



## **PROCEDURE FOR REFERRALS TO JFK ADATC ADULT RESIDENTIAL SERVICES (ARS)**

January 15, 2015:

Referrals for ARS services at Julian F. Keith Alcohol and Drug Abuse Treatment Center in Black Mountain, NC can be submitted by a number of sources: hospitals, crisis/detox centers, outpatient treatment providers, case managers, care coordinators/liaisons, etc. Residential treatment at ADATC is a planned and voluntary admission and should not be used for crisis or acute treatment needs. If the referral is a crisis situation, Customer Services should be contacted at 888-235-4673 (HOPE) to initiate crisis services, and a referral to the Acute Care Unit (ACU) can be made through the Customer Services Department.

For planned admissions to Residential Treatment Services at ADATC, there is a procedure that should be followed to obtain the LME/MCO authorization that JFK ADATC needs to process the referral. First, please note that only individuals eligible for state-funded services and Medicaid recipients require an authorization from the LME/MCO. Individuals with private insurance or Medicare only can be referred directly to JFK ADATC, as they would need to coordinate benefits with the payor source. Second, all referrals to the ADATC ARS program must meet ASAM 3.7 Level of Care criteria. Third, all referrals to the ADATC ARS program must be voluntary. Residential rehabilitation at ADATC is a “by choice” service and takes place on an open campus. The ARS program cannot accommodate involuntary referrals.

The following documents are required for ALL ADATC referrals and need to be faxed to the attention of the **ADATC UM Care Manager at 704-884-2701**:

**Regional Referral Form** (RRF, revised July 2014): This is the 3-page state form for referrals to any state facility. It should be filled out completely, including all demographic information, Substance Use history, any hospitalizations in the previous 3 months, any previous treatment attempts prior to the referral to ADATC and why those attempts have been unsuccessful. The form should be signed and dated by the clinician making the referral (please make sure that the name is legible, print name if needed). The RRF is available on the Partners BHM website. Forms with excessive blanks or missing information may be returned to the referring agent for additional information.

**A General Release of Information for JFK ADATC**: Referring agents can use their agency’s standard release of information form, allowing for a release of information related to a referral for services to JFK ADATC. This release should be reciprocal, as it will allow JFK ADATC to make direct contact with the referred individual if they feel it is necessary to determine a person’s appropriateness for services there. JFK ADATC will not process a referral without a release of information; therefore, no referrals will be approved and forwarded to JFK ADATC without a release.

**ASAM Risk Severity Profile**: Because space for adding information to the RRF is limited, Partners BHM UM is requesting that an ASAM Risk Severity Profile (available on the Partners BHM website) be completed for each referral to provide clinical support for the need for ASAM 3.7 Level of Care. If a Comprehensive Clinical Assessment (or a History and Physical for hospital referrals) has been completed recently (within the last 3 months), this can be submitted instead of a Risk Severity Profile.

**Person-Centered Plan (or Treatment Plan)**: The RRF states that if there is a PCP or treatment plan (inclusive of crisis plan) available, it should be included with the referral.

In addition to the above required forms, other information may need to be submitted with a referral for ADATC ARS. If an individual was hospitalized within the past 3 months, a discharge summary from the hospital should be included. If the individual is currently hospitalized, it is requested that the hospital send a copy of the History and Physical, as well as the most recent laboratory results and a Medication Administration Record (MAR). Also, once a referral is received for review by Utilization Management, the Care Manager may contact the referring agent for any additional clinical information deemed necessary to determine medical necessity for the requested level of care. If additional information is requested, the RRF will be held (pending) until the information is provided or for 30 days, whichever comes first. A referral that has not been approved within 30 days is no longer a valid referral and a new referral, with updated information, would need to be completed.

**IMPORTANT – Certificate of Need (CON)**: if the referred individual is under the age of 21, whether the individual is state-funded or has Medicaid, a Certificate of Need (CON) is **required to accompany the RRF**. The CON form is available on the Partners BHM website and requires the signature of an MD and a licensed member of the individual’s treatment team verifying the need for the requested level of care. Any referral for an individual under 21 without a CON will not be processed. When requested, the CON needs to be provided within 30 days of the referral date or the referral will be deemed invalid. Please note that ADATC may request an updated CON if there is an extended wait for an admission date assignment, as the CON is a time limited document.

Once all documentation is gathered to make a medical necessity decision, the Care Manager will both approve the referral and forward all information to ADATC for their review or the referral will be denied and the Care Manager will attempt to notify the referring agent of this decision. Once a referral is approved and sent on to ADATC, it is then the responsibility of the Partners BHM ADATC Liaison to track the status of the referral and notify the individual of the scheduled admission date. Questions about the status of an approved referral should be directed to the Liaison.

Lead UM ADATC Care Manager: Robert Foster, LPC, LCAS	336-527-3245
Partners BHM ADATC Liaison: Shenitra Turner	704-928-4563