



## SALISH BH-ASO POLICIES AND PROCEDURES

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### PURPOSE

To define the criteria and processes for determining medical necessity for mental health and substance use disorder services, for establishing an appropriate Level of Care relative to that necessity, and for obtaining authorization to provide that care.

### POLICY

- A. Prior to the initiation of voluntary treatment in Community Hospitals, E&T settings, SUD or MH Residential, planned withdrawal management, or outpatient services, individuals must be authorized to receive such services. Eligibility is confirmed by SBH-ASO Mental Health Professionals (MHP) or Substance Use Disorder Professional (SUDP) at every point in time that an authorization for services is requested.
- B. Authorization is not required prior to the initiation of crisis services or involuntary behavioral health treatment.
- C. Authorization, denial, and adverse authorization determinations are made by the SBH-ASO, based upon a determination of medical necessity, eligibility, and/or availability of resources. For determinations based upon medical necessity a comprehensive evaluation or treatment plan is required. Authorization decisions and notification timelines are as follows:
  1. Psychiatric Inpatient authorizations: Acknowledge receipt within two (2) hours, notice of decision within 12 hours. Post-service (retroactive) authorizations: Decision made within 30 calendar days of receipt, notice of decision within two (2) business days.
  2. Adverse authorization decisions involving an expedited authorization

request: May initially provide notice orally; must provide written notification of the decision within 72 hours of the decision.

3. For denial of payment that may result in payment liability for the Individual, the Individual is notified at the time of any action affecting the claim.
  4. If SBH-ASO does not reach service authorization decisions, when supplied with all required information necessary to make a determination, within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination.
    - i. If SBH-ASO finds that there are Grievances being reported due to non-timely authorization decisions, then SBH-ASO will utilize the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC) to address the issue and monitor improvement.
  5. SBH-ASO tracks authorization decision timelines and produces a quarterly report that is reviewed as part of the Quality and Compliance Committee (QACC).
  6. If SBH-ASO subcontractors fail to submit timely authorization requests, SBH-ASO may require development of a Corrective Action Plan (CAP) under the oversight of the SBH-ASO Leadership Team, Internal Quality Committee (IQC) and Quality Assurance and/or Compliance Committee (QACC).
- D. Authorization is provided for a *Level of Care* rather than for specific covered benefits available within that Level of Care. SBH-ASO reserves the right to determine the location at which the level of care is provided. The specific services to be rendered are identified during the treatment planning process, which occurs in collaboration with the individual and/or his/her advocate.
- E. SBH-ASO designates a Children's Specialist that meets WAC requirements to oversee the authorizations of individuals under the age of twenty-one (21).
- F. SBH-ASO designates an Addiction Specialist who is a licensed Substance Use Disorder Professional to oversee the authorizations of individuals with Substance Use Disorders.
- G. SBH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they are authorizing and managing, including but not limited to, co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health, individuals of all ages with a SUD and who are receiving medication-assisted treatment, and Individuals Intellectual/Developmental Disability (I/DD). UM protocols shall recognize and respect the cultural needs of diverse populations.
- H. The SBH-ASO UM staff are trained in the application of UM protocols, and communicating the criteria used in making UM decisions.
1. Authorization reviews shall be conducted by state licensed Behavioral

Health Professionals with experience working with the populations and/or settings under review.

2. The UM system will be under the guidance, leadership, and oversight of the SBH-ASO Medical Director. SBH-ASO will also ensure that any behavioral health actions must be peer-to-peer, that is, the credential of the licensed clinician making the decision to authorize service in an amount, duration or scope that is less than requested must be at least equal to that of the recommending clinician. This also applies to SBH-ASO using a Board-Certified or Board eligible Psychiatrist to review all level of care actions for psychiatric treatment, and a Board-Certified or Board eligible Physician in Addiction Medicine, or a subspecialty in Addiction Psychiatry, must review all Inpatient level of care actions (denials) for SUD treatment.
- I. SBH-ASO shall ensure, through contract oversight, that its subcontractors comply with the ASO and HCA UM requirements.
  - J. Priority populations will have priority for SBH-ASO authorizations for services, within available resources.

#### PROCEDURE

Levels of Care	Modalities
Level 3 Services	Services provided at Community Hospitals or E&T Facilities
	Secure Withdrawal Management
Level 2 Services	Intensive Inpatient Residential Treatment Services – SUD
	Long Term Care Residential – SUD
	Mental Health Residential
	Recovery House Residential Treatment – SUD
Level 1 Services	Assessment
	Brief Intervention
	Brief Outpatient Treatment
	Case Management
	Day Support
	Engagement and Referral
	Evidenced Based/Wraparound
	Family Treatment
	Group Therapy
	High Intensity Treatment
	Individual Therapy
	Intake Evaluation
	Intensive Outpatient Treatment – SUD
	Medication Management
Medication Monitoring	

	Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)
	Outpatient Treatment
	Peer Support
	Program of Assertive Community Treatment
	Psychological Assessment/Testing
	Rehabilitation Case Management
	Services/Interim Services
	Special Population Evaluation
	TB Counseling, Screening, Testing and Referral
	Therapeutic Psychoeducation
	Urinalysis/Screening Test
Level 0 Services	Acute Withdrawal Management
	Facility Based Crisis Stabilization Services
	Sub-Acute Withdrawal Management
Services and Supports to which non-Medical necessity criteria apply	Alcohol and Drug Information School
	Childcare Services
	Community Outreach
	Continuing Education
	PPW Housing Support
	Recovery Support Services
	Sobering Services
	Transportation
	Urinalysis for CJTA individuals

### Level 3 Services

Services provided at Community Hospitals, E&T Facilities or Secure Withdrawal Management.

#### **Inpatient Psychiatric Hospitalization and Secure Withdrawal Management and Stabilization Treatment**

1. **Length of Stay.** The length of stay for inpatient hospitalizations is subject to the following considerations:
  - 1.1. Involuntary placements are authorized based on legal status and not medical necessity.
  - 1.2. The length of voluntary admissions and continuing stay authorizations are based upon medical necessity.
2. **Admission.** In addition to confirmation of medical necessity, as defined above, authorization for admission to the inpatient level of care is based upon the following clinical findings:
  - 2.1. The individual's behavior is judged unmanageable in a less restrictive setting

due to **any one of the following**:

- 2.1.1. Danger to self, e.g., suicidal behavior, self-mutilation;
  - 2.1.2. Danger to others, e.g., homicidal behavior
  - 2.1.3. Danger to property, e.g., arson
  - 2.1.4. Grave disability, e.g., severe psychomotor retardation; or a continued failure to maintain personal hygiene, appearance, and self-care near usual standards;
  - 2.1.5. Severe symptoms unresponsive to, or unmanageable with treatment at a lower level of care (such as due to the presence of command hallucinations or delusions which threaten to override usual impulse control; or a serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors) or
  - 2.1.6. A comorbid medical condition that creates the need for psychiatric treatment to be provided at this level of care (e.g., severe, or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
- 2.2. **AND** there is a verified (and documented) failure of treatment at a lesser level of care, or a psychiatrist (or designee), or crisis team/DCR determines that the individual cannot be managed at a lesser level of care due to the severity of symptoms and intensity of treatment required.
  - 2.3. **AND** the individual requires round-the-clock psychiatric care and observation to maintain their safety or health (e.g. impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from usual behavior that require increased levels of observation)
  - 2.4. Authorization decisions to approve or deny hospitalization must be made within 12 hours of the initial request for hospitalization.
  - 2.5. Involuntary treatment applies to Individuals presenting with risks due to mental health or substance use disorders.
3. **Continued Stay.** Authorization for stays beyond the initially approved period may occur if, during the initial stay, new psychiatric symptoms of sufficient severity to warrant individual care become evident, **OR** based upon evidence of **all** of the following:
    - 3.1. The individual continues to pose a danger to self, others or property due to the behavioral manifestations of a psychiatric disorder precluding the provision of services at a lesser level of care despite a reduction in the severity of these symptoms (such as an extreme compromise of ability to care for oneself or to adequately monitor their environment with evidence that there could be a deterioration in their physical condition as a result of these deficits; or they continue to manifest a decreased quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may

- include impulsive, aggressive, or abusive behaviors)
- 3.2. The individual requires this level of intensive treatment to stabilize symptoms and behaviors (such as due to continued high risk impulsivity; ongoing medication adjustments that require medical monitoring)
  - 3.3. There is a clear treatment plan with measurable and objective goals; and
  - 3.4. The individual is making progress toward treatment goals, or in the absence of such progress, the treatment plan has been revised to address the issues preventing progress.
  - 3.5. Continued Stay authorization requests must be submitted to the SBH-ASO at a minimum by one (1) business day prior to the expiration of the current authorization period.
  - 3.6. Authorization decisions for approval or denial of continued stay must be made within 12 hours of the continued stay authorization request.
4. **Individual Authorization Protocol.** Initial and extended prior authorizations are required for all voluntary individual hospitalizations.
- 4.1. **Involuntary Treatment Act Detention Notification Protocol**
    - 4.1.1. Prospective Authorization is not required for ITA detentions.
    - 4.1.2. Admitting inpatient facility submits notification using the SBH-ASO protocol (see SBH-ASO Supplemental Provider Guide) within twenty-four (24) hours of admission.
    - 4.1.3. Notification of certification will be provided to admitting facility within 2 hours.
  - 4.2. **Post Service Certification Requests**
    - 4.2.1. An inpatient unit that rendered ITA detention services to an SBH-ASO Individual may submit a retro-certification request.
    - 4.2.2. Certification decisions shall be made within thirty (30) calendar days of receipt of the request.
    - 4.2.3. Notification of certification decision shall be provided within two (2) business days.
  - 4.3. **Voluntary Psychiatric Inpatient Authorization Protocol – within available resources**
    - 4.3.1. Facility or entity referring individual for voluntary psychiatric inpatient care submits an authorization request using the SBH-ASO protocol prior to provision of care.
    - 4.3.2. Authorization decisions for approval, denial based on medical necessity, or adverse authorization decision based on available resources shall be made within 12 hours of the authorization request.
5. **Discharge.** Discharge planning starts upon admission. Criteria for discharge from the inpatient level of care include:

- 5.1. The individual's symptoms and functioning have sufficiently improved so as to no longer warrant 24-hour observation and treatment.
  - 5.2. The individual has demonstrated an unwillingness to actively participate in treatment and fails to meet involuntary treatment criteria.
  - 5.3. The individual withdraws consent for inpatient treatment or fails to meet involuntary treatment criteria.
6. **Legal Status Changes.** With legal status changes within a treatment episode, the treating facility must complete prospective authorization request within 2 hours of legal status change.
- 6.1. A new authorization number must be requested to indicate legal status change.
7. **Inpatient Facility Transfers.** With changes within a treatment episode, an individual can be transferred from one inpatient facility to another.
- 7.1. A new authorization number must be requested to differentiate between inpatient facilities.

## Level 2 Services

Intensive Individual Residential Treatment Services – SUD,  
Long Term Care Residential – SUD, Recovery House Residential Treatment – SUD, Mental Health Residential

### **Residential Substance Use Disorder Treatment Services – ASAM Levels 3.5, 3.3, 3.1** – *within available resources*

Level of Care authorizations for residential substance use disorder treatment are based on ASAM criteria, financial eligibility, and within available resources:

- Level 3.1 – Clinically Managed, Low Intensity Residential Services
- Level 3.3 – Clinically Managed, Population Specific, High Intensity, Residential Services. (This level of care not designated for adolescent populations)
- Level 3.5 – Clinically Managed, Medium Intensity Residential Services

1. **Length of Stay.** The initial authorization period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO shall be responsible for authorizing services for all non-Medicaid Individuals who meet financial eligibility criteria in the SBH-ASO area who are seeking SUD residential services. SUD residential services must be provided

within the levels of care as defined in the WAC 246-341 and as described by the American Society of Addiction Medicine (ASAM) criteria. The following criteria must be met to be eligible for this level of care:

- 2.1. Need for SUD services is established,
  - 2.2. The specific ASAM criteria for placement is determined (reference is made to specific ASAM Dimensional level of Criteria for specifics around criteria)
  - 2.3. The individual's needs cannot be more appropriately met by a lesser level of care or by any other formal or informal system or support.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
  - 3.1. The individual continues to meet the ASAM placement criteria for the requested residential service level.
  - 3.2. The individual has demonstrated progress toward achieving treatment goals during the initial authorization period.
  - 3.3. The individual's needs cannot be more appropriately met by a lower level of care, or by any other formal or informal system or support.
4. **Authorization Protocol.** Initial and extended authorizations are required for SUD Residential Level of Care.
  - 4.1. The referring Provider must submit an Authorization request using the SBH-ASO protocol prior to the expected admission date and a maximum of 14 days prior to the expected admission date.
  - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
  - 4.3. Authorization decisions shall be made within made within five (5) calendar days.
  - 4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol no less than three (3) business days prior to the expiration of the current authorization period.
5. **Discharge** – Discharge planning begins at admission. Individuals are ready for discharge from residential treatment services when
  - 5.1. The individual no longer meets medical necessity requirements determined by a review of ASAM by a SUD or a SUDPT under supervision of a SUDP



supervisor;

- 5.2. Or if consent for treatment is withdrawn;
- 5.3. Or loss of financial eligibility or lack of available resources.

### **Mental Health Residential Treatment Services** – *within available resources*

Level of Care authorizations for mental health residential treatment services are based on medical necessity, financial eligibility, and within available resources.

1. **Length of Stay.** The initial authorization period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO shall be responsible for authorizing services for all non-Medicaid Individuals who meet financial eligibility criteria in the SBH-ASO area who are seeking MH residential services. An individual must meet **all** of the following criteria before being referred for this level of care:
  - 2.1. Eighteen years of age or older.
  - 2.2. Currently receiving outpatient mental health services from an SBH-ASO network provider.
  - 2.3. Due to a covered mental health disorder, requires 24-hour supervision to live successfully in community settings such as ongoing and/or variably severe deficits in interpersonal relationships, ability to engage in socially constructive activities, and ability to maintain responsibilities. Or a history of chronic impulsive suicidal/homicidal behavior or threats, but current expressions do not represent significant change from usual behavior, or the person is without means for carrying out the behavior, or with some expressed inability or aversion to doing so.
  - 2.4. Is ambulatory and does not require physical or chemical restraints.
  - 2.5. Must have cognitive and physical abilities to enable response to fire alarms.
  - 2.6. Has not required physical restraint in the past 30 days.
  - 2.7. Medically stable and free of physical condition(s) requiring medical or nursing care beyond what the residential facility can provide.
  - 2.8. For Individuals who meet referral criteria, the residential provider shall ensure the Individual receives an intake assessment by a licensed Mental Health Professional (MHP) to determine medical necessity for mental health residential treatment.

Mental Health Residential Exclusionary Criteria:

1. Individual has a psychiatric condition that requires a more intensive/restrictive option (such as an inability to avoid self-harming behaviors or command hallucinations that the person is unable to ignore);
2. Individual is actively suicidal or homicidal;
3. Individual is chemically dependent on alcohol/drugs and in need of medical

- detoxification;
4. Individual has a recent history of arson, serious property damage, or infliction of bodily injury on self or others. This exclusion can be waived based upon the accepting facility's evaluation of individual's functioning.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Continued stay eligibility criteria are as follows:
    - 3.1. Admission criteria for residential services continues to be met.
    - 3.2. The individual must have a treatment plan that identifies need and measurable goals for residential services. The individual must be making progress toward treatment goals.
  4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Residential Level of Care.
    - 4.1. The Provider must submit an Authorization request using the SBH-ASO protocol a minimum of five (5) business days prior to the expected admission date and a maximum of fourteen (14) days prior to the expected admission date.
    - 4.2. Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.
    - 4.3. Authorization decisions shall be made within made within five (5) calendar days.
    - 4.4. Continued stay authorization requests must be submitted using the SBH-ASO protocol three (3) business days prior to the expiration of the current authorization period.
  5. **Discharge.** Discharge planning begins at admission. Individuals are ready for discharge when
    - 5.1. The individual no longer meets medical necessity requirements;
    - 5.2. Or if consent for treatment is withdrawn;
    - 5.3. Or loss of financial eligibility or lack of available resources.

## Level 1 Services

Outpatient behavioral health services.

### **Mental Health Outpatient Services** – *within available resources*

Level of Care authorizations for mental health outpatient treatment services are based on

medical necessity, financial eligibility, and within available resources.

**Mental Health Outpatient – Standard** – *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources.

For outpatient mental health authorizations, the five (5) medical necessity criteria are:

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI) Adult or Seriously Emotionally Disturbed (SED) Child;
- 2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness. Symptoms may include experiencing significant problems with interpersonal interactions, (although still able to maintain some meaningful and satisfying relationships) or, consistent difficulties in social role functioning and meeting obligations which could lead to further impairments in their health, housing or mental health.
- 2.4. The individual is expected to benefit from the intervention; and,
- 2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.

**Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. The treating entity must establish continuing stay criteria based on the above medical necessity criteria, to include a system that allows for movement along a continuum of care inclusive of discontinuing or reducing treatment services in lieu of alternative services and supports.

3. **Authorization Protocol.** Initial and extended prior authorizations\* are required for MH Outpatient Standard Level of Care.

\*Note: Prior authorization is not required for services managed through a Federal Block Grant procurement process.

- 3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

- 3.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
  - 3.3. Authorization decisions shall be made within five (5) calendar days.
  - 3.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
4. **Discharge.** Discharge from care is based upon one or more of the following:
- 4.1 Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
  - 4.2 The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.)
  - 4.3 The individual is not participating in treatment and does not meet criteria for involuntary treatment.
  - 4.4 The individual (or, for a child or youth, the parent/guardian) requests that services be discontinued.
  - 4.5 The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.
  - 4.6 Loss of financial eligibility or lack of available resources.

### **Behavioral Health Outpatient – LR/CR/AOT**

Independent of services provided SBH-ASO will monitor all non-Medicaid LR/CR/AOT Orders.

1. **Length of Stay.** Authorized based on legal status and not medical necessity.
2. **Admission.** An individual must meet legal status criteria of being on a Less Restrictive, Conditional Release, or Assisted Outpatient Treatment Order before being considered for this non-crisis ASO services. Individual services may be provided when the Individual meets legal status.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet legal status criteria.
4. **Authorization Protocol.** Initial and extended prior authorizations are required for BH Outpatient LR/CRO Level of Care.
  - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

- 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
  - 4.3. Authorization decisions shall be made within five (5) calendar days.
  - 4.4. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
5. **Discharge.** Discharge from care is based upon one or more of the following:
- 5.1. Resolution of LR/CR/AOT Order.
  - 5.2. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
  - 5.3. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
  - 5.4. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.

**Mental Health Outpatient - PACT**– *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and are authorized within available resources.

For outpatient mental health PACT authorizations, the five (5) medical necessity criteria are:

- 2.1. The individual has a mental illness as determined by a Mental Health Professional (MHP) in a face-to-face intake/assessment.
- 2.2. The individual's impairment(s) and corresponding need(s) must be the result of a mental illness. The individual must meet the Functional Criteria for Serious Mental Illness (SMI);
- 2.3. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a mental illness;
- 2.4. The individual is expected to benefit from the intervention; and,

- 2.5. The individual's unmet need(s) cannot be more appropriately met by any other formal or informal support.  
**AND** PACT criteria listed below:
  - 2.6. Individuals admitted to PACT must have a current diagnosis of a severe and persistent mental illness, be experiencing severe symptoms and have significant impairments. The individuals must also experience continuous high service needs, functional impairments and have difficulty effectively utilizing traditional office-based services or other less intensive community-based programs.
  - 2.7. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder. Individuals with a primary diagnosis of substance use disorder (SUD), intellectual/developmental disability, brain injury, or personality disorder are not clinically appropriate for PACT services.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Individuals must also continue to meet PACT criteria.
  4. **Authorization Protocol.** Initial and extended prior authorizations are required for MH Outpatient PACT Level of Care.
    - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
    - 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
    - 4.3. Authorization decisions shall be made within five (5) calendar days.
  5. Continued Stay authorization requests must be submitted using the SBH-ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
  6. **Discharge.** Discharge from care is based upon one or more of the following:
    - 6.1. Treatment goals have been met and the individual does not require a continuation of services within the current, or another, category of care to maintain the gains or prevent deterioration.
    - 6.2. The individual's needs can be met via other resources within their support system (e.g., Primary Care Provider (PCP), support groups, etc.).
    - 6.3. The individual is not participating in treatment and does not meet criteria for involuntary treatment.
    - 6.4. The individual (or the legal guardian) requests that services be discontinued.

- 6.5. The individual's primary clinician is responsible for planning/coordinating the transition out of services to ensure an appropriate level of continuing support, given the individual's needs.
- 6.6. Loss of eligibility or lack of available resources.

## **Psychological Assessment/Testing**

Medical necessity criteria for Psychological Assessment/Testing:

1. There is a strong indication that significant, useful information impacting patient care and treatment would be generated from such testing.
2. A detailed diagnostic evaluation has been completed by a licensed behavioral health provider
3. The member is not actively abusing a substance, having acute withdrawal symptoms or recently entered recovery.

The psychological testing outcome could not otherwise be ascertained during:

1. A psychiatric or diagnostic evaluation
2. Observation during therapy
3. An assessment for level-of-care determinations at a mental health or substance-abuse facility

All of the following criteria must be met:

1. The number of hours or units requested for testing does not exceed standard administration time for the instrument selected.
2. The testing techniques are empirically valid and reliable for the diagnoses being considered.
3. The testing techniques do not represent redundant measurements of the same cognitive, behavioral or emotional domain.
4. The testing techniques are validated for the age and population of the member.
5. The testing technique uses the most current version of the instrument.
6. The testing instrument must have empirically-substantiated reliability, validity, standardized administration and clinically-relevant normative data needed to assess the diagnostic question or treatment planning goals.

Psychological testing is not medically necessary for the purposes of diagnosing any of the following conditions, except in instances of complex cases with overlapping symptoms that need differential diagnosing, as more suitable approaches are available:

- A. Autism spectrum disorders
- B. Attention deficit disorder
- C. Attention deficit hyperactivity disorder
- D. Tourette's syndrome

Psychological testing is not covered for the following:

- A. Testing is primarily for the purpose of non-treatment related issues (e.g., routine evaluation of occupational or career aptitudes, forensic or child custody evaluations)
- B. Testing performed as simple self-administered or self-scored inventories, screening

tests (e.g., AIMS, Folstein Mini-Mental Status Exam) or similar tests. These are considered included in an E&M service and are not separately payable as psychological testing.

- C. Testing done for educational or vocational purposes primarily related to employment.
- D. Testing that would otherwise be the responsibility of the educational system.

## **Substance Use Disorder Outpatient Services – ASAM Levels 1, 2.1–** *within available resources*

### **Substance Use Disorder Outpatient – Standard**– *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** SBH-ASO recognizes the two, subdivided levels of outpatient services for children and adults, as defined within the ASAM criteria. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity as outlined in the current ASAM Level of Care criteria on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity, financial eligibility, and will be authorized within available resources. Medical necessity is determined by ASAM Level.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. It is appropriate to retain the individual at the present level of care if they continue to meet ASAM Level of Care criteria for this service level. ASAM must be updated within ten (10) business days of the request for continued stay.

**Authorization Protocol.** Initial and extended prior authorizations\* are required for SUD.

\*Note: Prior authorization is not required for services managed through a Federal Block Grant procurement process.

#### Outpatient Standard Level of Care.

- 3.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.
- 3.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
- 3.3. Authorization decisions shall be made within five (5) calendar days.
- 3.4. Continued Stay authorization requests must be submitted using the SBH-



ASO protocol at a minimum five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.

4. **Discharge.** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following:
- 4.1. The individual 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.
  - 4.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
  - 4.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.
  - 4.4. Loss of financial eligibility or lack of available resources.

**Substance Use Disorder Outpatient – Opiate Treatment Program** – *within available resources*

1. **Length of Stay.** The initial treatment period is based on assessment of need relative to the determination of medical necessity. Subsequent treatment periods for continued stay are based upon assessment relative to the continuing stay criteria.
2. **Admission.** An Individual must meet medical necessity before being considered for non-crisis services. Providers rendering outpatient services to non-Medicaid Individuals must demonstrate medical necessity on all behavioral health assessments/intakes, as well as continuing stay documents. Individual services may be provided when the Individual meets medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility, and are authorized within available resources.
3. **Continued Stay.** Individuals who require services beyond the initial treatment period must continue to meet medical necessity as outlined in the current ASAM Level of Care criteria, financial eligibility, and authorized within available resources.
4. **Authorization Protocol.** Initial and extended prior authorizations are required for SUD Outpatient OTP Level of Care.
  - 4.1. The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to initiating services post Intake/Assessment.

- 4.2. Provide all required data and information to SBH-ASO in order to make a determination regarding initial authorization.
- 4.3. Authorization decisions shall be made within five (5) calendar days.
- 4.4. Continued Stay authorization requests must be submitted using the SBH- ASO protocol a minimum of five (5) business days and no more than ten (10) calendar days prior to the expiration of the current authorization period.
5. **Discharge.** It is appropriate to transfer or discharge the individual from the present level of care if the individual meets one or more of the following criteria:
- 5.1. The individual 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.
- 5.2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated.
- 5.3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated.

## Level 0 Services

Acute Withdrawal Management (ASAM 3.7), Sub-Acute Withdrawal Management (ASAM 3.2), Facility Based Crisis Stabilization Services

### **Facility Based Crisis Triage or Crisis Stabilization Services** – *within available resources*

1. **Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity as outlined in the current SBH-ASO Level of Care criteria. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
2. **Admission.** Crisis stabilization services may be provided when the Individual meets medical necessity (as outlined in the current SBH-ASO Level of Care criteria) financial eligibility, and provided within available resources. In addition to confirmation of medical necessity, notification to the SBH-ASO within twenty-four

(24) hours is required for admission to facility-based crisis triage or crisis stabilization. Services are based upon the individual having met all of the following:

- 2.1. The individual is currently experiencing a behavioral health crisis and determined by a Designated Crisis Responder (DCR), Hospital Emergency Department, or Law Enforcement/First Responder, that stabilization services are needed.
- 2.2. Individual is experiencing a behavioral health crisis that cannot be addressed in a less restrictive setting.

3. **Continued Stay Criteria:** Individuals who require services beyond the initial treatment period must continue to meet medical necessity, financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent to all of the following criteria:

- 3.1. Admission criteria and medical necessity as per the SBH-ASO Level of Care criteria continues to be met.
- 3.2. A less restrictive setting would not be able provide needed monitoring to address presenting problem.
- 3.3. Stabilization services continue to be needed to reduce symptoms and improve functioning.
- 3.4. After care planning has been established and discharge planning includes transitioning to a less restrictive setting.

#### **4. Authorization Protocol.**

- 4.1. The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.
- 4.2. The treating Provider provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.
- 4.3. Concurrent Authorization decision will be made within one (1) business day of receipt. Continued Stay Authorization Requests must be submitted using the SBH- ASO protocol within one (1) business day before the expiration of the current authorization period.

5. **Discharge Criteria:** Criteria for discharge from facility-based Crisis Triage or Crisis Stabilization services level of care include one or more of the following:

- 5.1. Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

- 5.2. Individual is not making progress toward treatment goals.
- 5.3. Individual transitions to a more appropriate level of care is indicated.
- 5.4. Loss of financial eligibility or lack of available resources.

**Substance Abuse Withdrawal Management** – *within available resources*

**Medically Monitored Inpatient Level 3.7:** Medically Monitored Withdrawal management shall be delivered by medical and nursing professionals in a 24-hour withdrawal management facility as defined by the current ASAM Level of Care criteria.

1. ***Length of Stay.*** The initial certification period is based on assessment of need relative to the determination of medical necessity. Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.
2. ***Admission.*** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and are provided within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the SBH-ASO within twenty-four (24) hours is required for admission to medically monitored withdrawal management.
3. ***Continued Stay.*** Individuals who require services beyond the initial treatment period must continue to meet medical necessity (as per the current ASAM Level of Care criteria), financial eligibility and are authorized within available resources. Authorization for stay beyond the initial certification period is contingent on meeting the criteria for ASAM Level 3.7.

Authorization Protocol.

**4.1. Emergent Admissions** – Individuals who meet the above criteria for this Level of Care and are referred by one of the following:

- Law Enforcement/First Responder
- Emergency Department
- Designated Crisis Responder (DCR) in consultation with a Substance Use Disorder Professional (SUDP)

**4.1.1** The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.

**4.1.2** The Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.

**4.1.3** Concurrent Authorization decision will be made within one (1) business day from receipt.

**4.1.4** Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.

**4.2 Planned Admissions** – Prior authorization is required when an individual who meets the above criteria for this Level of Care is not referred by the above listed entities.

**4.2.1** The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to admission.

**4.2.2** Provide all required data and information to SBH-ASO to make a determination regarding initial authorization.

**4.2.3** Authorization decisions shall be made within seventy-two (72) hours.

**4.2.4** Continued Stay authorization requests must be submitted using the SBH-ASO protocol one (1) business day prior to the expiration of the current authorization period.

**5. Discharge Criteria:** Criteria for discharge from Medically Monitored Inpatient services level of care include:

**5.1.** Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

**5.2.** Individual is not making progress toward treatment goals.

**5.3.** Individual transitions to a more appropriate level of care is indicated.

**5.4.** Loss of financial eligibility or lack of available resources

### **Clinically Managed Residential Withdrawal Management - ASAM Level 3.2**

**1. Length of Stay.** The initial certification period is based on assessment of need relative to the determination of medical necessity (as per the current ASAM Level of Care criteria). Subsequent authorizations for continued stay are based upon assessment relative to continuing to meet medical necessity for this level of care.

**2. Admission.** Non-crisis services may be provided when the Individual meets medical necessity, financial eligibility, and within available resources. In addition to confirmation of medical necessity as per ASAM guidelines, notification to the SBH-ASO within twenty-four (24) hours is required for admission to withdrawal management.

**3. Continued Stay.** Individuals who require services beyond the initial treatment period

must continue to meet medical necessity (according to the current ASAM Level of Care criteria), financial eligibility and within available resources.

#### 4. **Authorization Protocol.**

**4.1. Emergent Admissions** – Individuals who meet the above criteria for this Level of Care and are referred by one of the following:

- Law Enforcement/First Responder
- Emergency Department
- Designated Crisis Responder (DCR) in consultation with a Substance Use Disorder Professional (SUDP)

**4.1.1.** The treating Provider must submit a Notification request using the SBH-ASO protocol within 24 hours of admittance to the Facility.

**4.1.2.** The Facility provides clinical update and discharge plan within one (1) business day from Admit using the SBH-ASO protocol.

**4.1.3.** Concurrent Authorization decision will be made within one (1) business day from receipt.

**4.1.4.** Continued Stay Authorization Requests must be submitted using the SBH-ASO protocol within one (1) business day before the expiration of the current authorization period.

**4.2 Planned Admissions** – Prior authorization is required when an individual who meets the above criteria for this Level of Care is not referred by the above listed entities.

**4.2.1.** The treating Provider must submit an Authorization Request using the SBH-ASO protocol prior to admission.

**4.2.2.** Provide all required data and information to SBH-ASO necessary to make a determination regarding initial authorization.

**4.2.3.** Authorization decisions shall be made within seventy-two (72) hours.

**4.2.4.** Continued Stay authorization requests must be submitted using the SBH-ASO protocol one (1) business day prior to the expiration of the current authorization period.

**5. Discharge.** The individual continues in a Level 3.2 WM program until:

**5.1** Functional status indicates the individual no longer needs 24/7 monitoring and a lower level of care is indicated and available.

**5.2** Individual is not making progress toward treatment goals.

**5.3** Individual transitions to a more appropriate level of care is indicated.

**5.4** Loss of financial eligibility or lack of available resources.

#### Services that do not require medical necessity:

Service	Authorization Criteria	Comments
Alcohol/Drug Information School	<ul style="list-style-type: none"> <li>• Provided as determined by a Court directed SUD diagnostic evaluation and treatment</li> <li>• Provider must be licensed or certified by the WA DOH</li> </ul>	<p>Within Available Resources</p> <p>Not currently funded</p>

	<ul style="list-style-type: none"> <li>• Program meets requirements of RCW 46.61.5056</li> </ul>	
Childcare	<ul style="list-style-type: none"> <li>• Provided to children of parents in treatment to facilitate completion of the parent's plan for treatment services</li> <li>• Provided by licensed childcare providers</li> <li>• Time limited as per treatment plan</li> </ul>	Within Available Resources
Community Outreach – SABG priority populations PPW and IUID	<ul style="list-style-type: none"> <li>• Provided to PPW and IUID individuals who have been unsuccessful in engaging in services</li> <li>• Goals should include enrolling Individuals in Medicaid</li> <li>• Recovery based, Culturally Appropriate and incorporates Motivational Approaches</li> <li>• Can be multi-agency based</li> </ul>	Within Available Resources
Continuing Education and Training	<ul style="list-style-type: none"> <li>• Provided to BHA or ASO staff as part of program of professional development</li> <li>• Provider of service must be Accredited either in WA State or Nationally</li> <li>• Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.</li> </ul>	Within Available Resources
PPW Housing Support Services	<ul style="list-style-type: none"> <li>• Provided to Individuals meets definition of PPW and support provide to such an individual with children under the age of six (6)</li> <li>• Service provided in a transitional residential housing program designed exclusively for this population.</li> </ul>	Within Available Resources
Recovery Support Services	<ul style="list-style-type: none"> <li>• Provided to Individuals with diagnosed mental illness and/or substance use disorders.</li> <li>• Part of Treatment Plan for Individual</li> <li>• Culturally Appropriate and Diverse Programming</li> <li>• Evidence based</li> <li>• Oriented toward maximizing wellness as defined by the Individual</li> </ul>	<p>Within Available Resources</p> <p>Not currently funded</p>
Sobering Services.	<ul style="list-style-type: none"> <li>• Provided to Individuals with chronic AUD or SUD issues</li> <li>• Agency Based</li> <li>• Voluntary services</li> <li>• Accessible by Walk in Drop off</li> <li>• Provides Screening for medical problems</li> <li>• Provides shelter for sleeping off the effects of alcohol or other drugs</li> <li>• Provides Case management to assist with needed social services.</li> </ul>	<p>Within Available Resources</p> <p>Not currently funded</p>
Therapeutic Interventions for Children.	<ul style="list-style-type: none"> <li>• Provided to individuals with treatable Behavioral health diagnosis</li> <li>• Agency Based</li> <li>• Evidence Based, Culturally Appropriate</li> <li>• Voluntary participation</li> <li>• Part of Treatment Plan for Child</li> </ul>	Within Available Resources

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	<ul style="list-style-type: none"><li>• Not provided as part of Juvenile Rehabilitation Court Order</li></ul>	
Transportation	<ul style="list-style-type: none"><li>• Provided to individuals with Behavioral health diagnosis</li><li>• Agency based</li><li>• Provided as part of Treatment plan</li><li>• Provided for individuals to and from behavioral health treatment.</li></ul>	Within Available Resources