

*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

Please note - **This request must be prepared by QMHP staff.**

- **For initial authorization or authorization of continued stay, the following documents must be submitted:**
  1. Authorization Request form
  2. Mental Health Assessment
  3. Mental Health Service Plan
  4. A comprehensive, clinical update in the ASAM dimensions with updated SUD/MH Service Plan (*for continued stay*)
- **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 authorizations are required within five (5) business days of the expired initial authorization.** If the continued stay request is submitted beyond the five-business-day requirement, 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.

**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: UR\_SUD@multco.us; Phone 503-201-5037

#### Washington County

Nancy Griffith: nancy\_griffith@co.washington.or.us; Phone 503-846-3280

SUD Residential Dual Diagnosis Enhancement

Authorization Type	
<input type="checkbox"/> Initial	<input type="checkbox"/> Reauthorization
<input type="checkbox"/> 30 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:	
Mental Health Diagnoses:		
Substance Use Diagnoses:		

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>

**Initial Dual Enhanced Eligibility Criteria****Must meet the following:**

- 
- Covered mental health diagnosis on the prioritized list,

**AND**

- 
- At least one psychiatric hospitalization within the last 6 months

**OR**

- 
- Extended or repeated crisis episode(s) requiring increased services,

**AND****OR**

- 
- DSM-5 criteria

*Moderate or High Severity diagnosis**Low severity only if pregnant or high risk of medical/behavioral complication***AND at least two of the following must be met:**

- 
- Risk of harm to self or others or risk of harm to self or others that is escalated from baseline

- 
- Moderate functional impairment in at least two areas (such as housing, financial, social, occupational, health, activities of daily living.)

- 
- Multiple system involvement requiring coordination and case management

- 
- Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness

- 
- Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses

- 
- Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual's level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports

## Continued Stay Criteria for Renewal of Same Level of Care of Dual Enhanced

*(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
- Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service
- Active Care Coordination is occurring with mental health, A&D and primary care outpatient providers

### Continued Stay Criteria for A&D Residential Treatment

- For continued stay, the individual must continue to meet all the basic elements of medical necessity as defined in the Health Share authorization guide.
  - *An individualized discharge plan must have been developed/updated which includes specific, realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion must be in place but discharge criteria have not yet been met.*
1. **One or more** of the following criteria must be met:
    - The treatment provided is leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care.
    - There is evidence of ongoing reassessment and modification to the Service Plan, if the plan implemented is not leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care.
    - The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.
  2. **All of the following** must be met:
    - The individual and family are involved to the best of their ability in the treatment and discharge planning process, unless there is a documented clinical contraindication.
    - Continued stay is not primarily for the purpose of providing a safe and structured environment (unless discharge presents a safety risk to a minor child).
    - Continued stay is not primarily due to a lack of external support unless discharge presents a safety risk to a minor child

**In addition to this form, the following documentation is required for continued stay in Dual Enhanced:**

- Treatment review and progress toward stated goals in initial Mental Health Service Plan, and updated Mental Health Service Plan.
- Copy of current **SUD Service Plan**
- A comprehensive, clinical **update** in each of the **ASAM dimensions**.

### Dual Enhanced Transition 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

### Discharge Criteria

**Do not seek authorization for continued stay if ANY of the following are true:**

1. The individual's documented treatment plan goals and objectives have been substantially met.
2. The individual is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation of progress at this level of care, nor is treatment at this level of care required to maintain the current level of functioning.
3. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured.
4. The individual can be safely treated at an alternative level of care.
5. An individualized discharge plan is documented with appropriate, realistic, and timely follow-up care in place.
6. The individual poses a safety risk to other participants, dependents, or staff (for example, physical/verbal violence, smoking in building, or the use or presence of alcohol or drugs on premises).
7. The individual's MH or medical symptoms increase to the point that continued treatment is not beneficial at this level of care. The individual has been referred to the appropriate level.

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