The background of the slide is a scenic landscape. In the foreground, there is a dense forest of evergreen trees. In the middle ground, a calm lake reflects the light from the sky. In the background, several mountain peaks are visible under a soft, orange-hued sky, suggesting a sunset or sunrise. The overall atmosphere is peaceful and natural.

The Right Service to the Right Person at the Right Time Series: Part I

Service Authorization Requests for 1115 Substance Use Disorders

Eula M. Crippen, PhD
Licensed Clinical Psychologist
Optum Alaska

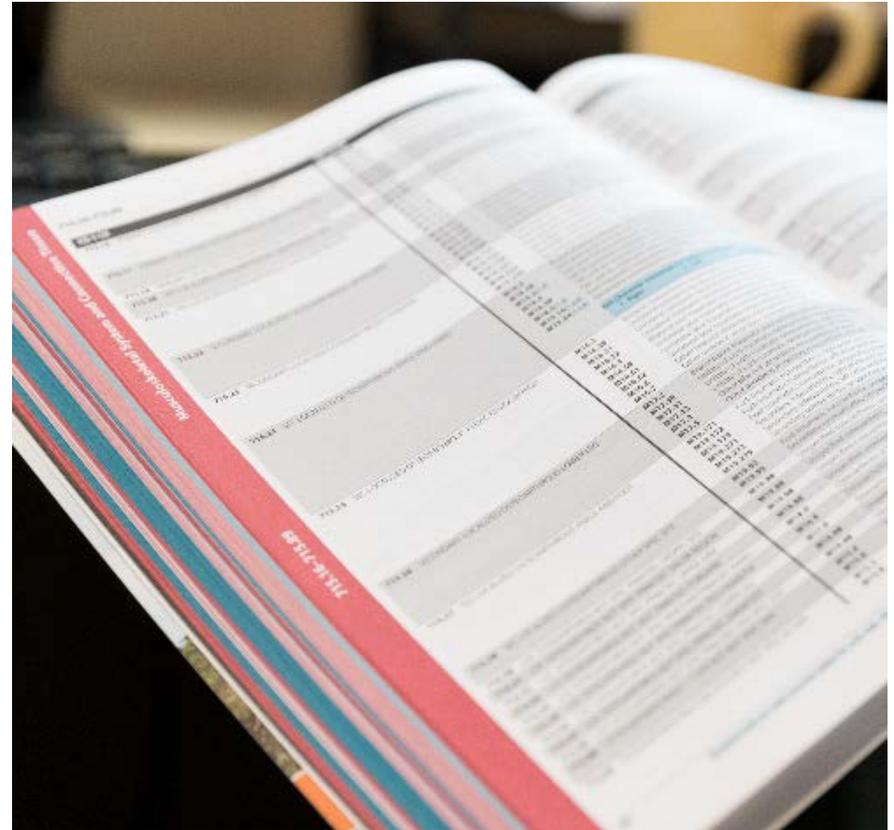
November 2020

What is Medically Necessary Treatment for Substance Use Disorders?

The ASAM Criteria®, 3rd Edition

Services that are needed to prevent, identify, diagnose, treat, rehabilitate or diminish the adverse effects of an individual's substance use disorder in order to attain or maintain the individual's health and independent functioning. (Center for Medicaid and Medicare Services)

Licensed clinicians on the Optum team use the American Society of Addiction Medicine or ASAM Criteria, 3rd Edition® to evaluate medical necessity and make coverage determinations.



The Right Service to the Right Person at the Right Time Series: Substance Use Disorders

Why are Medical Necessity evaluations required?

Improve the quality of care

- Organize clinical observations,
- Objective frame for evaluating risks and resiliencies of the person being evaluated;

Audits/Compliance

Financial Sustainability

The ASAM Criteria®: Dimensions



1: Acute Intoxication and/or Withdrawal Potential

- Current withdrawal symptoms
- Past history of serious, life-threatening withdrawal



2: Biomedical Conditions/Complications

- Current health problems
- Medication interaction, abnormal labs



3: Emotional/Behavioral/Cognitive Conditions and Complications

- Presence of other psychiatric diagnosis, symptoms or behaviors
- Mental status and level of functioning



4: Readiness to Change

- Coerced, mandated, required assessment/treatment
- Motivation factors for treatment



5: Relapse/Continued Use/Continued Problem Potential

- Potential relapse triggers/relapse plan
- Past treatment results



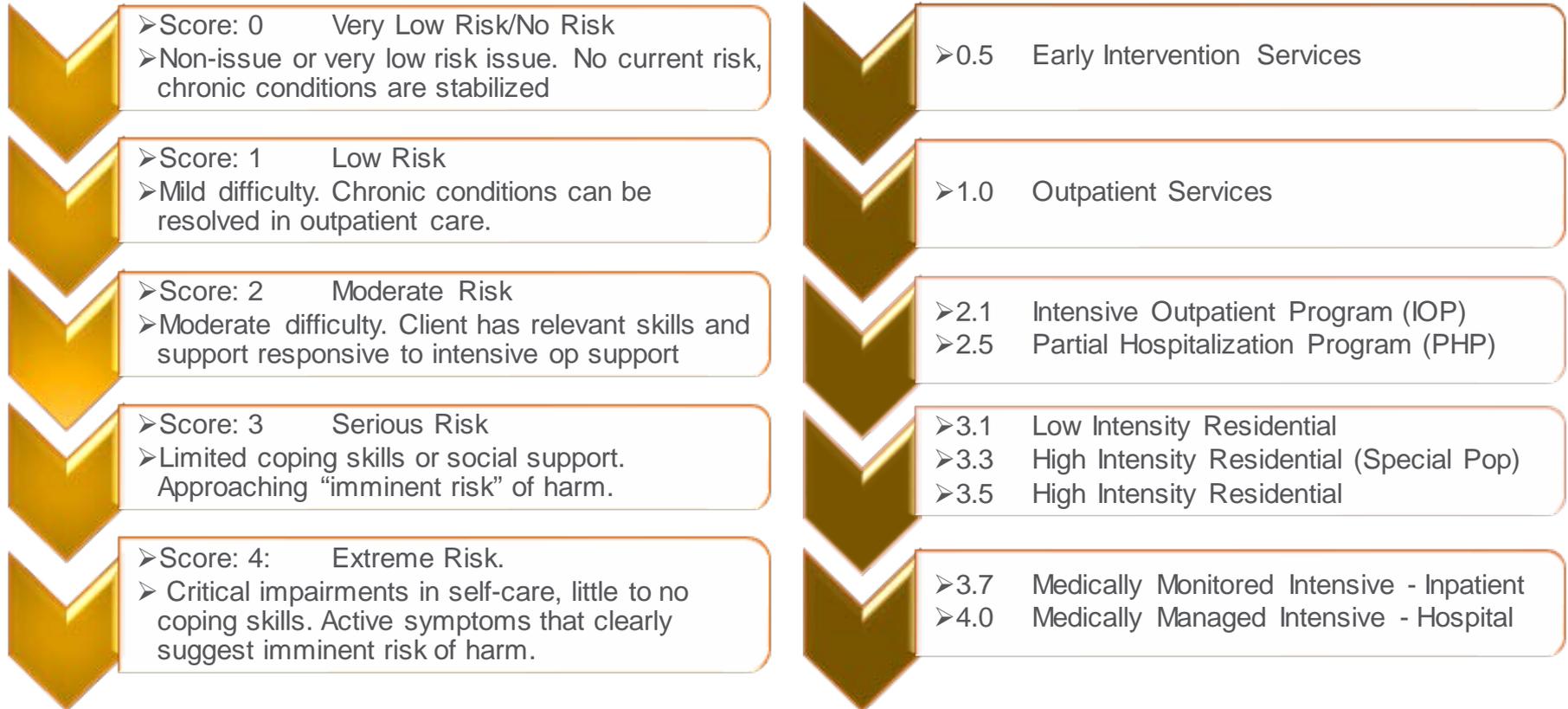
6: Recovery Environment

- Immediate threats to safety, well-being, sobriety
- Availability and utilization of support systems

Matching Risk to Level of Care

Risk

Level of Care



The Right Service to the Right Person at the Right Time Series: Substance Use Disorders

Special Service Authorization Circumstances

Distance and Availability of Resources

- **The Optum team reviews special circumstances that may necessitate a higher level of care such as the lack of availability of SUD service options within a person's geographical region.**
- **You may need to request a higher LOC if the level you assess is not available. Ex: Person meets criteria for 3.1, but the only residential option available in the region is 3.5.**
- **It will be important to note special circumstances when writing the medical necessity essay on your Service Authorization Request.**

Victor

49-year old male, mixed ethnicity,
divorced with school age children
living in a large Alaskan community



Victor's Story

PROUD of early career as a contractor. No longer works. Currently receives disability income/Medicaid, lives in the city, shares custody of two sons, 10 & 14, with ex-wife.

CHRONIC neck and back pain originating from injuries sustained in a snowmobile accident when he was 41. Multiple surgeries. TBI with cognitive deficits. Frequent headaches. Escalating opioid prescriptions for the last 8 years. 6 months ago his medical ordered a taper.

ENGAGED in outpatient psychotherapy for 6 months prior to overdose as a condition of his pain contract.

DISMISSIVE of CBT strategies, struggled to apply skills outside of therapy, resistant to taper, angry. Over-used and ran out of pills early in the month.

FEELING desperate when he ran out of prescribed Norco (hydrocodone), he bought a bottle of oxycontin (oxycodone) on the street and overdosed on stronger opioid. 14-year old son found him unresponsive and called 911.

STABILIZED in the hospital at 4.0, then referred to residential rehab (3.5) where he opted to use medication to assist his recovery. He has made slow, steady progress on Suboxone.

COMPLETED 1 month at 3.5, then another month at 3.1. Requesting an additional 30 days at Level 3.1.

Dimension 1

Acute Intoxication and/or Withdrawal Potential

Does Victor present with symptoms of intoxication or withdrawal? Describe.

No risk currently. Lives in a structured residential setting, meds are administered, no access to street meds stable on Suboxone



Does Victor have a history of serious, life threatening withdrawal or overdose?

Victor experienced a life threatening overdose 2 months ago. He went through withdrawal in the hospital setting, followed by initiation of Suboxone.

Prior to hospitalization he did habitually experience withdrawal symptoms as he ran short of pain meds each month.

He purchased narcotics on the street several times out and used heroin twice in the last 6 months when his prescription ran out.

Dimension 2

Biomedical Conditions/Complications

Describe any current health or medical conditions that are impacting recovery.

Injury to neck and back post-snowmobile accident at the age of 41 with multiple surgeries.

Traumatic Brain Injury with persisting cognitive deficits

Obesity (BMI – 37.8)

High Blood Pressure (145/90)

Is Victor taking medications as prescribed? Please list the medication and dosage.

Suboxone (Buprenorphine and naloxone)

Norco discontinued. Staggered doses of acetaminophen and ibuprofen for pain.

Taking medication under supervision in residential program.

Dimension 3

Emotional/Behavioral/Cognitive Conditions

Current co-occurring emotional, behavioral or cognitive disorders that impact recovery

Cognitive deficits following TBI 8 years ago.

Struggles to retain new information, Extent of impairment is unknown.

Grief over loss of cognitive function, vocation, and divorce (2 year ago).

Current ideation, plan or intent to harm self or others? Past attempts? Lethality?

No current ideation, plan or attempt.

He did struggle with suicidal thoughts when he was going through a divorce.

Has Victor been prescribed psych meds? List meds/dosage.

Suboxone (as described in biomedical)

Dimension 4

Readiness to Change

Describe Victor's motivation to change behavior.

Victor is ambivalent

Alarmed by his behavior; Frightened by the near fatality of his overdose.. Shame and guilt for frightening his family.

Angry a medical decision to titrate opioid dosage when it was "working".

Admits suboxone does reduce craving, but insists it does not reduce pain the way Norco did.

Describe Victor's engagement in treatment. Does his family participate?

Currently engaged in treatment without family participation;

Expressed interest in talking to his children about addiction "soon". No family work yet.

Practices skills for managing pain and cravings with his counselor and in groups. Seems to forget between sessions.

The Right Service to the Right Person at the Right Time Series: Substance Use Disorders

Dimension 5

Relapse/Continued Use Problem Potential

What factors might place Victor at risk right now for relapse?

Chronic pain with limited skills to manage it.

Social isolation, lack of partner or support from close friends.

What is Victor's history of and response to treatment? Include hospitalizations.

Prior to hospitalization Victor was engaged in outpatient CBT therapy

Seemed resistant

In the last month, has demonstrated more spontaneous engagement and a willingness to talk to his sons about his substance use disorder.

Dimension 6

Recovery Environment

Describe Victor's home/living environment. Recovery supports? Risks to safety and sobriety?

Single father with limited social support. Has been disinterested in developing his own social network since divorce. I "keep to myself."

Would like to resume shared physical custody of children but his ex-wife is resistant. He expresses uncertainty about his ability to safely parent at this stage of his recovery. Needs to learn to manage parenting stressors while maintaining MAT.

Describe Victor's ability to fulfill obligations at home, work or school.

Receives disability income, is maintaining rent on his subsidized apartment with help of case manager.

He independently maintains good hygiene, has begun to practice skills in counseling sessions for managing pain as well as craving.

The Right Service to the Right Person at the Right Time Series: Substance Use Disorders

What is the right service for Victor right now?

Service Authorization Request: Medical Necessity Section

20. Medical Necessity Description – Complete for ALL requests: attach separate paper if necessary. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

RISK RATING: 0 (LOC dependent on risk in other Dimensions)

CLINICAL DETAILS TO SUPPORT RATING: No withdrawal risk. He is in a structured setting and stable on suboxone. Recent high risk history. See attached assessment.

Dimension 2: Biomedical Conditions and Complications

RISK RATING: 2 (Consider LOC 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Sustained traumatic brain injury as well as injury to neck and back post-snowmobile accident at the age of 41 with multiple surgeries. Chronic back/neck pain, headaches, persisting cognitive deficits. Pain managed in structured setting with ibuprofen/acetaminophen. Addiction managed with Suboxone. Victor reports reduced pain on Suboxone as well.

Service Authorization Request: Medical Necessity Section (Cont.)

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

RISK RATING: 3 (Consider LOC 3.3)

CLINICAL DETAILS TO SUPPORT RATING: Moderate risk/needs support for cognitive limitations which only emerged following TBI 7 years ago. It has become more apparent to treatment team that Victor struggles to retain new information or skill, seems genuinely confused when asked to recall or implement learned skills between sessions. **Extent of cognitive impairment is unknown.** It is also noteworthy that Victor has recently begun sharing grief and perceptions of inadequacy over loss of cognitive abilities, loss of vocation and divorce (2 year ago), reporting “I’m a loser.” ✓

Dimension 4: Readiness to Change

RISK RATING: 2 (Consider LOC 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Victor is ambivalent about change. His engagement can be described as variable. He needs near daily monitoring and support. He is motivated by awareness that his to illegally purchase, then abuse prescription meds indicated a loss of control. He express fear that he might have died. Also expressed shame and guilt for frightening his family. In the last week, he was demonstrated readiness to include his sons in family counseling. Motivation is reduced by his belief that narcotics are the only effectively reduce his pain.

Service Authorization Request: Medical Necessity Section (Cont.)

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Risk Rating: 2 (Consider LOC 2.5)

CLINICAL DETAILS TO SUPPORT RATING: In this structured treatment setting, with near daily monitoring and support, Victor is at a moderate risk of relapse. If that support was removed, he would be at higher risk. Historically, he felt coerced to participate in therapy per a pain contract in order to continue receiving any amount of narcotic from medical doctor. He remains compliant with medication assisted treatment (Suboxone).

Dimension 6: Recovery/Living Environment

Risk Rating: 2 (Consider LOC 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Single father with limited social support outside of residential treatment. Within the treatment milieu he is well supported both by the structure and the sober relationships he is developing among peers.

As he prepares to transition to outpatient care, it should be noted that he has been disinterested in developing his own social network since divorce. I “keep to myself.” Able to care for his own health, hygiene, and daily living needs in residential treatment. It should be noted that he may need support with budgeting in order to sustain housing when he returns home.

Victor's Service Authorization Decision

OUTCOME: APPROVED

Care Advocate Observations:

Victor's highest risk score was in Dimension 3, in part due to a cognitive impairment (TBI)

He may be eligible for 3.3 given his special learning needs, but she learned there were no 3.3 residential facilities in his region.

Care Advocate Consultation:

Discussed Victor's needs with clinical team, seeking guidance on what to do in such situations.

Clinical team suggested testing and consultation with neuropsychologist for recommendations which might enhance learning and recovery efforts.

Care advocate called provider to let them know the Service Auth was approved and passed forward this recommendation from Optum clinical team.

Service Authorization Decision: Scenario A

OUTCOME: DENIED

- Service Authorization Request form submitted without enough information to support LOC 3.1
- SUD assessment completed by Victor's outpatient therapist 6 months ago was attached as support for medical necessity.
- Care Advocate was unable to reach Directing Clinician to collect current information, denied request for administrative reasons (lack of current data on client's functioning).

20. Medical Necessity Description – Complete for ALL requests: attach separate paper if necessary. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.
NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Risk Rating: 2

Clinical Details to support rating: See attached

Dimension 2: Biomedical Conditions and Complications

Risk Rating: 3

Clinical Details to support rating: See attached

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

Risk Rating: 3

Clinical Details to support rating: See attached

Dimension 4: Readiness to Change

Risk Rating: 2

Clinical Details to support rating: See attached

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Risk Rating: 3

Clinical Details to support rating: See attached

Dimension 6: Recovery/Living Environment

Risk Rating: 2

Clinical Details to support rating: See attached

Service Authorization: Scenario B

OUTCOME: PARTIALLY APPROVED

Victor completes another 30 days at LOC 3.1 as approved.

Facility was able to coordinate a Neuropsych Eval, implemented suggestions to help him learn, retain and apply skills.

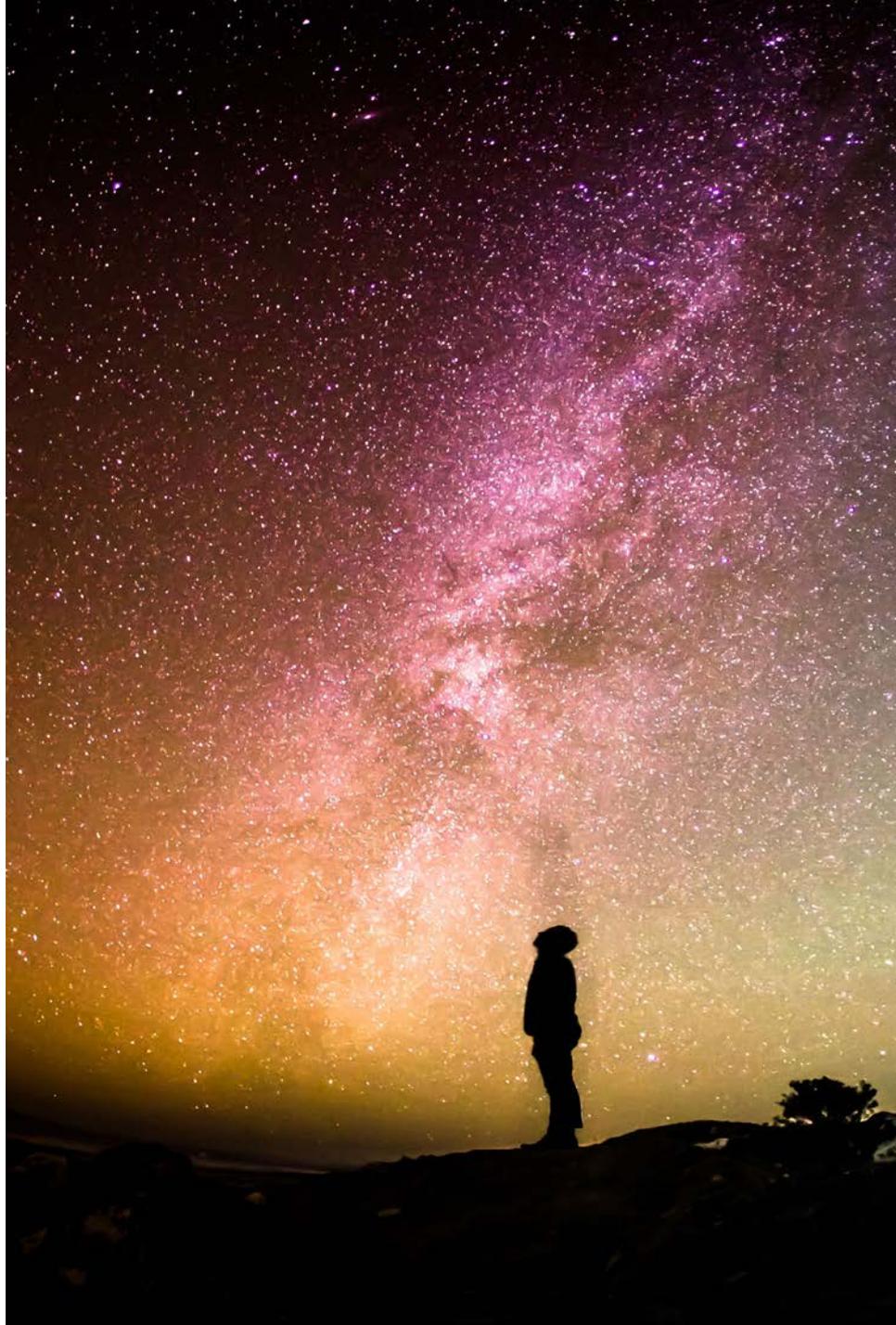
Consistently taking his suboxone and applying recovery skills in structured, supportive environment.

Facility requests additional 30 days; however, updated evaluation using ASAM criteria, suggest his highest risk levels have dropped to 2. Care advocate unable to substantiate need for continuing 3.1. Refers to Optum Alaska Psychiatrist for review.

Psychiatrist calls directing clinician and, together, they develop a transition plan. Psychiatrist authorizes 2 more weeks of 3.1 w/transition to PHP program.

Sam

18-year-old, single, Native Alaskan female, living in a small village



Sam's Story

SAM is a recent high-school graduate, steadily increasing consumption of alcohol and marijuana since the 9th grade. Village safety officers often brought her home late at night during her teen years when she was discovered after curfew drinking with friends.

SIX months ago she was arrested, jailed overnight and placed on probation after driving under the influence and running her family car into the ditch. She was placed on probation for 1 year.

AS a condition of probation, she was required to complete a Substance Use Disorder Assessment and follow recommendations of a chemical dependency counselor.

DIAGNOSED with an Alcohol Use Disorder, Moderate and Cannabis Use Disorder, Mild. Participated in LOC 2.1 Intensive Outpatient Program for about 3 months following court order, then transitioned to outpatient counseling. A week ago she relapsed and has been struggling with profound cravings and depressed mood. Counselor recommended returning to IOP for 6 weeks.

Dimension 1

Acute Intoxication and/or Withdrawal Potential

Does person present with symptoms of intoxication or withdrawal? Describe.

No signs of withdrawal. She did relapse a week ago, but, otherwise, has been sober for the last 6 months. She does continue to use marijuana, about “3 bowls” each week.

Does participant have a history of serious, life threatening withdrawal? Describe.

No history of serious, life threatening withdrawal.

Dimension 2

Biomedical Conditions/Complications

Describe any current health or medical conditions that are impacting person's recovery.

Sam is generally physically healthy with no medical conditions that may impact her recovery. She is a young woman of small stature and has lost 10 pounds in the last month, going from a BMI of 20.8 to a BMI of 18.9.

She tends to wear baggy clothes which do not easily reveal the new frailty.

Are they taking medications as prescribed? Please list the medication and dosage.

Sam is not currently taking medications for health conditions

Dimension 3

Emotional/Behavioral/Cognitive Conditions

Co-occurring emotional, behavioral, cognitive disorders?

Depressed mood, excessive sleep, lack of motivation, saying someone needs to “make me do the work.” Weight loss, although her BMI is above 18. Upcoming appointment w/ psychiatrist for assessment of mood disorder and for help monitoring potential eating disorder.

Current ideation, plan or intent to harm self or others. Past attempts? Lethality?

Significant suicidal ideation while in jail 6 months ago. Currently, she reports:
“Sometimes the thought is there but, I can’t do it. I can’t do that to my family.”

Denied plan or intent to harm self or others. She also denied any history of such.

Prescribed psychotropic medications? Taking as prescribed? List meds/dosage.

Referred for a psychiatric appointment. Scheduled to see psychiatrist via telehealth next week. No meds currently.

Dimension 4

Readiness to Change

Describe this person's motivation to change behavior.

Motivated by fear of legal consequences (jail), which has escalated since her relapse.

While engaged in IOP, she reported her mother was an alcoholic, referring to alcoholism as her "mother's demon." After her relapse, she expressed anxious thoughts that the demon, Alcohol, may be stronger than her. She does not want it to "ruin my life."

Describe how the person (and family) engages in treatment.

Engaged in OP therapy with an LPC 1x week (State Plan), a CDC 1x/week (State Plan) and has returned to the IOP group (1115 SUD) 1x/week.

Quiet in groups per her personality. Attends as scheduled. More engaged in recent weeks, though she did retreat after her relapse. Demonstrates to counselor that she is learning skills, developing trust.

Grandmother participated in family groups. Dad would like to participate but has been fishing, now home.

Dimension 5

Relapse/Continued Use Problem Potential

What factors might place this person at risk right now for relapse?

✓ Sam has experienced an escalation of cravings, dreams of using, has easy access to drug/alcohol and limited structure or accountability.

She does continue to use marijuana, though in far lesser amounts than she was using up to 3 months ago.

Her diet and sleep habits are poor. She has depressed mood.

What is participant's history of and response to treatment? Include hospitalizations.

Sam has never been hospitalized or participated in treatment at a higher level. She is making a good effort to participate in outpatient treatment, and is using IOP to help remain alcohol-free. She denies that marijuana use is compromising her in any way.



Dimension 6

Recovery Environment

Describe participant's home/living environment. Recovery supports? Risks to safety and sobriety within the home?

Sam feels safe at home. She lives with her grandmother and a younger brother. Her father engages in a subsistence lifestyle, fishing, hunting. He also carves and frequently travels to shows. So he is rarely home.

Her grandmother is clean and sober. Sam can also identify one sober friend. Her dad doesn't drink but does smoke weed in the house when he returns to the village.

Weed and alcohol are readily available in her household and village. Her grandmother has engaged in counseling sessions and may help set household sobriety rules that support Sam.

Describe participant's ability at this time to fulfill obligations at home, work or school; Social Interactions? Self Care?

Sam demonstrates adequate self-care and she maintains a part-time job; however, she has not engaged in subsistence activities in many months.

She has lost motivation to fish, hunt or otherwise contribute to the family. She is learning to structure her daily activities again, without drugs and alcohol.

She is fearful of engaging in social activities or hanging out with her friends. She does not feel like she has the coping skills or supports, yet, to re-engage in her life without alcohol use. She isolates a great deal.



What is the right service for Sam right now?

Service Authorization Request: Medical Necessity Description

20. Medical Necessity Description – Complete for ALL requests: attach separate paper if necessary. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

RISK RATING: 0 Low Risk/No Difficulty (Consider LOC .5)

CLINICAL DETAILS TO SUPPORT RATING: Relapsed on alcohol 5 days ago, no acute intoxication, no signs of withdrawal at this time. She has continued to use marijuana (“three bowls”/week). No history of serious, life threatening withdrawal

Dimension 2: Biomedical Conditions and Complications

RISK RATING: 1 Mild Risk (Consider LOC 1.0)

CLINICAL DETAILS TO SUPPORT RATING: Sam presents as physically healthy with no medical conditions that may impact her recovery. Experiencing weight loss with a reduction in BMI from 20.8 to 18.9. This may be a symptom of depression but should be monitored. She tends to wear baggy clothes which do not easily reveal the new frailty. Sam is not currently taking medications for health conditions.

Service Authorization Request:

Medical Necessity Description

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

Risk Rating: 2 Moderate Risk/Impairment (Consider LOC: 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Struggling with depressed mood, loss of appetite and excessive sleep. She reports lack of motivation, saying she needs someone to “make me do the work.” Loss of appetite and weight loss in last month. Upcoming appointment with psychiatrist to assess and treat mood disorder, r/o eating disorder. Isolating at home, often in her own room. She did have suicidal ideation while in jail 6 weeks ago.. Currently denies, saying: “No, I couldn’t do that to my family.” No history of harm to self or others. Psychiatric appt scheduled next week.

Dimension 4: Readiness to Change

Risk Rating: 2 Moderate Risk/Impairment (Consider LOC 2.1 or 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Sam has strong external motivation factors as she is fearful of legal consequences, knowing she could go to jail for violating probation. She is also developing internal motivation, sharing awareness that she may have her “mother’s demon” (addiction). She does not want the “demon” to ruin her life. She does engage in treatment, albeit still with some passivity, or, more accurately, a shy, introverted style. Her grandmother has also participated in family groups.

Service Authorization Request:

Medical Necessity Description

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

RISK RATING: 2 Moderate risk of relapse (Consider LOC 2.1 or 2.5)

CLINICAL DETAILS TO SUPPORT RATING: Sam continues to struggle with cravings, dreams of using, has easy access to drug/alcohol and limited structure or accountability. She is still using marijuana to regulate her moods, denying any negative consequences for “weed.”

Dimension 6: Recovery/Living Environment

RISK RATING: 2 (Consider LOC 2.1)

CLINICAL DETAILS TO SUPPORT RATING: Sam feels safe at home; however, she and her family need education and support to help Sam with her recovery. Sam lives with her grandmother and a younger brother. Her father also lives with them at times. Her grandmother is clean and sober. Her dad doesn't drink but does smoke weed in the house when he returns to the village. Her grandmother, during counseling sessions, has demonstrated willingness to set household sobriety rules that support Sam.

Marijuana is readily available in her household; Marijuana and alcohol are readily available in her village. There is significant pressure from peers to use and Sam's shyness makes it hard for her to say “no” under pressures. She will need help identifying community supports and practice resisting peer pressure. Sam can identify a sober friend who will be a support to her.

Sam also needs support to re-engage more fully in the healthy aspects of her life at home, such as hunting, fishing.

Sam's Service Authorization Decision

OUTCOME: APPROVED

Care Advocate received adequate information to score ASAM criteria, had scores very close to directing clinician. Service Authorization for IOP was approved.

Possible Service Authorization Scenarios

OUTCOME: DELAYED/DENIED

- A. The Service Authorization Request form was submitted after IOP services were initiated. Providing agency was not aware for several weeks that Sam had exhausted her service limits. It was therefore treated as a retrospective (or retroactive) SA Request. Retroactive service auth was redirected from Care Advocate to Optum **Alaska** Clinical Team for review. While ultimately approved, facility waited another month for a determination, well after Sam had transitioned from IOP, OR
- B. The retroactive service auth request lack adequate description of medical necessity and was denied.

NOTE: Retroactive services authorizations may be submitted but any services billed beyond the state fiscal year limit, without an approved SA, may be denied. Additionally, submission of an SA does not guarantee the provider has adequately justified medical necessity for a continued stay.



OPTUM[®]