior Authorization and Continued Stay Requests Submission Process

Approval Process

Appeal Submission Process
Rulemaking Objective

Adopt and Incorporate into Administrative Rule a new Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, May 1, 2018

Adopted in ARM 37.88.101 and 37.27.902

Consolidates information into one easily accessible document
Rulemaking Process

1. Proposal published in Montana Administrative Register (MAR)
2. Notification sent to Interested Parties list
3. Public hearing and comment period
4. Adoption Notice
MAR

Rules affected

Rule text

Statement of reasonable necessity

Comment submission information

Public hearing information
Public Hearing and comment Period

Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing.

Written data, views, or arguments may also be submitted to the Department as detailed in the MAR notice by mail, fax, or email.
Interested Parties List
http://dphhs.mt.gov/amdd

More Information

Interested Parties - Rule Making Notifications

Submit written requests to:

Interested Parties Coordinator
Department of Public Health and Human Services
100 North Park, Ste 300
PO Box 202905 Helena, MT 59620–2905
fax (406) 406–444–9389 or e–mail
hhsamdememail@mt.gov
Manual – Substance Use Disorder

Introduction/Purpose/Definitions

Section 1: Utilization Management

Section 2: Medicaid Adult Mental Health Services

Section 3: Medicaid Substance Use Disorder Services
Introduction

This manual replaces the Medicaid portions of the current Chemical Dependency (CD) Provider Manual. The non-Medicaid portions of the CD Provider Manual remains in effect.
Section 1 Utilization Management

Prior Authorization (PA) and Continued Stay Reviews (CSR)

Reconsideration Review Process

Notifications

Retrospective Reviews

At-A-Glance Table
Section 2 – Adult Mental Health Medicaid Services

Adult Mental Health Services

Provider Requirements

Medical Necessity Criteria

Service Requirements

Utilization Management
Section 3 – Medicaid Substance Use Disorder (SUD)

Medicaid Substance Use Disorder Services

Provider Requirements

Medical Necessity Criteria

Service Requirements

Utilization Management
Services

SUD Outpatient Individual and Group Therapy

SUD Targeted Case Management (TCM)

Proposed fiscal year limits have been removed

Limit: Group therapy limited to 16 members
Services

SUD Medically Monitored Intensive Inpatient (ASAM 3.7) Adult / SUD Medically Monitored High Intensity Inpatient (ASAM 3.7) Adolescent

SUD Clinically Managed High-Intensity Residential (ASAM 3.5) Adult / SUD Clinically Managed Medium-Intensity Residential (ASAM 3.5) Adolescent

SUD Clinically Managed Low-Intensity Residential (ASAM 3.1) Adult and Adolescent

UM: Magellan
Services

SUD Partial Hospitalization (ASAM 2.5) Adult and Adolescent

SUD Intensive Outpatient Services (ASAM 2.1) Adult and Adolescent

SUD OP Therapy (ASAM 1.0) Adult and Adolescent

UM: N/A
Services

SUD Biopsychosocial Assessment

SUD Screening, Brief intervention, and Referral to Treatment (SBIRT)

SUD Drug Testing

UM: N/A
Forms and Worksheets

http://dphhs.mt.gov/amdd

Behavioral Health Forms and Applications

SUD Prior Authorization (PA) Form

SUD Continued Stay Request (CSR) Form
Forms and Worksheets

The SUD PA and CSR forms and documentation should support and provide evidence of all aspects of the Medical Necessity Criteria, including (but not limited to):

- Intake and Assessment
- Service Planning and Placement
- Level of Care Placement
Forms and Worksheets

Dimensional Admission Criteria
The ASAM Criteria (pages 228–234, 254–264, 272–276)
Comparison of the language on pages noted above and the “crosswalk” overviews (pages 175–178)

Continued Stay Criteria
The ASAM Criteria (page 299–302)
Forms and Worksheets

Risk Ratings
The ASAM Criteria (pages 54–58)

Considerations from review of Biopsychosocial elements in the ASAM Criteria (page 40–42)

The DAPPER–3 ™ (ASAM assessment tool developed by Mee–Lee, Shulman, and Hoffman)

The ASAM Criteria indicates adolescent considerations for clinicians (pages 90–104)
Prior Authorization Form

- Level of Care
- Client Information
- Current Medications
- Corresponding Form
  - Form 3.1 for ASAM 3.1
  - Form 3.5 for ASAM 3.5
  - Form 3.7 for ASAM 3.7
PA Form – Form 3.1

- Select Adult or Adolescent
- Additional documents
- Identify Risk Ratings (D1–D6)
- Check applicable considerations
- Clinical Rationale
## PA Form – Form 3.1

### Risk Rating (0-4)

<table>
<thead>
<tr>
<th>ASAM Dimensions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Considerations Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Acute Intoxication and/or Withdrawal Potential</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>☐ Recent Use ☐ Withdrawal Problems ☐ Other:</td>
</tr>
<tr>
<td>2 Biomedical Conditions and Complications</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>☐ Medical Problems ☐ Physical Health ☐ Pregnancy ☐ Other:</td>
</tr>
<tr>
<td>3 Emotional, Behavioral, or Cognitive Conditions or Complications</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>☐ Co-occurring Mental Disorder ☐ Psychological Health ☐ Psychiatric Symptoms ☐ Emotional Problems ☐ Behavioral Problems ☐ Cognitive Problems ☐ Other:</td>
</tr>
<tr>
<td>4 Readiness to Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>☐ Awareness of Problem ☐ Understanding of Use as it Relates to Problems ☐ Commitment to Treatment ☐ Other:</td>
</tr>
<tr>
<td>5 Relapse, Continued Use, or Continued Problem Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>☐ Coping skills ☐ Strengths ☐ Deficits/Aimments ☐ Risk of Relapse (triggers, cravings, etc) ☐ Other:</td>
</tr>
<tr>
<td>6 Recovery Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>☐ Community Support System ☐ Family Relationships ☐ Peer Relationships ☐ Romantic Relationships ☐ Living Environment ☐ School, Work, Legal Issues ☐ Other:</td>
</tr>
</tbody>
</table>
### Substance Use Disorder (SUD) Admission

<table>
<thead>
<tr>
<th>Dimension 1 - Acute Intoxication and or Withdrawal Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension 2 - Biomedical Conditions and Complications</td>
</tr>
<tr>
<td>Dimension 3 - Emotional Behavioral or Cognitive Conditions and Complications</td>
</tr>
<tr>
<td>Dimension 4 – Readiness to Change</td>
</tr>
<tr>
<td>Dimension 5 – Relapse, Continued Use, or Continued Problem Potential</td>
</tr>
<tr>
<td>Dimension 6 – Relapse Potential</td>
</tr>
</tbody>
</table>
PA Form – Form 3.5

- Select Adult or Adolescent
- Additional documents
- Identify Risk Ratings (D1–D6)
- Check applicable considerations
- Clinical Rationale
PA Form – Form 3.7

- Select Adult or Adolescent
- Additional documents
- Identify Risk Ratings (D1–D6)
- Check applicable considerations
- Clinical Rationale
Continued Stay Request Form

- Level of Care
- Client Information
- Current Medications
- Corresponding Form
  - Form 3.1 for ASAM 3.1
  - Form 3.5 for ASAM 3.5
  - Form 3.7 for ASAM 3.7
CSR Form – Form 3.1

- Select Adult or Adolescent
- Additional documents
- Identify Risk Ratings (D1–D6)
- Check applicable considerations
- Clinical Rationale
# CSR Form – Form 3.1

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Dimension 1</th>
<th>Dimension 2</th>
<th>Dimension 3</th>
<th>Dimension 4</th>
<th>Dimension 5</th>
<th>Dimension 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Making progress, not yet done with goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B – Not yet making progress, but has capacity and working on goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C – New problem(s) identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dimensions for Continued Service at the Current Level of Care
Select Adult or Adolescent

Additional documents

Identify Risk Ratings (D1–D6)

Check applicable considerations

Clinical Rationale
CSR Form – Form 3.7

- Select Adult or Adolescent
- Additional documents
- Identify Risk Ratings (D1–D6)
- Check applicable considerations
- Clinical Rationale
Conclusion

The SUD PA and CSR forms and documentation should support and provide evidence of all aspects of the Medical Necessity Criteria, which include admission criteria and continued stay criteria.

It can also be used as a tool to track progress through the treatment process.
Agenda

- Utilization Management—Purpose and goals
- UM Time frames
- Faxed Submission Timelines
- Medical Necessity Criteria
- Prior Authorizations
- Information Pend Status
- Determinations and Notifications
- Reconsideration Process
- Continued Stay Reviews
- Active CSR Process
- Retro-eligibility Reviews
- ASAM overview
- Q&A
Purpose of Utilization Management

- Prevent the delivery of unnecessary and inappropriate care to consumers

- Need to establishing both necessity for care and appropriateness of care requests as well

- When both clinical necessity for treatment and the appropriateness of the treatment request are established, an authorization (or certification for care) for the treatment requested is issued by UM staff

Authorization for care is not a guarantee of payment. All authorized items and services are subject to member eligibility, benefit coverage guidelines and provider eligibility for payment at the time of service. Providers are responsible for following all billing guidelines as outlined in the Provider Handbook.
Goals for today’s training

- **Share** with providers core concepts of UM and UR that enable providers to understand the thinking of UR staff when the provider requests a PA for treatment—”being on the same page”

- **Enhance providers’ awareness** of what data/information UR staff is looking for to justify the provider request for treatment

- **Increase** efficiency and speed of PA approval procedure

- **Avoid denials** of PA requests
Utilization Management

• Magellan Medicaid Administration (MMA) is contracted with Addictive and Mental Disorders Division (AMDD) to provide Utilization Management (UM) Reviews for adults receiving Medicaid funded substance use disorder services

• The following levels of care will require prior authorization, continued stay and active continuation of care Medical Necessity reviews:
  - ASAM 3.7–Medically Monitored High Intensity Inpatient
  - ASAM 3.5–Clinically Managed Medium Intensity Residential
  - ASAM 3.1–Clinically Managed Low Intensity Residential
# UM Timelines–PA and CSR

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Prior Authorization Request Timeline</th>
<th>Continued Stay Request Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAM 3.7</td>
<td>Within 36 hours of admission</td>
<td>Must receive the CSR 3 days prior to the end of the current authorized period</td>
</tr>
<tr>
<td></td>
<td>Initial authorization for up to 5 days.</td>
<td>CSR for up to 5 days</td>
</tr>
<tr>
<td>ASAM 3.5</td>
<td>No earlier than 5 business days prior to admission</td>
<td>No earlier than 5 business days prior to the end of the current authorization period</td>
</tr>
<tr>
<td></td>
<td>Initial authorization for up to 21 days.</td>
<td>CSR for up to 5 days</td>
</tr>
<tr>
<td>ASAM 3.1</td>
<td>No earlier than 5 business days prior to admission</td>
<td>No earlier than 5 business days prior to the end of the current authorization period</td>
</tr>
<tr>
<td></td>
<td>Initial authorization for up to 90 days</td>
<td>CSR for up to 30 days</td>
</tr>
<tr>
<td>Review Type</td>
<td>Request Timeline</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization Request (Initial)</td>
<td>Clinical Reviewer will complete the review process within 2 business days of receipt of complete information. If approved, notification will be mailed within 24 hours of determination.</td>
<td></td>
</tr>
<tr>
<td>Continued Stay Request</td>
<td>Clinical Reviewer will complete the review process within 3 business days of receipt of complete information. If approved, notification will be mailed within 24 hours of determination.</td>
<td></td>
</tr>
<tr>
<td>Deferral to MD</td>
<td>If the request does not appear to meet Medical Necessity Criteria (MNC), the case will be deferred to a Board Certified Physician for review and determination. MD will complete review and make determination within 4 business days or receipt of clinical information from reviewer.</td>
<td></td>
</tr>
</tbody>
</table>
Faxed Submission Guidelines

- SUD Prior Authorization and Continued Stay Forms
  - Found at: http://dphhs.mt.gov/amdd/FormsApplications

- Forms must be typed
  - Handwritten forms will be returned
  - List of required documents to include are listed on form

- Fax required forms and documents to Magellan at 1-800-639-8982

- To avoid delays:
  - Ensure forms are filled out completely
  - Clinical information is complete for all sections
  - Avoid generalities/ vague descriptions
  - Include required documentation
Medical Necessity Criteria

Member must meet criteria as described in the Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, May 1, 2018

available online at: http://medicaidprovider.mt.gov/ (Under Resources by Provider Type) or http://dphhs.mt.gov/amdd

Clinical documentation should support and provide evidence of all aspects of the Medical Necessity Criteria, including (but not limited to):

- The ASAM Criteria Diagnostic and Dimensional Criteria for the Level of Intervention being requested
- Required components of treatment for each Level of Intervention should be evident in the Treatment Plan
Montana Prior Authorization Workflow

**Request Specifics**
- Prior Authorizations can be submitted no earlier than 5 business days prior to admit. The PA will be Technically Denied if received earlier than 5 business days.
- Clinical reviewer will complete the PA within 3 business days of receipt of complete information.
- If information submitted is incomplete, the reviewer will request additional information via fax request to fax number provided.
- The provider has 5 business days to submit the requested information.
- If all required paperwork is submitted, but additional information is not received, the review will be processed with clinical available.
- If required clinical/paperwork is missing and additional information is not received, the review will be Technically Denied.

* Additional information may be requested at this point and resubmitted for review. If the Provider does not submit additional info as requested within 5 business days, a technical denial is issued. Technical denials can only be appealed to AMDD regarding procedural issues.
Information Pend Status

- When required information or forms are missing, the request will be put in “Information Pending Status”

- The reviewer will contact the identified submitter by fax with request for missing information
  - Fax Submittal requests will be made via fax with the contact information provided on the form

- Provider has 5 business days to provide missing information before a Technical Denial is issued
Determinations:

- **Approval** – approval of requested services
- **Denial** – does not meet medical necessity criteria; all days requested are denied
- **Partial Denial** – volume of days approved is less than volume of days requested
- **Technical Denial** – indicates that the request and/or information was out of specified timeframes or was incomplete
Partial Denials – What does it mean?

Scenarios that could receive a Partial Denial include:

- Medical necessity criteria was not met for the level of care, but additional days are allowed for discharge and transition of care planning.

- Member was found to be appropriate for continued treatment at current level of care, but for less time than was requested
Partial Denials – Provider options

- Provider can request a reconsideration of the adverse determination
- Provider can arrange for discharge and transition of member to alternate level of care on or before the last certified day that was authorized
- In the event new information comes to light, a new PA request can be submitted within 5 days of the end of the current authorization
Notification Process:

- Formal Notification
  - Mailed within 24 hours via USPS. Each notification gives dates certified or if denied, gives justification of denial and details the appeal process
  - Formal notifications are sent to both the provider and the Responsible Party

*notification for ASAM 3.1 will come from AMDD*
Reconsideration Process:

- **Peer to Peer Reconsideration**: A telephonic conversation with the provider authorized representative and an MMA MD. Based on original documentation that was submitted to provide clarification on clinical to support providers request.
  
  or

- **Desk Reconsideration Review**: Documentation is supplied to MMA and reviewed by an MMA MD, different from who made the original adverse determination. Based on original documentation that was submitted to provide clarification on clinical to support providers request for continued stay.

- **Administrative Review**: Completed by AMDD. Prior to requesting an administrative review for denied claims, provider must exhaust all administrative remedies available.

- **New Prior Authorization**: If NEW clinical information becomes available after denial of reconsideration, a provider may submit a new Prior Authorization request, based on the new information.

The appeals process is always outlined in the notification letter.
## Reconsideration Timelines

<table>
<thead>
<tr>
<th>Reconsideration Type</th>
<th>Provider Timeline</th>
<th>Magellan Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer to Peer</td>
<td>Must be requested within 10 business days of adverse determination letter date</td>
<td>Must be scheduled by the physician reviewer within 5 business days of the request</td>
</tr>
<tr>
<td>Desk Review</td>
<td>Must be requested within 15 days of the most recent adverse determination letter date</td>
<td>Must be performed by the physician within 5 business days of the written request and supporting documentation</td>
</tr>
</tbody>
</table>
Technical Denials

- When an adverse determination is based on procedural issues and not on medical necessity criteria, the result will be a technical denial.

- If a technical denial is issued for submission of information outside the allowable timeframes, a provider may submit a new prior authorization request to Magellan. Requesting a new prior authorization after a technical denial does not waive the right to request an administrative review/fair hearing of the technical denial. A new prior authorization request may not be back dated and must provide sufficient clinical information to support an authorization.
Montana Prior Authorization
Reconsideration Process
Workflow

Provider Receives a Denial or Partial Approval Determination for a Prior Authorization Request

Provider Requests Peer-to-Peer Review Within 10 Business Days of Adverse Determination Letter * (Optional)

Provider Requests Desk Review for 2nd Opinion Within 15 Business Days of Adverse Determination (Optional)

Provider

MD Reviewer

MD Performs Peer Review

MD Performs Desk Review (Must Be Completed Within 5 Business Days of Submitted Written Request and Supporting Documentation)

Decision is Upheld/Denied

Notification Letter Generated

Decision Partially Reversed (Denied with some additional days approved for discharge planning)

Notification Letter Generated

Reversed/Approved

Notification Letter Generated

Decision Partially Reversed (Denied with some additional days approved for discharge planning)

Notification Letter Generated

Reversed/Approved

Notification Letter Generated

Notification Letter Generated

* To be scheduled between Advocating Clinician (chosen by member/legal representative or authorized representative and Magellan Physician).

* A Desk Review can be requested in lieu of a Peer-to-Peer Review.
Reviews of requests for continued stay authorization are based on the SUD Continued Stay Request form.

- Clinical info provided should cover the **days of treatment since last review** rather than being historical in nature.

Each Continued Stay request must include:

- **Changes to** current DSM–V diagnosis/diagnoses, if applicable.
- **Current list of medications**, as well as change dates or discontinuation dates of meds or start dates of any new meds.
- **Projected discharge date** (clinical section should clarify any reason for change in projected discharge date).
- Complete Continued Stay Review Criteria section covering all 6 ASAM dimensions of treatment:
  - Sections of form will expand to allow typing of clinical information specific to patient.
  - Please DO NOT quote ASAM criteria – make it specific to patient.
Continued Stay Reviews

- See above slides for:
  - Information Pend Status
  - Determination and Notification
  - Reconsideration Process
Beginning May 1, 2018, all members currently receiving services subject to new utilization review requirements must have authorization for continuation of services at the current level of care.

A SUD Continued Stay Request must be submitted utilizing the guidelines listed above. Include the initial assessment and treatment plan and the most recent assessment and updated treatment plan.

Provide specific examples from the past 30–45 days which speaks to the member’s level of functioning/impairment and diagnosis.
Active CSR Process

- Providers are requested to stagger submissions for Active CSRs during the implementation process.
  - Submit one half of CSRs by May 14\textsuperscript{th}, 2018.
  - Submit the remainder by May 28\textsuperscript{th}, 2018.
  - AMDD will monitor submissions to identify providers needing assistance.
Active CSR Process

- During the implementation process the department will utilize a grace period for active CSRs.

- If the CSR does not appear to meet medical necessity criteria, a PA number will be issued with the following Grace Period* to allow for discharge and transitional care planning.

  - ASAM 3.7 – 3 days
  - ASAM 3.5 – 3 days
  - ASAM 3.1 – 15 days

*Grace Period is considered a partial denial, which means a CSR cannot be submitted at the end of the certification.
Montana Active CSR Workflow

MMA Reviewer or Provider Enters/Submits Prior Authorization (PA) Request into the System

MMA Reviewer Assesses PA Request for Completeness

PA Request is Complete

MMA Reviewer Performs Review

Can MMA Reviewer Authorize Care?

Yes

PA Notification Letter Generated

No

Information from Provider Pending?

Yes

Info Received Within 5 Business Days

MMA Reviewer Sends Case to Board Certified Physician

No

Info Not Received Within 5 Business Days

Technical Denial is Issued

MD Reviewer

MD Performs Clinical Review (Determination Must be Made within 3 Business Days)

Care is Approved or Partially Approved

PA Notification Letter Generated

Technical Denial is Issued

Notification Letter of Denial Generated (Appeal May Be Requested)

Request Specifics:
- Provider submits the CSR form for the LOC that is currently being provided and requested to continue.
- Provider submits initial assessment and treatment plan along with most recent assessment and updated treatment plan.
- If information submitted is incomplete, the reviewer will request additional information via fax request or fax number provided.
- The provider has 5 business days to submit the requested information.
- If all required paperwork is submitted, but additional information is not received, the review will be processed with the clinical information that is available.
- If required clinical/paperwork is missing and additional information is not received, the review will be technically denied.

* Additional information may be requested at this point and resubmitted for review.
* If the provider does not submit additional info as requested within 5 business days, a Technical Denial is issued.
* Technical Denials can only be appealed to AMD/DR regarding procedural issues.

Last Updated: April 18, 2018
A provider may request a retrospective review when:
- the member becomes Medicaid Eligible after the admission or
- when the provider has not enrolled in Montana Medicaid prior to the admission of the member

Retrospective Request should be faxed
- Within 14 days after Montana Medicaid is established if prior to discharge of the member
- Within 90 days after Montana Medicaid is established if after the member has discharged

Fax Authorization Review Form and notification of eligibility to MMA
- Clearly indicate on submission that this is a RETRO Request
The following slides include information for each dimension included on the request for service forms.

Please ensure all clinical information is specific to the patient.

Please complete all clinical information to avoid delays in processing your request.

The best way to get a timely authorization to give clear specific clinical information to support the Level of Care requested.
The ASAM Dimensions

- **Dimension 1**: Acute Intoxication and/or Withdrawal Potential
- **Dimension 2**: Biomedical Conditions and Complications
- **Dimension 3**: Emotional, Behavioral or Cognitive Conditions and Complications
- **Dimension 4**: Readiness to Change
- **Dimension 5**: Relapse, Continued Use or Continued Problem Potential
- **Dimension 6**: Recovery Environment

All relate to Severity of Illness that influences the intensity of service required that you will provide.
Dimension 1: Acute intoxication and/or withdrawal potential

- What risk is associated with the patient's current level of acute intoxication?
- Is there significant risk of severe withdrawal symptoms or seizures, based on the patient's previous withdrawal history, amount, frequency, and recency of discontinuation or significant reduction of alcohol or other drug use?
- Are there current signs of withdrawal?
- Does the patient have supports to assist in ambulatory detoxification, if medically safe?
- Has the patient been using multiple substances in the same drug class?
- Is there a withdrawal scale score available?
- In the adult ASAM Placement Criteria, detoxification services can be provided at any of five levels of care. Specific criteria, organized by drug class (alcohol, sedative-hypnotics, opioids, et al.) guide the decision as to which detoxification level is safe and efficient for a patient in withdrawal.
Dimension 2: Bio–Medical Conditions and Complications

- Are there current physical illnesses, other than withdrawal, that need to be addressed or that may complicate treatment?

- Are there chronic conditions that affect treatment?
Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

- Are there current psychiatric illnesses or psychological, behavioral, emotional or cognitive problems that need to be addressed because they create or complicate treatment?
- Are there chronic conditions that affect treatment?
- Do any emotional, behavioral or cognitive problems appear to be an expected part of the addictive disorder, or do they appear to be autonomous?
- Even if connected to the addiction, are they severe enough to warrant specific mental health treatment?
- Is the patient suicidal, and if so, what is the lethality?
- Is the patient able to manage the activities of daily living?
- Can he or she cope with any emotional, behavioral or cognitive problems?
- If the patient has been prescribed psychotropic medications, is he or she compliant?
Dimension 4: Readiness to Change

- What is the individual’s emotional and cognitive awareness of the need to change?
- What is his or her level of commitment to and readiness for change?
- What is or has been his or her degree of cooperation with treatment?
- What is his or her awareness of the relationship of alcohol or other drug use to negative consequences?
Is the patient in immediate danger of continued severe mental health distress and or alcohol or drug use?

Does the patient have any recognition of, understanding of, or skills with which to cope with his or her addictive or mental disorder in order to prevent relapse, continued use or continued problems such as suicidal behavior?

How severe are the problems and further distress that may continue or reappear if the patient is not successfully engaged in treatment at this time?

How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others?
Dimension 6: Recovery Environment

- Do any family members, significant others, living situations or school or work situations pose a threat to the patient's safety or engagement in treatment?
- Does the patient have supportive friendships, financial resources, or educational/vocational resources that can increase the likelihood of successful treatment?
- Are there legal, vocational, social service agency or criminal justice mandates that may enhance the patient's motivation for engagement in treatment?
- Are there transportation, child care, housing or employment issues that need to be clarified and addressed?
Risk Ratings

- **0) No Risk or Stable** – Current risk absent. Any acute or chronic problem mostly stabilized
- **1) Mild** – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.
- **2) Moderate** – Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.
- **3) Significant** – Serious difficulties or impairment
  - Substantial difficulty coping or understanding and being able to function even with clinical support. Moderately high intensity of services, skills training, or supports needed. **May be in, or near imminent danger.**
- **4) Severe** – Severe difficulty or impairment
  - Serious, gross or persistent signs and symptoms to tolerate and cope with problems
  - *Is the client in imminent danger?*
  - High intensity of services, skills training, or supports needed
  - More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily
It is appropriate to retain the patient at the present level of care if:

A. The patient is making progress, but not yet achieved goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit patient to continue to work toward his or her treatment goals:

or

B. The patient is not yet making progress, but has capacity to resolve his or her problems. He or she is actively working toward the goals articulated in individualized treatment plan. Continued treatment at present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;

and/or

C. New problems have been identified that are appropriately treated at present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the patient is receiving treatment is therefore the least intensive level at which the patient’s new problems can be addressed effectively.
It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:

The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Continuing the chronic disease management of the patient’s condition at a less intensive level of care is indicated; or,

The patient has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engagement in services at the current level of care. Treatment at another level of care (more or less intensive) in the same type of service, or discharge from treatment, is therefore indicated; or,

The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problem(s). Treatment at a qualitatively different level of care or type of service, or discharge from treatment, is therefore indicated; or,

The patient has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.
Elements of a Good CSR

- Highlights what the client accomplished *previously*, what they are working on *now* and what the client *Needs* to work on given additional time in treatment
- Dimensions 1, 2, 3 uses very clear and detailed information that comments on *acuity and need for stabilization*
- Uses Stages of Change language in Dimension 4
- Dimension 5 should be very clear on what relapse prevention skills the client needs to learn with additional time in treatment
- Dimension 6 should include as much Recovery Environment issues as possible
Clinical documentation should include **specific symptoms, behaviors** and descriptions of **critical incidents**

When describing **critical incidents**, provide **dates and specific details** so that MMA can differentiate between current and historical incidents

We have included slides at the end of this presentation that give examples of inadequate documentation and clinically appropriate documentation
AMDD will facilitate weekly coaching calls for providers during the utilization review implementation process. A WebEx agenda is posted on the AMDD website.
For inquires about the PA/ CSR process, the best number to call is 866-545-9428. This number can ring to all UM staff and gives the best likelihood of reaching a live person.

- Staci Lindsay, LCPC, Senior Manager, Clinical Care Services
  - (406) 781-1521
  - sslindsay@magellanhealth.com

- Gina Davis, RN, Clinical Reviewer
  - (406) 426-0274
  - gdavis@magellanhealth.com

- Jiff McAnally, RN, Clinical Reviewer
  - (406)-490-4567
  - jmcanally@magellanhealth.com

- Tami Williams, Administrative Support
  - 866-545-9428
  - tjwilliams@magellanhealth.com

**Please do not email PHI**
Thank you!
GOOD!

Clinician Observation for Dimension 1: Client is an IV heroin user and has been using for about 30 years. Client uses about 20 bags daily. Client last used the morning before entering the program. Without detox services, client would go into withdrawal, or continue to use heroin.

BETTER!

Clinician Observation for Dimension 1: Client reports sniffing heroin daily and uses 10–15 bags. Client reports using heroin for 3 years. Client reports current withdrawal symptoms of nausea, aches and pains, anxiety, hot and cold sweats, and trembling. Client needs continued medical stabilization from opioid detoxification. As per the medical team, client is prescribed Suboxone 4mg every 12 hours for 6 more doses. Client is not medically stable to enter into 3.7 level of care at this time, client will need 3.7D.

NOT AS GOOD! Clinician Observation for Dimension 1: Client is an IV opioid user. Client last used the morning before entering treatment. Without detox services, client would go into withdrawal or continue to use.
Clinicin Observation for Dimension 2: Client is a Type 1 Diabetic with a history of being non-compliant with his meds (stopped using his insulin pump at home because he never got it calibrated) and diet. During his first week of treatment here he had numerous significantly elevated blood sugar levels and on 9/11/15 was sent to General Hospital for evaluation secondary to a BS reading in excess of 500. He did not appear to take this situation seriously at all making statements such as "sometimes I rock over 600" and "I'm Italian, I eat pasta" followed by laughter. He has also been caught trying to hide his blood sugar readings by hitting the "re-set" button on the monitor if the reading is quite high. He is being closely monitored by the medical/nursing department as well having periodic consultations with the dietician re: proper eating habits/snacking etc. His BS levels are still not stabilized but are improving with readings currently averaging in the "200's" with the highest in the past week being 387.
Clinicin Observation for Dimension 3: Client is currently experiencing symptoms of depression and anxiety related to the recent (August 2014) death of his wife from a drug overdose. Client was using with his wife and he woke up to find her dead. In addition to feelings of grief and loss he is also experiencing a lot of guilt and fear (as he may be facing additional legal charges). Client has been placed in the grief and loss group to help him process his feelings, however at this time his participation is minimal and while attentive during the group he presents as angry. He has been able open up a bit in individual sessions at has become quite tearful. He does present with a constricted affect and appears "sad" and somber at times while at other times appears anxious and angry. His appetite and sleep are fair. The plan is to continue with the grief group and work with him in individual sessions about identifying and expressing his feelings in an appropriate manner.
Client continues to attend all his assigned groups and individual counseling sessions and is currently in the Preparation stage of change. In this stage, the client has made the decision to begin to modify behaviors and experiences to overcome stressors and building confidence. Client continues to be educated on the psychosocial problems of addiction and legal problems. Client needs to work on his commitment to himself and develop plans to deal with both personal and external pressures. During this extension period, the client will work on developing the necessary skills needed to deactivate drug/alcohol cravings while postponing instant gratification. The client will work on learning how to understand how the short–term of feeling good when using drugs/alcohol, will only lead to long term adverse consequences. Above mentioned goals could be accomplished at current LOC (3.5) with intense staff supervision monitoring behavioral changes.
Client’s relapse potential at this time in medium to high, and client needs to work on developing the skills needed to learn how to identify/recognize relapse triggers and the dangers of high risk situations; such as avoidance, defensive behavior, and excessive worrying about others instead of self. Client also needs to learn about self-help groups and how to implement self-help groups into his relapse prevention plan. Client also needs to work on developing the necessary refusal skills in order to learn how to say no to licit/illicit substances while also learning how to deal with negative peer pressure as it has been identified that the client is a people’s pleaser. Client’s own personal relapse prevention plan will be completed during this extension period, and this plan will be tailored to the client’s recovery needs. Above treatment plan goals could be achieved at current LOC (3.5) with intense staff supervision observing/monitoring behavioral changes.
Client needs to continue working on developing a positive support system supportive of his recovery program. Client will achieve this by continuing to attend AA/NA meetings, completing Step work, and learning about sponsorship. Client also needs to continue working on developing new social skills while identifying how his negative peers contributed to his substance use disorder and involvement with the legal system.

Client needs to increase permanent housing, employment, education, and other necessary supports; and reduce barriers to social inclusion.

Upon successful completion of residential treatment, Mr. XXXXX will be transitioning to a halfway house as his outside recovery environment has been identified as not conducive towards his recovery process.

Primary counselor has submitted proper documentation for referrals to Acme and The Everything Else Treatment Programs with the objective of securing a bed for Mr. XXXXX once the client completes residential treatment.
Clinician Observation for Dimension 3: Client continues to demonstrate unstable behavior within the treatment community as evidenced by multiple conflicts with staff and peers in which client exhibits inappropriate behavior. Client was not given her medication one her recent jail sanction and returned to the facility in an agitated state.

Clinician Observation for Dimension 4: The client is in the process of working towards medication stabilization and her medication was changed at her most recent appointment on 2/2/2016. Contemplative and Action stages of change. Client continues to struggle with making behavioral changes and frequently reverts to maladaptive coping mechanisms during personal relationship conflicts. Peer relationships appear to be the most challenging aspect of treatment for her. Examples of recent acting out behavior include attempts to manipulate staff, failure to complete an assigned therapeutic homework assignment and multiple peer conflicts. Client however continues to remain compliant with facility rules and regulations, participates in groups and individual sessions and has integrated in to the AA program.
Clinician Observation for Dimension 5: Client does not appear to be stabilized on her medication at this time and would therefore be vulnerable to relapse if outside of a 3.1 level of care.

Clinician Observation for Dimension 6: The Client will continue to require the support and monitoring provided at the 3.1 level of care while she works towards achieving medication stabilization. Clients prior living environment was not supportive of sober living and will be referred to supportive housing as part of her discharge plan. Client will be reviewed for work readiness once medication stabilization can be achieved.