

# BEHAVIORAL HEALTH RECOVERY PROGRAM

## Tips for Medical Necessity Review of SA Residential Services

### Helpful Tips – Be Prepared for the Admission Review

1. Describe the consequences the individual is currently experiencing or has recently experienced as a direct result of his/her use of drugs or alcohol, which might include (Biomedical complications, Emotional/Behavioral Conditions):
  - a. Medical problems: such as liver or stomach disorders, cardiac problems, serious injuries, infections resulting in hospitalization, diabetes or any other medical condition that would be exacerbated by continued use
  - b. Legal issues: recent arrests related to obtaining or using illicit substances, including larceny, burglary, driving while intoxicated, etc.
  - c. Serious impairment in interpersonal relationships: divorce or estrangement from significant relationships, difficulty with anger management or impulse control
  - d. Psychiatric symptoms: Increased symptoms of anxiety or depression, sleep or appetite disturbance; worsening of a pre-existing psychiatric illness; failure to comply with prescribed medications for a psychiatric disorder; anger management issues; problems with impulse control
  - e. Employment issues: does the individual's continued use of alcohol and/or drugs interfere with his/her ability to obtain or hold onto a job? Has there been a recent history of losing jobs due to substance use?
2. Describe the reasons why the individual is seeking admission to residential care now (readiness to change), such as:
  - a. If the individual has tried to stop using substances recently and failed, including any recent outpatient or inpatient treatment attempts;
  - b. If the individual has difficulty understanding the impact that his/her substance use has had, or the relationship between the use of substances and severe consequences of use; or
  - c. If the individual fails to recognize that he/she has put themselves or others into risky situations as a result of substance use.
3. Describe what factors are present that interfere with the individual's ability to benefit from treatment provided in an outpatient setting (relapse/continued use potential) such as:
  - a. The person's inability to identify or remove themselves from triggers to relapse and use;
  - b. Current or impending homelessness and inability to secure safe housing accompanied by active use of substances;
  - c. The person currently has housing, but lives with or in close proximity to individuals who are actively using or trying to sabotage his/her efforts to stop using;
  - d. The efforts required on a daily or frequent basis to stop using or maintain abstinence are so extreme that the individual requires a structured environment to become substance-free;
  - e. The presence of substance dependence in combination with a co-occurring psychiatric disorder is combined with poor coping skills and/or drug-seeking behaviors
  - f. The individual is at high risk of being victimized by others due to substance use

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4. If the individual has had residential treatment for more than 60 days in the previous 12 months, be prepared to detail to the clinician reviewing for authorization:
  - a. How long ago did the individual relapse? If this has been a brief relapse, be prepared to explain why you believe that outpatient care alone or in combination with sober housing will not be sufficient to prevent further relapse.
  - b. Is the individual able to articulate a reason for relapse?
  - c. What particular treatment strategies will be used to address relapse issues?
5. Additional suggestions – be prepared to be asked to explain in more detail the consequences of the individual's substance use, how use has disrupted the ability to function in daily living and why care cannot be provided safely in an outpatient setting or alternative setting if:
  - a. The individual's problem use of substances is less than a year in duration
  - b. The individual's pattern of use is less frequent than daily or is in small amounts
  - c. The individual's substance history is limited to use of marijuana only
  - d. The individual is seeking admission following a brief relapse to substance use
  - e. The individual has had another episode of long-term residential treatment within the past 12 months

#### **Level of Care-Specific Information**

1. If authorization for admission to Co-Occurring Intensive Residential Treatment (SA III.7R(e)) is being requested, there must be an identified co-occurring psychiatric diagnosis.
2. If authorization for Long Term Care (ASAM Level SA III.3) is being requested, be prepared to explain in more detail the reasons why the individual might need longer-term care. Does the individual have cognitive deficits due to long-term effects of substance use? Does the individual have severely impaired interpersonal or coping behaviors that require repeated, clinically-directed motivational interventions?
3. If authorization to a long-term residential level of care (SA III.5/Intermediate Residential, SA III.3/Long-Term Care, or SA III.1/Halfway House) as a first residential level of care for the individual, be prepared to explain why the individual is not being referred to an intensive residential treatment setting. Have you been unsuccessful in attempts to refer to an intensive residential setting because there are no beds? Are there current symptoms being exhibited by the individual that would preclude safe or successful treatment in an intensive residential level of care? Does the individual have cognitive impairments that would make it difficult to benefit from the educational component available in intensive residential?

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### Helpful Tips – Be Prepared for the Continuing Stay Review

1. Progress in treatment: Describe the positive progress made since the last review:
  - a. Level of participation in groups: attendance, level of active participation, etc.
  - b. Level of understanding of the education provided: Is the individual able to demonstrate understanding of what he/she has learned?
  - c. Thought processes: Are there any signs that the effects of chronic substance use on thought processes or behavior have improved?
  - d. Coping skills: Has the individual learned new coping skills? Is the individual able to demonstrate use of the new coping skills?
  - e. Identification of relapse triggers: is the individual able to identify relapse triggers? Has the individual begun to identify how to address the relapse triggers?
  - f. Medical Issues: Has the individual been compliant with any treatment needed for medical problems, as evidenced by compliance with special diet or medication compliance?
  - g. Co-Occurring Psychiatric Disorders: Are symptoms stabilizing? Is the individual compliant with psychotropic medications?
  
2. Explain why additional time in treatment is needed (and the interventions planned to address them), including:
  - a. Behavioral instability: describe behaviors that are present that increase risk of relapse outside of a structured setting such as frequent drug cravings, poor impulse control, drug-seeking behaviors
  - b. Need to further stabilize symptoms of a co-occurring psychiatric disorder
  - c. Homelessness or current home setting that increases risk of relapse
  - d. Relapse prevention strategies
  - e. Complications of long-term substance use have slowed progress in treatment: be prepared to explain how this is interfering with progress in treatment
  - f. Community Supports: describe efforts made by the individual to identify and/or build community supports
  
3. Therapeutic passes: Have there been any therapeutic passes? What are the purposes of the passes? What is the duration of the pass? (Note: If there have been multiple therapeutic passes or overnight therapeutic passes, be prepared to explain in more detail why additional time in residential care is needed.)
  
4. Discharge Planning:
  - a. Projected Discharge Date
  - b. Aftercare Provider: what are the anticipated treatment needs for continuing care following discharge?
  - c. Discharge Medications: if the individual will be discharged on psychotropic medications
  
5. **Remember – length of stay should be individualized!** Justification for continued stay authorization cannot be made because the “our program is 2 years”.