

	Behavioral Health and Developmental Disabilities (BHDD) Division
	Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health Date effective: October 1, 2022 Date revised: October 1, 2022
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 the 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

- (1) An initial request may be approved for up to 60 calendar days 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) The provider must submit the intake paperwork from an appropriately licensed professional indicating the diagnostic impression and risk of harm to self or others at the time of the request or no later than one (1) business day following submission.
- (3) The provider must submit subsequent requests using the manual process.

SUD Medically Monitored Intensive Inpatient (ASAM 3.7)

- (1) The initial request may be approved for three (3) calendar days if the following criteria is indicated and attested to by the 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) The provider must provide the following documentation at time of request or no later than one(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.
- (3) The provider may request one subsequent request via auto-authorization and may be approved for up to three (3) calendar days.
- (4) The provider must attest that the member meets the SUD criteria as described in the manual and continues to meet the following ASAM 3.7 criteria:
 - (a) high Risk Rating in Dimension 1 (Acute Intoxication and/or Withdrawal Potential);
and
 - (b) evaluation of Dimensions 2-6 as appropriate.
- (5) The provider must submit the following documentation at time of request or no later than one (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

- (1) The initial request may be provided for days four through six if following criteria is indicated and attested to by the submitter:
 - (a) any mental health DSM diagnosis as primary;
 - (b) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and
 - (c) a lower level of care is inadequate to meet the member's treatment or safety needs.
- (2) In addition to (1), at least 1 of the following must be met:
 - (a) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting; or
 - (b) 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
 - (c) the appearance of new impairments meeting admission guidelines.
- (3) Following documentation must still be provided at time of request or no later than one (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).
- (5) The provider may request up to two subsequent requests via auto-authorization and may be approved for up to three (3) calendar days per request.
- (6) The provider must attest that the member meets the following criteria:
 - (a) any mental health DSM diagnosis as primary;
 - (b) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and
 - (c) a lower level of care is inadequate to meet the member's treatment or safety needs.
- (7) In addition to (1), at least 1 of the following must be met:
 - (a) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting; or
 - (b) 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
 - (c) the appearance of new impairments meeting admission guidelines.

- (8) Following documentation must still be provided at time of request or no later than one (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) continuing care plan including projected discharge date.