

SUD 3.7 Medically Monitored Residential Treatment Authorization & Reauthorization Request Form

*The Request form and instructions are provided as a single file within a fillable document.
Please type directly onto the form and please make sure the request form is complete and legible.*

Clinician Instructions

- **For initial authorization or authorization of continued stay, the following documents must be submitted:**
 1. Authorization Request form
 2. Copy of current Individual Medical Treatment plan
 3. A comprehensive, clinical update of the ASAM dimensions
- **Initial authorization is required within two (2) business days of intake.** To avoid the possibility of denial of authorization after an individual has already entered treatment, providers are strongly encouraged to submit authorization requests in advance of initiating treatment when possible. If the initial authorization request is submitted beyond the two-business-day requirement, the authorization effective date will correspond to the date the request form was submitted.
- **Continued stay:** For Medically Monitored residential services that may go beyond the fourteen (14) day authorization period, the extension request is required **by the 15th day**. If the continued stay request is submitted beyond the 15th day, the delay may result in unauthorized days during the treatment episode.
- If additional information is requested for authorization by Health Share, **the provider must provide requested information within 5 business days**. If Health Share does not receive the requested information by the deadline, an approved authorization for services (based on established medical necessity) will begin on the date requested documents are submitted.
- Concurrent review of medical treatment plan is due every 15 days and a comprehensive, clinical update in each of the ASAM dimensions will be reviewed every 30 days.

For questions, or to submit documents via secure email to the appropriate Behavioral Health Plan:

Clackamas County

Casey Palmer: cpalmer@clackamas.us ; Phone 503-742-5968; Fax 503-742-5355

**Providers must fax all Clackamas authorization request forms & attachments to
503-742-5355: Attn SUD team**

Multnomah County

Trina Connolly – Fairchild: adreporting@multco.us; Phone 503-201-5037

Washington County

Nancy Griffith: nancy_griffith@co.washington.or.us; Phone 503-846-3280



SUD 3.7 Medically Monitored Residential Treatment Form

Authorization Type	
<input type="checkbox"/> Initial	<input type="checkbox"/> Reauthorization
<input type="checkbox"/> 14 Day Authorization	
<input type="checkbox"/> Adult	<input type="checkbox"/> Youth

Member Information		
First Name:	MI:	Last Name:
Date of Birth:		
Provider Agency Name:	Agency Fax:	
Date of client's enrollment in services with this provider (for this treatment episode):		
Date of request:	Anticipated Date of Discharge:	
If less than the standard 14 day authorization, number of days requested:		
Is there a history of IV drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current IV drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Insurance Eligibility Information
Medicaid ID:
Member's Health Share Behavioral Health Plan (<i>please select one</i>):
<input type="checkbox"/> Multnomah County Behavioral Health Plan
<input type="checkbox"/> Clackamas County Behavioral Health Plan
<input type="checkbox"/> Washington County Behavioral Health Plan
<i>To verify member eligibility, please look in CIM or contact Health Share Customer Service at 503-416-8090 or 1-866-519-3845</i>

Admission Criteria For Medically Monitored Residential 3.7 LOC

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|--|---|
| <ul style="list-style-type: none"> • Substance Use Disorder – • DSM-5 criteria <ul style="list-style-type: none"> ○ Moderate or High Severity diagnosis ○ Low severity only if pregnant woman or high risk of medical/behavioral complication ○ ICD-10 codes- F10.10, F10.20, F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F18.20, F19.10, F19.20 | <ul style="list-style-type: none"> • Meet ASAM Level III.7 criteria and it is the least restrictive appropriate level of care. • Withdrawal symptoms, if present, are not life threatening and can be safely monitored at this level of care. |
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**Must meet the following criteria in two of the Dimensions,
with at least one of the criteria in Dimensions 1, 2 or 3 (please check applicable):**

- Dimension 1** - Acute intoxication and/or withdrawal potential: High risk of withdrawal symptoms that can be managed in a Level 3.7 program.
 - Dimension 2** - Biomedical conditions and complications: Moderate to severe conditions which require 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital.
 - Dimension 3** - Emotional, behavioral, or cognitive conditions and complications: Moderate to severe conditions and complications (such as diagnosable co-morbid mental disorders or symptoms). These symptoms may not be severe enough to meet diagnostic criteria but interfere or distract from recovery efforts (for example, anxiety/hypomanic or depression and/or cognitive symptoms) and may include compulsive behaviors, suicidal or homicidal ideation with a recent history of attempts but no specific plan, or hallucinations and delusions without risk to self or others.
- OR**
- Psychiatric symptoms are interfering with abstinence, recovery, and stability to such a degree that the individual needs a structured 24-hour, medically monitored (but not medically managed) environment to address recovery efforts.
- Dimension 4** - Readiness to change: Participant unable to acknowledge the relationship between the addictive disorder and mental health and/or medical issues, or participant is in need of intensive motivating strategies, activities, and processes available only in a 24-hour structured medically monitored setting (but not medically managed).
 - Dimension 5** - Relapse, continued use, or continued problem potential: Participant is experiencing an escalation of relapse behaviors and/or acute psychiatric crisis and/or re-emergence of acute symptoms and is in need of 24-hour monitoring and structured support.

- Dimension 6 - Recovery environment:** Environment or current living arrangement is characterized by a high-risk initiation or repetition of physical, sexual, or emotional abuse or substance use so endemic that the patient is assessed as unable to achieve or maintain recovery at a less intensive level of care.

Continued Stay Criteria

(complete this section only for continued stay)

Continues to meet admission criteria AND at least one of the following:

- Capable of additional symptom or functional improvement at this level of care.
- Active Care Coordination is occurring with mental health, A&D and primary care providers

The following documentation is required in addition to this form:

- Copy of current medical treatment plan
- A comprehensive, clinical update in each of the ASAM dimensions at each 30-day review.

Discharge Criteria

At least ONE of the following must be met:

- Documented treatment goals and objectives have been substantially met
- Continuing stabilization can occur with discharge from treatment with medication management by PCP and/or appropriate community supports.
- Individual has achieved symptom or functional improvement in resolving issues resulting in admission to this level of care.
- Meets criteria for a different level of care due to change in symptoms or function at this level of care or maximum therapeutic benefit has been met.

ASAM Summary	
Dimension 1	
Dimension 2	
Dimension 3	
Dimension 4	
Dimension 5	
Dimension 6	
Clinical Summary placing client at assigned LOC	
Date Completed:	
Clinician Name:	
Email:	
Phone Number:	