

Member Name: [Type text]

ID#: [Type text]

SAR#: [Type text]

Provider: [Type text]

Requested Date Range: **Error! AutoText entry not defined.** Review Type: [] Initial [] Concurrent

Service Review Criteria

Substance Abuse Medically Monitored Community Residential Treatment		
<u>Clinical Coverage Policy 8A</u>		
<u>State-Funded MH/SA/DD Service Definitions</u>		
<u>Service Code H0013</u>		
<u>Pre-Review</u>		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
Review for HUM 26: immediate health/safety concerns. If MET, refer to medical staff and outreach phone call to Provider. Please note concerns here and in the Clinical Justification:		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
Review for expedited criteria. If not met, notify provider and take off of expedited status.		
Review for Unable to Process Criteria		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The requested effective start date does not precede the submission date of request. If unjustified retro request, then “unable to process” .
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The dates of the request do not overlap with an existing authorization for the same service. If not met, make documented contact with provider to verify intended request dates. Can adjust authorized dates as requested by provider. Please note here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The number of units requested match service requested. If not met, make documented contact with provider to verify intended request units/dates. Can adjust authorized dates as requested by provider. Please note here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The SAR is submitted no more than 30 days before requested start date. If not met, then unable to process .
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The SAR is submitted with ICD-10 codes. If not met, then “unable to process” .
Review for Administrative Denial:		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The PCP is present, which includes SAMMCRT, frequency and provider. If none present, then contact the provider to request and give deadline to submit. If no response, “administratively deny” the request.
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Initial PCP and/or Annual PCP Rewrite have signed service order and written date by Approved Signatory. In addition, the following are also present: <ul style="list-style-type: none"> ➤ Member and/or Legally Responsible Person signature ➤ Person Responsible for PCP signature ➤ Attestation boxes checked by Approved Signatory If not met, contact the provider to request and give deadline to submit. If no response, “administratively deny” the request.
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The Comprehensive Crisis Plan is present and complete. If none present, then contact provider and give a deadline to submit. If no response, “administratively deny” the request.

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<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The Comprehensive Clinical Assessment and/or Addendum is present and supports request (to include DSM 5 diagnosis). If not included, then document call to provider. If not provided by deadline, administratively deny .
Other Items of Review:		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	If Medicaid member and under 21, review for EPSDT. LOCUS/CALOCUS/ASAM score is noted and in SAR or other documentation. If child is age 5 or younger, CANS assessment is provided. If not, then contact the provider to request and give deadline to submit. If no response, input Quality of Care comment. <ul style="list-style-type: none"> ➤ <i>Recommended LOCUS/CALOCUS Level 3-5</i> ➤ <i>Recommended ASAM Level 1-2.5</i> If necessary, review and/or request LOCUS/CALOCUS/ASAM worksheet; If not present, can NOT administratively deny.
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Check to see if a Care Coordinator has been assigned to the member. If so, indicate whether you have reviewed the most recent Care Coordination notes here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	The Member's Name, DOB, MRN and MID number are present and accurate in necessary places (i.e. PCP, CCA, Service Notes, etc)? If not contact Provider for clarification. Report to appropriate HIPAA personnel if violation has occurred.
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Is there evidence of active discharge planning with any concurrent requests? Consider reviewing for the following elements: <ul style="list-style-type: none"> ➤ anticipated discharge date ➤ barriers to discharge ➤ anticipated discharge level of care ➤ efforts made to coordinate discharge appointment If not, then make documented call to provider to request.
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Review for past denials or partial approvals within this current episode of care. Consider implications of previous decisions/recommendations and need for clinical staffing. Please note here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Are the requested days/units within the MCO guidelines? If not, make documented contact with provider to verify intended request dates/units. Can adjust authorized dates/units as requested by provider or educational notice to match Clinical Coverage Policy. Please note here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	Length of stay in current service. Note here:

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<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A	If DSS/DJJ/Legal involvement, a tag has been created in AlphaMCS. Note status of involvement here:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A	FOR STATE FUNDED , is the State Funded Benefit Plan accurate? Please add the following verification statement to the Justification Statement: "There is evidence to support the member meets the eligibility criteria of the Benefit Plan identified":
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> N/A	Review for Service Exclusions. Check Claims for participation in & billing of other services. Check SARs for approved services. If there are Service Exclusions, contact Provider for clarification. For Child Medicaid (under age 21) EPSDT criteria may apply. For Adult Medicaid (age 21 & over) staff with supervisor for possible peer review. State Benefit Plan does not allow exclusionary services, resulting in UTP. Indicate the date you checked the claims module here, if applicable. Also, note services and provider explanation, if applicable:

Substance Abuse Medically Monitored Community Residential Treatment <u>Clinical Coverage Policy 8A</u> <u>State-Funded MH/SA/DD Service Definitions</u> <u>Service Code H0013</u> <u>Entrance Criteria</u>		
The member is eligible for this service when ALL of the following criteria are met:		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	A. There is an Axis I diagnosis of a substance abuse disorder. As evidenced by:
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	B. Meets ASAM Level 3.7 criteria. 1. The member who is appropriately admitted to a Level 3.7 program meets specifications in at least two of the six dimensions, at least one of which is in Dimension 1, 2, or 3. a. D1/Acute Intoxication and/or Withdrawal Potential: See "The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, Third Edition, 2013" separate withdrawal management chapter for how to approach "unbundled" withdrawal management for adults.

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		<p>b. <u>D2/Biomedical Conditions and Complications:</u> The member's status in Dimension 2 is characterized by one of the following:</p> <ol style="list-style-type: none">1. The interaction of the member's biomedical condition and continued alcohol and/or other drug use places the member at significant risk of serious damage to physical health or concomitant biomedical conditions (such as pregnancy with vaginal bleeding or ruptured membranes, unstable diabetes, etc.); or2. A current biomedical condition requires 24-hour nursing and medical monitoring or active treatment but not the full resources of an acute care hospital. <p>c. <u>D3/Emotional, Behavioral or Cognitive Conditions and Complications:</u> Problems in Dimension 3 are not necessary for admission to a Level 3.7 program. However, if any of the Dimension 3 conditions are present, the member must be admitted to a co-occurring capable or co-occurring enhanced program (depending on his or her level of function, stability, and degree of impairment). [Please see page 273-274 for explanation of "Co-Occurring Capable Programs/Co-Occurring Enhanced Programs"]</p> <p>d. <u>D4/Readiness to Change:</u> The member's status in Dimension 4 is characterized by at least one of the following:</p> <ol style="list-style-type: none">1. Despite experiencing serious consequences or effects of the addictive disorder and/or behavioral health problem, the member does not accept or relate the addictive disorder to the severity of the presenting problem; OR2. The member is in need of intensive motivational strategies, activities and processes available only in a 24-hour structured, medically monitored setting; OR3. The member needs ongoing 24-hour psychiatric monitoring to assure follow through with the treatment regimen, and to deal with issues such as ambivalence about adherence to psychiatric medications and a recovery program. <p>e. <u>D5/Relapse, Continued Use, or Continued Problem Potential:</u> The member's status in Dimension 5 is characterized by at least one of the following:</p>
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		<ol style="list-style-type: none">1. The member is experiencing an acute psychiatric or substance use crisis, marked by intensification of symptoms of his or her addictive or mental disorder (such as poor impulse control, drug seeking behavior, or increasing severity of anxiety or depressive symptoms). This situation poses a serious risk of harm to self or others in the absence of 24-hour monitoring and structured support; OR2. The member is experiencing an escalation of relapse behaviors and/or reemergence of acute symptoms, which places the member at serious risk to self or others in the absence of the type of 24-hour monitoring and structured support found in a medically monitored setting (for example, Driving Under the Influence (DUI), or not taking life-sustaining medications); OR3. The modality or intensity of treatment protocols to address relapse require that the member receive care in a Level 3.7 program (such as initiating or restarting medications for medical or psychiatric conditions, an acute stress disorder, or the processing of a traumatic event) to safely and effectively initiate antagonist therapy (such as naltrexone for severe opioid use disorder), or agonist therapy (such as methadone or buprenorphine for severe opioid use disorder). <p>f. <u>D6/Recovery Environment:</u> The member's status in Dimension 6 is characterized by at least one of the following:</p> <ol style="list-style-type: none">1. The member requires continuous medical monitoring while addressing his or her substance use and/or psychiatric symptoms because his or her current living situation is characterized by a high risk of initiation or repetition of physical, sexual, or emotional abuse, or active substance use, such that the member is assessed as being unable to achieve or maintain recovery at a less intensive level of care. For example, the member is involved in an abusive relationship with an actively using significant other; OR2. Family members or significant others living with the member are not supportive of his or her recovery goals and are actively sabotaging treatment, or their behavior jeopardizes recovery efforts. This situation requires structured treatment services and relief from the home environment in order for the member to focus on recovery; OR
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		<p>3. The member is unable to cope, for even limited periods of time, outside of 24-hour care. The member needs staff monitoring to learn to cope with Dimension 6 problems before he or she can be transferred safely to a less intensive setting.</p> <p>As evidenced by:</p>
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<u>Substance Abuse Medically Monitored Community Residential Treatment</u> <u>Clinical Coverage Policy 8A</u> <u>State-Funded MH/SA/DD Service Definitions</u> <u>Service Code H0013</u> <u>Continued Stay Criteria</u>		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP or the member continues to be at risk for relapse based on history or the tenuous nature of the functional gains or ANY of the following applies</p> <p>As evidenced by:</p> <ol style="list-style-type: none"> 1. Member has achieved positive life outcomes that supports stable and ongoing recovery and services need to be continued to meet additional goals. 2. Member is making satisfactory progress toward meeting goals. 3. Member is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible or can be achieved. 4. Member is not making progress; the PCP must be modified to identify more effective interventions. 5. Member is regressing; the PCP must be modified to identify more effective interventions.

<u>Substance Abuse Medically Monitored Community Residential Treatment</u> <u>Clinical Coverage Policy 8A</u> <u>State-Funded MH/SA/DD Service Definitions</u> <u>Service Code H0013</u> <u>Discharge Criteria</u>		
<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	<p>Member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and ANY of the following apply:</p>

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		As evidenced by:
<ol style="list-style-type: none">1. Member has achieved positive life outcomes that support stable and ongoing recovery.2. Member is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services.3. Member no longer wishes to receive MMCRT services. (Note that although a member may no longer wish to receive MMCRT services, the member must still be provided with discharge recommendations that are intended to help the member meet expected outcomes).		

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<input type="checkbox"/> Approved <input type="checkbox"/> Send to peer review	
Reviewer Name, Credentials:	Date:
Clinical Justification/Reason for Peer Clinical Review:	
Medicaid:	
Based on clinical review, member meets [Entrance/Continued Stay] Criteria for [SERVICE], outlined in Clinical Coverage Policy [CCP#], as evidenced by: [CLINICAL RATIONAL]. Authorized from [Date Range]. Authorization is not a guarantee of payment. Claims payment is dependent upon member funding eligibility during authorization period and contract of the service provider.	
State:	
Based on clinical review, member meets [Entrance/Continued] stay criteria as outlined in NC MHDDSAS State-Funded Enhanced Services for [SERVICE], as evidenced by [CLINICAL RATIONALE]. Authorized from [Date Range]. Authorization is not a guarantee of payment. Claims payment is dependent upon member funding eligibility during authorization period and contract of the service provider. There is evidence to support the member meets the eligibility criteria of the Benefit Plan identified: Click or tap here to enter text.	