

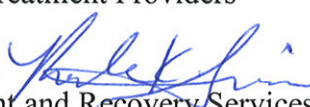
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Addiction Prevention and Recovery Administration



Clinical Advisory – Reauthorization Guidelines for Adult Clients

Date: October 5, 2011

To: Contracted Choice in Drug Treatment Providers

From: Roula K. Sweis M.A., Psy.D. 
Deputy Director for Treatment and Recovery Services

RE: Adult Treatment Reauthorization Guidelines

I. PURPOSE

The purpose of this advisory is to delineate the Addiction Prevention and Recovery Administration's (APRA) requirements, guidelines, and procedures regarding adult substance abuse treatment reauthorization requests. Contracted substance abuse treatment providers are expected to be in full compliance within 30 calendar days of the date of this advisory.

II. REAUTHORIZATION REQUEST REQUIREMENTS

- a. **Who Should Submit the Request:** The person that is requesting the reauthorization should be the client's primary clinician or the agency's clinical supervisor.
- b. **How to Submit a Request for APRA Review and Approval:** To request an extension for treatment at the same level of care or request a step-up or step-down to a higher or lower level of care, the lead clinician must create a Miscellaneous Note in the client's electronic health record located in the District's Automated Treatment Accounting (DATA) system, followed by an email to the APRA reauthorization review staff. Technical and clinical instructions for these processes are below:
 - **Step 1:** Add a Miscellaneous Note to the client's record and select "Reauthorization Request" for the Note Type.
 - **Step 2:** In the text box, the clinician must provide a descriptive narrative that addresses each of the following items:

- The nature of the request—an extension of services at the current level of care, a step up to a higher level of care or a step down to a lower level of care.
 - The client’s progress (or lack thereof) with treatment plan goals. Each treatment plan goal should be discussed.
 - The client’s current risk ratings on the American Society for Addiction Medicine (ASAM) dimensions
 - If requesting a different level of care (step up/step down), indicate the level of care, the name of the provider to which the client is being referred and the requested date of referral/first appointment.
 - If requesting an extension of services at the same level of care, specify the additional number of sessions/units being requested.
 - **Step 3:** Send an email to Crystal Fowlkes (crystal.fowlkes@dc.gov) indicating that a reauthorization request has been submitted and reference the client’s DATA-generated identification number (not their name) within the email.
- c. **When to Submit a Request for Reauthorization:** The appropriate timeframe for requesting reauthorizations vary by the level of care that the provider offers. These timeframes for requesting extensions, step-down or step-up requests are as follows:
- **Level III.7-D—Detoxification treatment** programs should initiate the process within 48 hours of admission and at least 24 hours prior to the client’s anticipated discharge.
 - **Level III.5—Inpatient treatment** providers should initiate the process at least fourteen calendar days prior to the client’s anticipated discharge date.
 - **Levels II.1 and I—Intensive Outpatient (IOP) and Outpatient providers** should initiate the process at least fourteen calendar days prior to the client’s anticipated discharge date.
 - **Level I—Outpatient Methadone Maintenance Providers** should initiate the process at least fourteen calendar days prior to the date that linkage to a different or additional program would occur.
- d. **Regulatory Requirements for the Referring Provider:**
- **Client Choice**—when referring a client to a different provider for a level of care change, the referring provider must ensure that clients are informed of the treatment program options currently available in the network. Verification of client choice is mandatory as stipulated by the Choice in Drug Treatment Act of 2000. APRA will ensure that providers in the treatment network receive up-to-date current listings of the contracted Choice providers so that providers

requesting a level of care change for their clients can also facilitate client choice during the reauthorization process.

- ***Client Confidentiality***—when referring a client outside of one’s own organization, the provider is expected to obtain the client’s consent in a manner consistent with all relevant confidentiality law and APRA guidance regarding consent procedures in the DATA system.

- ***Referrals back to APRA Intake***
 - If a provider’s request to transition a client to another level of care is approved, the provider must create a referral to **APRA Intake Agency** in the DATA system. This will ensure that the reauthorization request is appropriately documented and that the client receives a second referral for the change in level of care.

 - If a provider’s request for an extension of services at the current level of care is approved, the provider does **not** have to refer the client to APRA Intake Agency within the DATA System.

 - The referring provider is responsible for coordinating level of care changes. For example, if the client will be stepping down from residential treatment to intensive outpatient, the residential provider will develop an aftercare referral, request authorization remotely using the above procedures and facilitate the referral to the outpatient provider.

 - The referring provider should ensure that the client has an appointment date at the new program and this first appointment date should be documented in the client’s reauthorization request miscellaneous note, as well as the referral that is sent back to APRA Intake.

 - A program should never direct a client to the Assessment and Referral Center (ARC) for a step-down to a lower level of care unless directed to do so by an APRA manager.

III. APRA’S REVIEW PROCEDURES

- a. **How Decisions will be Communicated:** APRA will review each request and inform the provider of the decision via a miscellaneous note that will be added to the client’s record. If approved, the note will specify the number of units authorized. If the request is denied, the reason for the denial will be included in the note. With the exception of extension

requests for clients at the detoxification treatment level of care, APRA will respond to requests no later than 14 calendar days of the date that the request is made.

b. **Reasons why a Request would be Denied:** Reauthorization requests will be denied for the following reasons:

- The request is incomplete and does not address each of the necessary elements required in the Miscellaneous Note.
- The Miscellaneous Note addresses all of the required elements but provides insufficient clinical justification for the request.
 - The request does not make an analytic reference to the client's treatment plan and/or treatment goals.
 - The ASAM Risk Ratings are inconsistent with the requested level of care.
- The request was submitted too close to the client's scheduled discharge and did not provide sufficient time for APRA to review the request.

IV. BASELINE NUMBER OF UNITS/SESSIONS AUTHORIZED WITH INITIAL REFERRAL

When the Assessment and Referral Center (ARC) refers clients to providers in the contracted treatment network, APRA utilizes a default number of authorized units/sessions by level of care. In order to ensure that reauthorization requests are made in a timely, appropriate and client-driven manner, it is critical for providers to note the baseline number of units/sessions authorized for the level of care provided and make requests far enough in advance of the estimated discharge date to ensure seamless continuity of services for the client. The baseline number of units/sessions for each referral made by the ARC are as follows:

- Level III.7-D—Detoxification treatment: Three days
- Level III.5—Inpatient treatment: 28 days if ATR-funded; 30 days if Choice-funded
- Levels II.1—Intensive Outpatient: 24 sessions (group, individual, family counseling)
- Level I—Outpatient: 32 sessions (group, individual, family counseling)

V. ASAM GUIDELINES FOR LEVEL OF CARE EXTENSIONS/CHANGES

a. Detoxification Treatment Providers

- a. An extension may be granted when the Risk Rating remains 3 or higher on ASAM Dimension 1: Acute Intoxication and/or Withdrawal Potential and the program's supervising physician has advised continued inpatient detoxification.

- b. A step-down request to residential treatment should be initiated when the client's Risk Rating on ASAM Dimension 1: Acute Intoxication and/or Withdrawal Potential has fallen to 2 or lower and medical staff has approved the client's discharge date. Authorization should be initiated at least 24 hours prior to discharge.

b. Inpatient Treatment Providers

- a. An extension may be granted when Risk Ratings remain at 3 on ASAM Dimension 5: Relapse, Continued Use or Continued Problem Potential and Dimension 6: Recovery/Living Environment. An extension may also be granted if a condition on Dimension 2: Biomedical Conditions and Complications or Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications requires extended monitoring or stabilization. The provider must document appropriate efforts (through direct service or case management) to intervene in the factors contributing to the severity.
- b. A step-up to detoxification treatment should be initiated if the client presents with a Risk Rating of 3 or higher on ASAM Dimension 1: Acute Intoxication and/or Withdrawal Symptoms and medical monitoring is required to treat the client effectively.
- c. A step-down to Intensive Outpatient should be initiated when the client's Risk Ratings on ASAM Dimension 5: Relapse, Continued Use or Continued Problem Potential and Dimension 6: Recovery/Living Environment have fallen to 2 or less. Authorization should be initiated fourteen calendar days prior to anticipated discharge.

c. Intensive Outpatient Treatment Providers

- a. An extension may be granted when Risk Ratings remain at 2 on ASAM Dimension 5: Relapse, Continued Use or Continued Problem Potential and Dimension 6: Recovery/Living Environment. An extension may also be granted if a condition on Dimension 2: Biomedical Conditions and Complications or Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications require extended monitoring or stabilization. The provider must document appropriate efforts (through direct service or case management) to intervene in the factors contributing to the severity.
- b. A step-up to residential treatment should be initiated when Risk Ratings on ASAM Dimension 5: Relapse, Continued Use or Continued Problem Potential

and Dimension 6: Recovery/Living Environment rise to 3 or higher. The client must not meet criteria for detoxification (see section IIIa).

- c. A step-down to outpatient should be initiated when the client no longer requires a structured clinical environment (Risk Rating of 1 on Dimension 6: Recovery/Living Environment and 2 or lower on Dimension 5: Relapse, Continued Use or Continued Problem Potential) to maintain abstinence.

d. Outpatient Treatment Providers

- a. An extension may be granted if the client presents with a score of 2 or higher on any ASAM Dimension. The issues generating this score must warrant the structure of outpatient treatment and cannot be more effectively addressed through case management and ancillary providers.
- b. A step-up to Intensive Outpatient should be initiated if the client's Risk Ratings on ASAM Dimension 5: Relapse, Continued Use or Continued Problem Potential and Dimension 6: Recovery/Living Environment are 2 despite efforts to engage at the Outpatient level or due to regression at the Outpatient level.

Contact Information

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