

DETROIT WAYNE INTEGRATED HEALTH NETWORK

SUD Provider Training

**Mastering the UM Authorization Process
August, 2018, updated December, 2019**



Overview of Presentation

- I. Introduction
- II. The Referral to Admission Process
- III. Elements of Authorization Review
 - A. Integrated Biopsychosocial Assessment
 - B. Thorough Authorization Request
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 - 2. Treatment Plan
 - 3. Presenting Problem
 - 4. Authorizing Agent and Provider Notes
 - C. Authorization Status
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Introduction

DWMHA is responsible for the provision of Behavioral Health Care for the residents of Wayne County who have Medicaid or are Uninsured/Underinsured. This includes supports and services to the following populations:

- Individuals with Severe Mental Illness
- Children and Adolescents with Severe Emotional Disturbance
- Individual with Intellectual and Developmental Disabilities
- Prevention and Treatment for Individuals with Substance Use Disorders

Introduction (continued)

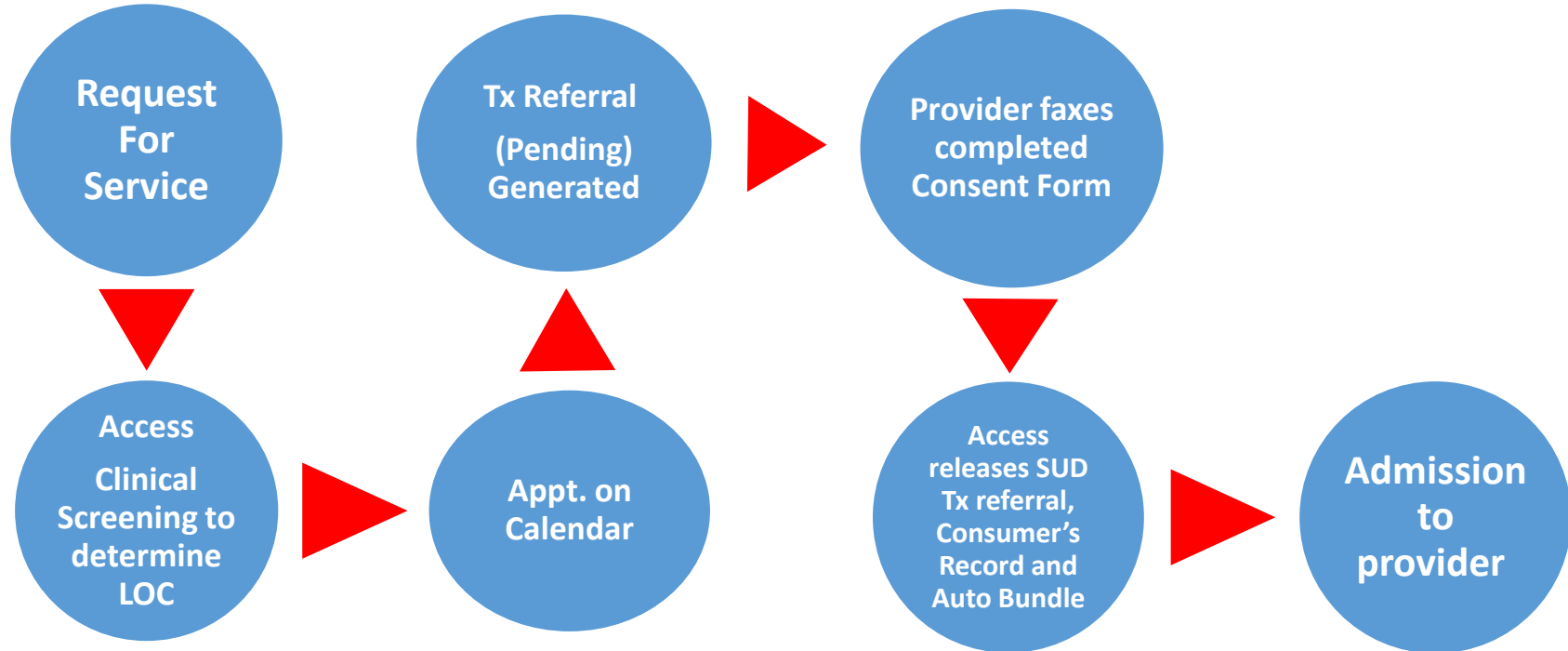
The Utilization Management Department (UM) is responsible for ensuring that:

1. Eligibility for DWMHA services is consistently applied
2. Individuals are receiving services in the appropriate level of care
3. Services authorized meet the following criteria:
 - Covered by the Medicaid Provider Manual or alternative funding
 - Medically necessary
 - Appropriate in amount, scope, & duration

The Referral to Admission Process

Referral to Admission Process

Access Center (Wellplace) is the “Front Door” for SUD Services



Referral to Admission Process

Treatment Referrals

It is the Provider's responsibility to:

- Make sure the referral date is correct
- Make sure the referral is released to the correct provider
- Level of Care and location are correct
- If not correct, please contact Lajoy Harris at Access/Wellplace via an email to lharris@wellplace.com
- If requesting a Level of Care change, Provider must provide supporting clinical justification. The referral type will be corrected and an auto auth bundle provided if necessary. If not, provider should submit.

Referral to Admission Process

Admission Form

After the individual is admitted, provider must complete the admission form and Integrated Bio-psychosocial within 72 hours.

It is the provider's responsibility to:

- Make sure the Admission date is correct- **DWMHA will not accept backdated authorization requests**
- Complete all sections of the Admission Form including Diagnostic Summary. Recovery Coaches should do Diagnostic Impressions.

Elements of An Authorization Review

Integrated Biopsychosocial Assessment

UM Reviews Sections:

- **Section 1. Identifying Information**
- **Section 2. Guardian/Legal Representation**
- **Section 3. Presenting Needs**
 - Describe the reason consumer is entering treatment
 - What lead to the referral?
 - How does the consumer view the referral?
 - What supports/services are being requested?
 - Address Self Determination Questions.

3. Integrated BioPsychosocial Assessment: Presenting Needs

Presenting Needs

Briefly describe the presenting needs of the individual (e.g., what brought the person in for services today? How does the person view the referral? What led to the referral?)

Client is a 38 year old, single, white male who has a 20 year hx of opioid drug use. Client has used a variety of drugs but opioids have been his drug of choice. He has had numerous failed tx experiences. Client request to continue MMT. Ct. is currently stable of mental health issues and addressing them mental health specialists. He is responding well to OMT therapy. Ct. continues to progress, and maintains a positive therapeutic relationship. Ct. is still progressing in tx, and adheres to all tx protocol.

10/26/2017: Ct. is currently in the midst of a relapse. He's smoking crack, and has taken a downturn, but promises that he'll return to sobriety, and being clean. He is reporting the illness of a 99 year old mother figure with whom he lives, and takes care of. He vows to get himself back on track. He will be placed in the special cocaine user's group.

3/20/2018: Ct. is moving on after the illness, and death of his surrogate mother which he took very hard, but has now began regaining his recovery. He is working with grief and loss feelings, and seeing mental health specialists.

8/4/2018: Ct. has made virtually no progress. In fact he has regressed back to The Precontemplation Stage of tx. He appears to have abandoned the desire to work through life's everyday problems. He also has had a big change in his life of having a brother move into his house with him. The brother smokes crack, and writer sincerely believes that this is a bad influence on ct. Ct. is actually on the verge of being dismissed from tx, or being detoxed down. He will be asked to make some choices that will actually put the responsibility on himself.

What supports/services are being requested to help with the presenting needs?

Outpatient methadone maintenance treatment

Integrated Biopsychosocial Assessment cont.

- **Section 7. Substance Use History**
 - Family Substance Use History
 - Alcohol Use & Drug Use
 - Audit/DAST Scores
 - Substance Rank
 - Route of administration, Frequency of use, Age at first use.
 - MAT/Self Help Groups
 - **ASAM Criteria**
 - **Provide comments/narratives for ALL dimensions regardless if low is checked**
 - Support Meetings and Family History
 - Gambling

Integrated Biopsychosocial Assessment cont.

- **Section 21. Mental Status**
 - Check all that apply/explain if needed
 - Mood as stated by consumer
- **Section 22. Clinical Impressions**
 - What are the clinician's impression of consumer?
 - Indicate clinician's recommendations
- **Section 23. Diagnostic Summary**
 - Include consumer's mental health diagnosis (if applicable) history of SI/HI
 - Substance use history/last date of use
- **Section 25. Level of Care/Recommendations**
 - Indicate recommended LOC and length of treatment
- **Section 26. Signature**

Thorough Authorization Requests

ASAM

ASAM

- **ASAM Results- Determines Medical Necessity!!!**
 - Rate Dimensions 1-6 as Low, Moderate or High
 - Provide a detailed narrative in the comment section- update when submitting a subsequent authorization for review.
 - These next slides apply to ASAM in IBPS.

ASAM (Continued)

- **Dimension 1: Acute Intoxication/Withdrawal Potential**
 - MAT Providers include dose

| ASAM | |
|--|---|
| Dimension 1 | |
| Dimension 1: Acute Intoxication and/or Withdrawal Potential | Risk Rating |
| <input type="checkbox"/> No signs or symptoms of intoxication or withdrawal present <input type="checkbox"/> No alcohol/drug use in past 72 hours <input type="checkbox"/> Well stabilized on MAT dose <input type="checkbox"/> Adequate ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Minimal risk of severe withdrawal (no history of complications/no current issues causing risk concerns) <input type="checkbox"/> Physically dependent on opioids and requires MAT to prevent withdrawal <input type="checkbox"/> Stable on current MAT dose or experiencing mild symptoms | <input type="radio"/> Low |
| <input checked="" type="checkbox"/> Some difficulty tolerating and coping with withdrawal discomfort <input type="checkbox"/> Current intoxication does not pose an imminent danger to self or others as individual responds to supports <input type="checkbox"/> MAT dose is not stable as evidenced by moderate symptoms | <input checked="" type="radio"/> Moderate |
| <input type="checkbox"/> Significant signs and symptoms of intoxication that pose an imminent danger to self/others <input type="checkbox"/> Significant signs and symptoms of withdrawal - shakes, sweats, nausea/vomiting, nervousness, tremors requiring sub-acute detoxification <input type="checkbox"/> History of significant withdrawal complications - i.e., seizures, DTs, and individual currently using <input type="checkbox"/> Poor ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Unstable on MAT dose with significant symptoms present <input type="checkbox"/> Intoxicated to the point of incapacitated, with severe signs and symptoms requiring hospitalization <input type="checkbox"/> Severe continued use or withdrawal issues present requiring hospitalization (i.e., seizures, liver failure, GI bleeding) | <input type="radio"/> High |
| *MAT - Medication Assisted Treatment | |
| Comments | |
| Client is currently receiving 110mg of methadone/daily. Client also continues sporadic use of illicit substances, however has reduced usage over the past 6 months as evident by most recent urinalysis. | |

ASAM (Continued)

- **Dimension 2: Biomedical Conditions**

Include prescribed medications

| Dimension 2 | |
|--|---|
| Dimension 2: Biomedical Conditions and Complications - (exclude symptoms due to withdrawal or intoxication) | Risk Rating |
| <input type="checkbox"/> No biomedical signs or symptoms <input type="checkbox"/> Medical problems, if any, are stable <input type="checkbox"/> Adequate ability to tolerate and cope with physical discomfort <input type="checkbox"/> Mild signs or symptoms (mild pain) effecting daily functioning | <input type="radio"/> Low |
| <input checked="" type="checkbox"/> Some difficulty tolerating and coping with physical problems that may interfere with recovery treatment <input type="checkbox"/> Medical issues, if any, are stable or are being addressed concurrently <input type="checkbox"/> Pregnancy related health risks require monitoring but will not prevent individual from engaging in services | <input checked="" type="radio"/> Moderate |
| <input type="checkbox"/> Pregnancy related health risks require monitoring but will not prevent individual from engaging in services <input type="checkbox"/> Individual neglects to care for serious biomedical problems | |
| <input type="checkbox"/> Poor ability to tolerate and cope with physical problems <input type="checkbox"/> General/overall health condition is poor <input type="checkbox"/> Severe medical problems (i.e., extreme pain, uncontrolled diabetes, GI bleeding) needing inpatient hospital services | <input type="radio"/> High |
| Comments (Indicate currently prescribed medications that need to be considered for placement decisions) Client reports being diagnosed with hypertension and chronic pain. Client has an amputated leg due to bad circulation, and is also confined to a wheel chair Client has a moderate potential to experience medical complications. | |

ASAM (Continued)

- **Dimension 3: Emotional, Behavior & Cognitive Conditions**
 - Include Mental Health Diagnosis, Psychotropic medications, if consumer has a psychiatrist

| Dimension 3 | |
|---|--------------------------------------|
| Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications | Risk Rating |
| <input type="checkbox"/> No mental health problem <input type="checkbox"/> Stable mental health disorder <input type="checkbox"/> Emotional concerns are related to negative consequences of SUD <input checked="" type="checkbox"/> None or mild social impairment <input type="checkbox"/> Adequate resources and skills to cope with emotional or behavioral problems <input type="checkbox"/> Diagnosed mental disorder that requires intervention but does not significantly interfere with SUD treatment | <input checked="" type="radio"/> Low |
| <input type="checkbox"/> Emotional, behavioral, or cognitive problems distract from recovery efforts <input type="checkbox"/> Poor resources or skills to cope with emotional or behavioral problems <input type="checkbox"/> Unstable mental health but not in imminent danger | <input type="radio"/> Moderate |
| <input type="checkbox"/> Frequent impulses to harm self or others <input type="checkbox"/> Emotional, behavioral or cognitive problems are significant enough to negatively impact recovery efforts <input type="checkbox"/> Inadequate ability to manage activities of daily living <input type="checkbox"/> Demonstrating severe psychiatric symptoms requiring hospitalization <input type="checkbox"/> Severely at risk of harming self or others requiring | <input type="radio"/> High |
| Comments (Include current mental health diagnosis and/or prescribed psychiatric medication that need to be considered for placement decisions) Client reports that he is not currently receiving mental health services. Client also denies any suicidal and/or homicidal ideations at this time. | |

ASAM (Continued)

- **Dimension 4: Readiness to change**
 - Include stage of change

| Dimension 4 | |
|---|---------------------------------------|
| Dimension 4: Readiness to Change | Risk Rating |
| <input type="checkbox"/> Committed to changing substance use <input type="checkbox"/> Willingly engaged in recovery/taking action steps towards recovery <input type="checkbox"/> Willing to enter treatment to explore strategies for changing substance use but is ambivalent about the need for change | <input type="radio"/> Low |
| <input type="checkbox"/> Willing to enter treatment to explore strategies for changing substance use but is ambivalent about the need for change <input type="checkbox"/> Willing to explore the need for treatment to reduce/stop substance use problems <input type="checkbox"/> Willing to change substance use but believes it will not be difficult to do or does not accept a full recovery | |
| <input type="checkbox"/> Reluctant to agree to SUD treatment <input type="checkbox"/> Recognizes negative consequences of substance use but has low commitment to change use <input type="checkbox"/> Ambivalent about change <input type="checkbox"/> Ready to change negative effects of opioid use but is not ready for abstinence from other substances, therefore needing OTP services | <input type="radio"/> Moderate |
| <input checked="" type="checkbox"/> Exhibits inconsistent follow through with recovery attempts and continues to use <input type="checkbox"/> Minimal awareness of personal SUD and need for treatment <input type="checkbox"/> Unaware of need for change <input type="checkbox"/> Has little or no awareness of substance use problems and related negative consequences <input type="checkbox"/> Knows very little about addiction <input type="checkbox"/> Sees no connection between current problems and substance use <input type="checkbox"/> Attributes SUD problems to other persons or external events | <input checked="" type="radio"/> High |
| Comments Client appears to be in the Contemplation Stage of Change. Client receives 110mg methadone daily treatment however continues sporadic usage of illicit substances, and continues to reduce usage. | |

ASAM (Continued)


- **Dimension 5: Relapse Continued/Use/Problem Potential**
Describe consumer's relapse potential

| Dimension 5 | |
|--|---|
| Dimension 5: Relapse, Continued Use, or Continued Problem Potential | Risk Rating |
| <input type="checkbox"/> No potential for further SUD problems <input type="checkbox"/> Low relapse potential/able to maintain abstinence with minimal support <input type="checkbox"/> Fair relapse prevention skills | <input type="radio"/> Low |
| <input type="checkbox"/> Impaired recognition and understanding of relapse issues but able to manage with prompting/support of treatment <input type="checkbox"/> Intensification of symptoms indicate a high likelihood of relapse without close monitoring/support <input checked="" type="checkbox"/> At high risk of continued opioid use without OTP services | <input checked="" type="radio"/> Moderate |
| <input type="checkbox"/> Little recognition and understanding of relapse issues <input type="checkbox"/> Poor skills to cope with addiction problems <input type="checkbox"/> Unable to control use despite active participation in less intense level of care <input type="checkbox"/> Lacks skills to abstain from use/lacks recovery plan <input type="checkbox"/> Unable to obtain/maintain abstinence | <input type="radio"/> High |
| Comments Client has a moderate potential for relapse as he continues to use substances and has an extensive substance use history. | |


ASAM within the Authorization

- Example – These results reflect totals on the Levels of Each Dimension score chosen, eg. 6 OMT Levels chosen

ASAM Results


ASAM Date
12/07/2019 

[Use Current Date](#)

| | | | | | |
|--------------|--------------|--------------|--------------|--------------|--|
| Level 0.5: 0 | Level OMT: 6 | Level 1: 0 | Level 2.1: 0 | Level 2.5: 0 |  ASAM Worksheet |
| Level 3.1: 0 | Level 3.3: 0 | Level 3.5: 0 | Level 3.7: 0 | Level 4: 0 | |

Comments

1. High withdrawal potential; currently dosing at 80mg methadone daily; contemplation stage of change
2. Client reports no medical concerns at this time; past diagnosis of COPD, HBP
3. Client denies mental health history
4. Client shows readiness to change; contemplation stage of change
5. High relapse potential; without continued MMT

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ASAM within Authorization (continued)

| Dimension 1: Intoxication and/or Withdrawal Management Potential | | |
|--|---|---|
| <input type="radio"/> | Level 0.5 Early Intervention | No withdrawal risk |
| <input type="radio"/> | Level 1 Outpatient Treatment | Not experiencing significant withdrawal, or at minimal risk of severe withdrawal |
| <input type="radio"/> | Level 2.1 Intensive Outpatient | Minimal risk of severe withdrawal |
| <input type="radio"/> | Level 2.5 Partial Hospitalization / Day Program | Minimal risk of severe withdrawal |
| <input type="radio"/> | Level 3.1 Clinically-managed Low Intensity Residential Services | No withdrawal risk, or minimal / stable withdrawal. Concurrently receiving Level 1-D (minimal) or Level 2-D (moderate) services |
| <input type="radio"/> | Level 3.3 Clinically-managed Medium Intensity Residential Services | Not at risk of severe withdrawal, or moderate withdrawal is manageable at Level 3.2-D |
| <input type="radio"/> | Level 3.5 Clinically-managed Medium / High Intensity Residential Services | At minimal risk of severe withdrawal at Levels 3.3 or 3.5. If withdrawal is present, it meets Level 3.2-D criteria |
| <input type="radio"/> | Level 3.7 Medically-monitored Intensive Inpatient Services | At high risk of withdrawal, but manageable at Level 3.7-D and does not require the full resources of a licensed hospital |
| <input type="radio"/> | Level 4 Medically-managed Intensive Inpatient Services | At high risk of withdrawal and requires the full resources of a licensed hospital |
| <input checked="" type="radio"/> | Level OMT Opioid Maintenance Therapy | Physiologically dependent on opiates and requires OMT to prevent withdrawal |

Thorough Authorization Requests

Counting Days in Authorization Request – Sample of Residential Tx Authorization

- Concept discussed here works with majority of initial auths that are generated from Wellplace
- Wellplace admits client on 2/3/2020 to Residential. Residential Units are requested in and authorized in 9 day, 10-day and 10-day increments.
- Initial 9-day bundle from Wellplace begins on 2/3/2020
- When counting, start from the date of **admit** 2/3 and add 9 days, The "end" date of the first auth will actually be 2/11/2020. (This is confusing because the initial auths are for 30 days, but the units authorized do not cover the 30 day period)
- Subsequent reauthorization would begin on 2/12 to 2/21/2020 (10 days)
- The last reauthorization would begin on 2/22/2020 to 2/21/2020 (10 days)


















- **Current Treatment Plan**
 - Treatment Plan should address the primary diagnosis and the modality of treatment that the clinician will use to aid the consumer in achieving their goals. Treatment Plan
 - Treatment Plans should be per centered “one size does not fit all.” It should contain some evidence based practices to address the consumer’s SUD.
 - Problem
 - Goal
 - Progress
 - Estimate Date of Completion

Current Treatment Plan

- Tx Plan should address the primary dx and the modality of tx that the clinician will use to aid the consumer in achieving their goals.
- Treatment Plans should be “person centered”. One size does not fit all. Ideally should contain evidence based practices to address the consumer’s SUD issues.
- ❖ Complete Problem, Goal, Progress, Estimated Date of Completion

Treatment Plans (Continued)

Incomplete Treatment Plan Example

| Current Treatment Plan | | | + Add Problem/Goal | |
|--|--|--|-------------------------|---|
| Problem | Goal | Progress | Est. Date Of Completion | |
| SUD | STAY CLEAN | ONGOING | 09/28/2018 |   |
| characters left: 253  | characters left: 246  | characters left: 249  | | |
| DEPRESSION | PE | ONGOING | 09/28/2018 |   |
| characters left: 246  | characters left: 254  | characters left: 249  | | |
| FEW SUPPORTS | BUILD SUPPORTS | ONGOING | 09/28/2018 |   |
| characters left: 244  | characters left: 241  | characters left: 249  | | |
| Presenting Problem | | | | |
| Date Last Seen | | Date Last Used | | Estimated Discharge Date (Duration) |
| 08/04/2018  | | 08/01/2018  | | 9/28/18 |

Treatment Plans (Continued)

Completed Treatment Plan

| Current Treatment Plan | | | |
|--|---|--|-------------------------|
| Problem | Goal | Progress | Est. Date Of Completion |
| "I want to quit using drugs and get back clean and sober and help others." | Achieve sobriety | Attend weekly IOP groups | 07/10/2018 |
| "I want to get off medications and manage my pain better and acid reflux." | Achieve Optimal health | Participate in PCP and Nursing meeting to manage health concerns and receive health education. | 07/10/2018 |
| "I want to help elderly people or work with that population." | Improve helping skills and socialization. | Participate in programs and services that will teach people helping skills. | 07/10/2018 |

| Current Treatment Plan | | | |
|---|--|--|-------------------------|
| Problem | Goal | Progress | Est. Date Of Completion |
| "I'm in treatment for substance abuse." | Member will refrain from substance abuse and build on developing recovery. | Member reports no heroin abuse. | 09/30/2018 |
| "I have liver problems and HTN." | Member will meet with primary care physician to monitor health conditions and adjust care plan as necessary. | Member has been relatively stable this quarter, although having 1 short term hospital stay due to high blood pressure. | 09/30/2018 |
| "I'm not as involved in recreational activities as I used to be." | Member will identify social and recreational activities he is interested in, and will develop them as an available supplement to established healthy coping skills to enhance lasting recovery | new goal. | 09/30/2018 |

Presenting Problem

- **Presenting Problem**
 - Attendance- Note number of sessions attended compared to sessions scheduled
 - Motivation- Include the Stage of Change
 - Frequency of Service
 - Scope- Identify therapeutic techniques and activities
 - Type of 12 step-meeting Attendance and Frequency
 - Type of Ancillary Services Provided and Referred

Provider Notes:

Provider Notes:

- Include any additional information that would justify medical necessity.
- Indicate and specify the corrections that were made
- **If submitting authorization late, due to technical issues or other systems error, the system will not allow you to submit an auth later than 72 hours from the date of submission. (You would have received the message “all services require prior authorization”) Put in the notes the dates the authorization should cover and reason why late.**
- Do not use provider notes to debate or argue an authorization.

Authorizing Agent Notes:

- Address any deficiencies or corrections
- Explain reason for pended or returned request
- Any additional information needed in I-BPS, Admission Form or the Authorization Request
- Request additional documents or clarification

Authorization Status

An Authorization can have 1 of 4 different status:

1. Sent to DWMHA for Review
2. Approved
3. Pended to Provider/ Returned to Requester
4. Denied: 2 types
 - Administrative Denial
 - Medical Necessity Denial

Authorization Submission & Timeliness Guidelines

- **Initial Reauthorizations** must be submitted no later than **72 hours** after admission into your program
- **Subsequent Reauthorizations** must be submitted **5 days** prior to expiration of current authorization. Note: **Methadone Providers** can submit as early as **30 days** prior to expiration of current authorization due to the large volume of consumers
- Authorizations must be submitted under the correct treatment referral
- Providers are responsible for ensuring the Admission form and Treatment Referral is accurate

Authorization Submission & Timeliness Guidelines cont.

- Admission and Treatment Referrals must reflect the same level of care – Complete the Change in Level of Care form (Under SUD section in consumer chart) if applicable. Provider staff is responsible for ensuring the level of care is correct and an auto bundle is provided by Access.
- If the treatment referral is changed by Access and a pre-bundle is not authorized, it is the responsibility of the provider to connect with Access to request a modification to the initial pre-bundled auto generated authorization 72 hours after admitting a consumer to the program or enter the authorization.

Questions

