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Document Scope: (applies to Policy & Procedure only)

- – The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- X The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers[2].
- – The requirements herein apply both to GCBH BH-ASO and its network providers[2]. Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To provide an overview of the Utilization Management requirements for Greater Columbia Behavioral Health Administrative Service Organization.

DEFINITIONS

I. Action: The denial or limited authorization of a Contracted Service based on medical necessity.

II. Adverse Authorization Determination: The denial or limited authorization of a requested Contracted Services for reasons of medical necessity (Action) or any other reason such as lack of Available Resources.

III. Available Resources: Funds appropriated for the purpose of providing behavioral health programs. This includes federal funds, except those provided according to Title XIX of the Social Security Act, and state funds appropriated by the Legislature.

IV. Behavioral Health Services: Mental health and/or substance use disorder treatment services provided by a Behavioral Health Agency (BHA) licensed by the State of Washington to provide these services.

V. Behavioral Health Administrative Services Organization (BH-ASO): An entity selected by HCA to administer behavioral health programs, including Crisis Services and Ombuds for Individuals in a defined Regional Service Area (RSA), regardless of an Individual's ability to pay, including Medicaid eligible members.

VI. Community Mental Health Agency (CMHA): A behavioral health agency that is licensed by the state of Washington and certified to provide mental health services.

VII. Crisis Relief Center (CRC): Agencies certified to provide 23-hour crisis relief services, must meet the service standards in WAC 246-341-0903, and provide an alternative to emergency departments for people experiencing a behavioral health crisis by providing a no-wrong door, no-barrier approach to accessing crisis stabilization services.

VIII. Crisis Stabilization Units (CSU): Agencies certified to provide Crisis Stabilization or Triage Services on a voluntary and involuntary basis and must meet the standards for residential and inpatient behavioral health services in WAC 246-341-1105, WAC 246-341-0640, and applicable standards in WAC 246-341-1131 if providing involuntary services.

[1]See definitions of document types in AD100, "Development, Approval & Review of Formal GCBH BH-ASO Documents"
[2]Network Provider" – An organization with which GCBH BH-ASO is contracted for the provision of direct services.

IX. Evaluation and Treatment: Services provided for Individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self-due to the onset or exacerbation of a psychiatric disorder. Services are provided in freestanding inpatient residential (non-hospital/non-Institution for Mental Disease (IMD) facilities) licensed and certified by DOH to provide medically necessary evaluation and treatment to the Individual who would otherwise meet hospital admission criteria.

X. Evaluation and Treatment Facility: Any facility which can provide directly, or by direct arrangement with other public or private agencies, emergency evaluation and treatment, outpatient care, and timely and appropriate inpatient care to persons suffering from a behavioral health disorder and who are at risk of harm or are gravely disabled, and which is licensed or certified as such by DOH. (RCW 71.05.020)

XI. GCBH BH-ASO: Greater Columbia Behavioral Health Administrative Services Organization, LLC.

XII. General Fund State/Federal Block Grants (GFS/FBG): The services provided by GCBH BH-ASO under this Contract and funded by Federal Block Grants or General Fund State (GFS).

XIII. Health Care Authority (HCA): The Washington State Health Care Authority, any division, Section, office, unit or other entity of HCA or any of the officers or other officials lawfully representing HCA.

XIV. Inpatient/Residential Substance Use Treatment Services: Rehabilitative services, including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward Individuals who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. Techniques have a goal of abstinence (assisting in their Recovery) for Individuals with SUDs. Provided in certified residential treatment facilities with sixteen (16) beds or less. Excludes room and board. Residential treatment services require additional program-specific certification by DOH, and include:

a. Intensive inpatient services

b. Recovery house treatment services

c. Long-term residential treatment services

d. Youth residential services

e. Involuntary Treatment Act Services

XV. Involuntary Treatment Act Services: Those services and Administrative Functions required for the evaluation and treatment of individuals civilly committed under the ITA in accordance with Chapters 71.05 and 71.34 RCW,

XVI. Level of Care Guidelines: The criteria GCBH BH-ASO uses in determining the scope, duration and intensity of services to be provided.

XVII. Medical Necessity – Medically Necessary Services: A requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the Individual that endanger life, cause suffering of pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more

conservative or substantially less costly course of treatment available or suitable for the Individual requesting the service. "Course of treatment" may include mere observation or, where appropriate, no treatment at all.

XVIII. Notice of Action (NOA): A written notice that must be provided to Individuals to inform them that a requested Contracted Service was denied or received only a limited authorization based on medical necessity. The NOA will include an indication as to the date of approval by the HCA.

XIX. Notice of Adverse Benefit Determination: A written notice that must be provided to Individual's to inform them that services, available per GCBH BH-ASO's policy and procedures, have not been authorized for any reason other than for medical necessity (Action), and the reason for this determination. A Notice of Determination must contain the following:

a. The reason for denial or offering of alternative services, in easily understood language and citing any criteria that were used in making the decision (as well as where those criteria can be found).

b. A description of alternative services, if available.

c. A statement of whether the Individual has any liability for payment.

d. Information on whether or how the Individual can appeal the decision. The Individual's right to receive GCBH BH-ASO's assistance on filing an appeal and how to request it, including access to services for Individual with communication barriers or disabilities.

e. The date of approval of the Notice's content by the HCA.

XX. Outpatient Services: Includes Brief Intervention; Brief Outpatient Treatment; Intensive Outpatient; Case Management; Day Support; Family Treatment; Group Therapy; High Intensity Treatment; Individual Therapy; Medication Management; Medication Monitoring; Peer Support; Therapeutic Psychoeducation; ASAM level 1 and 2.1.

XXI. Priority Population: Classes of Individual's that meet criteria for priority coverage/funding of services from GCBH BH-ASO per the current HCA-GCBH BH-ASO contract, including:

a. SABG services shall be provided in the following priority order to:

1. Pregnant Individuals injecting drugs.
2. Pregnant Individuals with Substance Use Disorder SUD
3. Women with dependent children
4. Individuals who are injecting drugs or substances.

b. The following are additional priority populations for SABG services, in no particular order:

1. Postpartum women up to one (1) year, regardless of pregnancy outcome.
2. Individuals transitioning from residential care to outpatient care.
3. Youth.

4. Offenders.

XXII. Reduction: The decision by GCBH BH-ASO to decrease a previously authorized covered Medicaid behavioral health service described in the Level of Care Guidelines.

XXIII. Severely Emotionally Disturbed Child (SEDC): A child (under 18 years old) who has been determined by the behavioral health administrative services organization or managed care organization, if applicable, to be experiencing a mental disorder as defined in chapter 71.34 RCW, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:

a. Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years.

b. Has undergone involuntary treatment under chapter 71.34 RCW within the last two years.

c. Is currently served by at least one of the following child serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities

d. Is at risk of escalating maladjustment due to:

1. Chronic family dysfunction involving a caretaker who is mentally ill or inadequate

2. Changes in custodial adult

3. Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or correctional facility

4. Subject to repeated physical abuse or neglect

5. Drug or alcohol abuse

6. Homelessness

e. Manifests some or all the following impairments in function for most of the prior 6 months with an expected duration of at least an additional six months:

1. Impaired functioning in self-care as exemplified by a person's consistent inability to take care of personal grooming, hygiene, clothes, and/or nutritional needs.

2. Impaired functioning in community as exemplified by an Inability to maintain safety without assistance; a consistent lack of age-appropriate/developmental age behavioral controls, decision making, and/or judgment any of which may increase the risk for potential out-of-home placement.

3. Impaired functioning in social relationships as manifested by the consistent inability to develop and maintain normal relationships with peers and adults such as constrictions in their capacities for shared attention, engagement, initiation of two-way effective communication, and shared social problem solving.

4. Impaired functioning in the family as such as a pattern of significantly disruptive behavior exemplified by repeated and/or unprovoked violence to siblings and/or

parents and/or caretakers (e.g., foster parents), disregard for safety and welfare of self or others (e.g., fire setting, serious and chronic destructiveness, inability to conform to reasonable expectations that may result in removal from the family or its equivalent).

5. Impaired functioning at school/work function as manifested by an inability to pursue educational goals in a normal time frame (e.g., consistently failing grades, repeated truancy, expulsion, property damage, violence toward others and/or poor relationships with teachers and or supervisors).

XXIV. Serious Mental Illness (SMI): To be considered as having a Serious Mental illness an individual age eighteen (or over) must have, as a result of a covered diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM)current dysfunction in at least one of the following four (4) domains, as described below. This dysfunction has been present for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months.

a. Manifests an inability to live in an independent or family setting without support (such as neglecting their basic needs or unable to care for self) or,

b. Is at risk of serious harm to self, property or others (such as manifesting assaultive behaviors, is showing a disruption of daily life due to frequent thoughts of death, suicide, or self-harm, often with behavioral intent and/or plan) or,

c. Evidences a persistent dysfunction in role performance such as showing an inability to work, attend school or meet developmentally appropriate responsibilities without significant oversight or,

d. Has a persistent risk of deterioration such as isolation, chronic instability of residence, and/or the need for multiple supports to maintain stability of function.

XXV. Substance Abuse Block Grant (SABG): The Federal Substance Abuse Block Grant Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

XXVI. Substance Use Disorder (SUD): A problematic pattern of use of alcohol and/or drugs that causes a clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school or home.

XXVII. Substance Use Disorder Program: A program for persons with a substance use disorder is established within the Department of Social and Health Services, to be administered by a qualified person who has training and experience in handling alcoholism and other drug addiction problems or the organization or administration of treatment services for persons suffering from alcoholism or other drug addiction problems.

XXVIII. Suspension: The decision by GCBH BH-ASO, or its formal designee, to temporarily stop previously authorized covered behavioral health services described in their Level of Care Guidelines or addressed by the ASAM Criteria.

XXIX. Termination: The decision by GCBH BH-ASO, or its formal designee, to stop previously authorized mental health services described in their Level of Care Guidelines. The clinical decision by a Behavioral Health Agency to stop or change a covered service in the Individualized Service Plan is not a termination.

POLICY

1. Greater Columbia Behavioral Health's Utilization Management Program ensures that behavioral health services are medically necessary, appropriate, and delivered in the most appropriate setting. The program promotes efficient use of resources, protects individual's rights and ensures consistent application of clinical criteria through its Level of Care policies and inter-rater reliability training. Oversight of the Utilization Management program is provided by the Medical Director and through the Integrated Quality Management Oversight Committee (IQMOC) and Utilization Management Committee.
2. Greater Columbia Behavioral Health applies standardized written clinical criteria to ensure consistent utilization management decisions. Clinical criteria utilized in GCBH's Utilization Management decisions are reviewed and approved by GCBH's Medical Director and the Integrated Quality Management Oversight Committee (IQMOC). Individuals have the right to appeal adverse authorization determinations as described in Greater Columbia Behavioral Health's Policy CA410 Grievance System.
3. Greater Columbia Behavioral Health has Utilization Management (UM) integrity policies and procedures, audits UM information for inappropriate documentation and updates and implements correction actions that address identified information integrity issues as outlined in Policy CL356 Utilization Management Program Integrity
4. Greater Columbia Behavioral Health will follow all applicable UM timelines and has a process of notification of coverage and authorization determinations.

PROCEDURE

A. GCBH BH-ASO ensures that all ASO UM staff making service authorization decisions have been trained and are competent in working with the specific area of service which they are authorizing and managing, including but not limited to: co-occurring mental health and Substance Use Disorders (SUDs), co-occurring behavioral health and medical diagnoses, and co-occurring behavioral health and Intellectual/Developmental Disability (I/DD).

   a. GCBH BH-ASO UM staff will be educated in the application of UM protocols, communicating the criteria used in making UM decisions. UM protocols shall recognize and respect the cultural needs of diverse populations.

   b. Authorization reviews shall be conducted by Behavioral Health Professionals with experience working with the populations and/or settings under review.

   c. The GCBH BH-ASO UM staff consult with the requesting provider when appropriate (such as when additional clinical information is needed), prior to issuing an authorization determination.

   d. Implementation of the UM system will be under the guidance, leadership, and oversight of the GCBH BH-ASO Medical Director through attendance in our Integrated Quality Management Oversight Committee (IQMOC) and consultation as needed. The following activities may be carried out in

conjunction with the administrative staff or other clinical staff, but are the responsibility of the Behavioral Health Medical Director to oversee:

i. Process for evaluation and referral to services, review of consistent application of criteria for provision of services within available resources and related grievances, review of assessment and treatment services against clinical proactive standards. Clinical practice standards include, but are not limited to:

1. Evidence-based practice guidelines.
2. Culturally appropriate services.
3. Discharge planning guidelines and activities, such as, coordination of care among treating professionals.
4. Monitoring for over and underutilization of services, including Crisis Services.
5. Ensure resource management and UM activities are not structured in a way to provide incentives for any individual or entity to deny, limit, or discontinue medically necessary behavioral health services.

ii. GCBH BH-ASO will also ensure that any behavioral health actions must be peer-to-peer, that is, the credential of the clinician making the decision to authorize service in an amount, duration, or scope that is less than requested must be at least equal to that of the recommending clinician. This also applies to GCBH BH-ASO using a Board-Certified Psychiatrist to determine all level of care actions for psychiatric treatment, and a Board-Certified Physician in Addiction Medicine, or a subspecialty in Addiction Psychiatry, must determine all inpatient level of care actions (denials) for SUD treatment.

e. Utilization Management Staff will be aware and complete annual training that the following documentation and updates to UM information are inappropriate:

i. Falsifying UM dates

ii. Creating documents without performing the required activities

iii. Fraudulently altering existing documents.

iv. Attributing a review to someone who did not perform the activity

v. Updates to information by unauthorized individuals

B. GCBH BH-ASO employs at least one (1) Children's Specialist. The Children's Specialist must be a Children's Mental Health Specialist, or be supervised by a Children's Mental Health Specialist, and oversee the authorizations of Individuals under the age of twenty-one (21).

C. GCBH BH-ASO employs at least one (1) Addiction Specialist who is a licensed Substance Use Disorder Professional and oversees the authorizations of Individuals with Substance Use Disorders.

D. GCBH BH-ASO shall have sufficient behavioral health clinical reviewers available to conduct denial and appeal reviews or to provide clinical consultation on complex case reviews and other treatment needs.

   a. There will be sufficient UM staff with experience and expertise in working with Individuals of all ages with SUD and who are receiving medication-assisted treatment.

E. GCBH BH-ASO shall provide education and ongoing guidance and training to Individuals and providers about its UM protocols and Level of Care Guidelines, UM criteria, including LOCUS and CALOCUS for providing guidelines for behavioral health medical necessity and ASAM Criteria for SUD services for admission, continued stay, and discharge criteria. All necessary information to make medical necessity determinizations will be collected by UM staff and guided by Attachment A; Level of Care Guidelines. This information will be available to GCBH staff, providers and individuals on the GCBH website (https://www.gcbhllc.org/).

F. All UM staff will have access to ProviderOne to verify Medicaid coverage, for those individuals without a ProviderOne ID the information on benefit coverage will be provided by the facility or individual requesting the authorized service.

G. Authorization is provided for a Level of Care rather than for specific covered benefits available within that Level of Care. The specific services to be rendered are identified during the treatment planning process, which occurs in collaboration with the Individual and/or their advocate and based on the individuals needs. The initial array of services may change within the authorization period as treatment goals are added or met

H. GCBH BH-ASO maintains a process to complete at least annual assessments of interrater reliability of all clinical professionals and non-clinical staff involved in UM determinations as a means of ensuring consistent application of UM review criteria for authorization decisions.

I. GCBH BH-ASO maintains written job descriptions of all UM staff including those staff that review denials of care based on medical necessity.

J. Job descriptions will reflect the required education, training or professional experience in medical or clinical practice; the need for a current, non-restricted license, and training that includes HIPAA training compliance.

K. GCBH BH-ASO shall ensure, through contract oversight, that all GCBH BH-ASOs network providers comply with the ASO and HCA UM requirements.

L. Greater Columbia BH-ASO shall not structure compensation to individuals or entities that conduct UM activities to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary Services to any Individual.

M. Greater Columbia BH-ASO will not penalize or threaten a Provider or Facility with a reduction in future payment or termination of participating provider or participating facility status because the provider or facility disputes Greater Columbia BH-ASO's determination with respect to coverage or payment for health care service.

N. Prior to the initiation of voluntary treatment in Inpatient, E & T settings, SUD Residential Services, an Individual must be authorized to receive such services.

Eligibility is confirmed by GCBH BH-ASO Mental Health Professionals or Substance Use Disorder Professionals at the time authorization for services is requested.

O. Individuals who are not Medicaid-eligible must be authorized prior to voluntary admission to Inpatient, E & T settings, or SUD Residential Facilities. Authorization for access to such care is subject to a determination of sufficient non-Medicaid funding, financial eligibility, residence, and availability of other payer sources (such as Medicaid eligibility). GCBH BH-ASO will determine the sufficiency of funding for this purpose after assuring its availability for service priorities established by the GCBH BH-ASO Executive Committee and/or the State.

P. GCBH BH-ASO provides non-crisis behavioral health services funded by GFS/FBG, within available resources, to Individuals who do not qualify for Medicaid but otherwise meet eligibility standards and medical necessity criteria (when applicable). They also must meet one of the following:

   a) Are uninsured,

   b) Have insurance, but are unable to pay the co-pay or the deductible for services,

   c) Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,

   d) Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.

When there are funds available, authorization, denial, and adverse change decisions are made by GCBH BH-ASO based upon a determination of medical necessity (when applicable). Such decisions are made pursuant to a comprehensive evaluation or treatment planning processes.

Q. Timeframes for Authorization Decisions

   a) GCBH BH-ASO acknowledges receipt of a standard authorization request for behavioral health inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.

   b) GCBH BH-ASO provides the following timeframes for authorization decisions and notices:

      i. For denial of payment that may result in payment liability for the Individual, at the time of any Action or Adverse Authorization Determination affecting the claim.

      ii. For termination, suspension, or reduction of previously authorized Contracted Services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R. §§ 431.213 and 431.214 are met.

         a. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made, and notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. GCBH BH-ASO must make a decision to approve, deny, or request additional information from the

provider within three (3) calendar days of the original receipt of the request. If insufficient information is submitted, additional info must be requested within one (1) calendar day of the original receipt. The Provider is then given four (4) calendar days to submit the information and then make a decision within seven (7) calendar days from the initial request; if a formal extension was requested, timeline may be extended for an additional 14 days for a total of 21 days. Note: the additional 14 calendar days start on the date that the additional information is requested.

2. If GCBH BH-ASO extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
    a. GCBH BH-ASO shall provide the Individual written notice within three (3) Business Days of the decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of the right to file a Grievance if they disagree with that decision.
    b. GCBH BH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.

iii. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or GCBH BH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, GCBH BH-ASO shall make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.

1. GCBH BH-ASO will make the decision within one (1) calendar days if the information provided is sufficient; or request additional information within 24 hours of the original date of receipt, if the information provided is not sufficient to approve or deny the request. GCBH BH-ASO must give the provider 24-hour calendar days to submit the requested information and then a decision must be made within 72 hours of the initial request.
    a. IF a formal extension was requested, the timeline may be extended for an additional 10 calendar days not to exceed 13 calendar days total.

iv. Urgent and Non-Urgent Concurrent Review Authorizations: GCBH BH-ASO must make its determination within one (1) Business Day of receipt of the request for authorization.

1. Requests to extend concurrent care review authorization determinations may be extended to within three (3) Business Days of the request of the authorization, if GCBH BH-ASO has

made at least one (1) attempt to obtain needed clinical information within the initial one (1) Business Day after the request for authorization of additional days or services.

2. Notification of the Concurrent Review determination shall be made within one (1) Business Day of GCBH BH-ASO's decision.
3. Expedited Appeal timeframes apply to Concurrent Review requests.

c) Post-service authorizations: For post-service authorizations, GCBH BH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.

i. GCBH BH-ASO shall notify the Individual, the requesting provider, and the facility in writing within three (3) Business Days of GCBH BH-ASO's determination.

ii. Standard Appeal timeframes apply to post-service denials.

iii. When post-service authorizations are approved, they become effective the date the service was first administered.

d) GCBH BH-ASO logs ASO service authorization decisions and has the ability to keep track of the authorization (tracking time when the authorization request is received, and when the authorization decision is made). GCBH BH-ASO monitors the timeliness of authorization decisions on a routine basis.

i. GCBH BH-ASO Utilization Management staff maintain a UM database that enumerates the dates and times of requests, authorization determinations, adverse determinations and (as indicated) notifications.

ii. The GCBH BH-ASO Integrated Quality Management Oversight Committee (IQMOC) uses the UM database to monitor adherence with timeliness requirements and when indicated will implement corrective steps to address any deviations from these guidelines.

R. If an authorization is not provided as a result of there not being sufficient funds, the Individual will receive a Notice specific to that situation as there is no appeal process associated with the lack of available resources.

S. Notification of Coverage and Authorization Determinations

a. GCBH BH-ASO ensures that written notices of Adverse Authorization Determinations include the specific reason for the decision, the clinical criteria used in making the determination, the reviewer's clinical specialty when medical necessity is involved, instructions for filing an appeal, applicable appeal deadlines, the availability of expedited appeal review, and the individual's right to obtain copies of the criteria used. Notices include information about language assistance services and accessibility accommodations and are monitored for compliance with timeliness and content requirements through GCBH BH-ASO's Internal Quality Management Committee (IQMC).

T. Managed Care Organizations (MCOs) maintain appeal processes for Medicaid enrollees. Notification of UM Decisions include member instructions for filing an

appeal against any Notification of coverage and Authorization Determinations issued by GCBH BH-ASO as a delegated MCO function.

a. Additional Medicaid grievance and appeal process information is available in GCBH BH-ASO's CA410 Grievance System policy.

U. For all Authorization Determinations GCBH BH-ASO shall:

a. Notify the Individual, the requesting facility, and ordering provider in writing. GCBH BH-ASO must notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means consistent with confidentiality requirements

b. Provide necessary assistance with translation or interpretation services at no cost or provide authorizations determinations in alternative formats upon request, including large print, audio, or other accessible formats.

V. For an authorization determination involving an expedited authorization request, GCBH BH-ASO must notify the Individual in writing of the decision. GCBH BH-ASO may initially provide notice orally to the Individual or the requesting provider. GCBH BH-ASO shall send the written notice within one business day of the decision.

a. Provide notice at least ten (10) calendar days before the effective date of Action or Adverse Authorization Determination when the decision is a termination, suspension, or reduction of previously authorized Contracted Services.

W. GCBH BH-ASO shall notify the requesting provider and give the individual written notice of any decision by GCBH BH-ASO to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the Individual and provider shall explain the following:

a. The decision GCBH BH-ASO has taken or intends to take.

b. The reasons for the decision, in easily understood language including citation to any GCBH BH-ASO guidelines, protocols, or other criteria that were used to make the decision, and how to access the guidelines, protocols, or other criteria.

c. A statement of whether the Individual has any liability for payment.

d. Information regarding whether and how the Individual may Appeal the decision.

e. The Individual's right to receive GCBH BH-ASO's assistance in filing an Appeal and how to request it, including access to services for Individuals with communication barriers or disabilities.

f. The opportunity for the practitioner(s) to discuss any behavioral health care denial decision with a physician or appropriate behavioral healthcare reviewer.

g. If applicable, the notice must include information about alternative covered services/treatment which may be seen as a viable treatment option in lieu of denied services.

X. GCBH BH-ASO shall provide notification in accordance with the timeframes described in this Section except in the following circumstances:

a. The Individual dies.

b. GCBH BH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information).

c. The Individual is admitted to a Facility where they are ineligible for services.

d. The Individual's address is unknown and there is no forwarding address.

e. The Individual has moved out of GCBH BH-ASO's service area.

f. The Individual requests a change in the level of care.

Y. An Untimely Service Authorization Decisions occurs when GCBH BH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.

Z. The timeliness, responsiveness, and content of Authorizations and Notifications are aggregated and reviewed quarterly by the IQMOC with standards being established by contractual mandates. The IQMOC will review findings from:

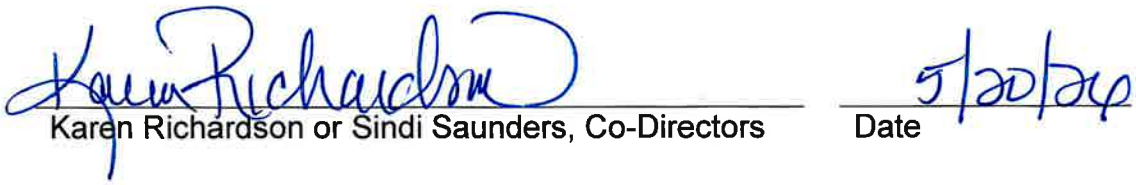
a. Monthly reviews of the timeliness of responses to Authorization requests and Notifications. These will be performed by the GCBH BH-ASO Medical Director and Quality Manager during monthly meetings with the UM staff and will draw data maintained either by the UM or the GCBH BH-ASO electronic information system.

b. Monthly reviews of any Notifications to ensure that they are accurate in terms of their content (including the reasons for the determination and the date of effectiveness of that Action). These reviews will be completed during the Medical Director's staffing with the UM staff at IQMOC. The Medical Director and Quality Manager will review all such Notifications and document finding in the minutes of the monthly staffing (or the regularly scheduled Utilization Management Committee meetings).

AA. The IQMOC is responsible for establishing corrective interventions in cases of non-adherence with expectations regarding authorizations and/or notifications. Through the Co-Executive Directors, such corrective interventions will be operationalized and monitored to ensure that they achieve improvements as intended. If not effective, additional corrective interventions will be set forth by the IQMOC until such time as performance returns to acceptable levels. Such interventions may include, but are not limited to, additional staff training, enhanced monitoring by the Quality Manager, and/or employee-related discipline.

BB. The Utilization Management Program will be reviewed annually by IQMOC and reported to the Utilization Management Committee to identify trends, quality improvement opportunities and overall utilization of the services provided to individuals within GCBH RSA. UM rates and overall structure and functioning of the program will be evaluated and reported on. This report will be provided to the HCA and others as appropriate and will help inform GCBH's QI plan.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors Date

SERVICE TYPE AND DESCRIPTION	Authorization Requirement	Medical Necessity & Supplemental Clinical Review	Policy
ACUTE INPATIENT CARE – MENTAL HEALTH AND SUBSTANCE DISORDER (SUD) • Acute Psychiatric Inpatient; Evaluation and Treatment, Secure Withdrawal Management and Stabilization (SWMS) • Acute Psychiatric admission to Behavioral Health Unit or Freestanding Hospital ***Authorizations are based on provider request, eligibility and available funding.***	**No.** Involuntary Treatment Act (ITA) admissions Require notifications only within 24 hours or next business day. **Yes.** Voluntary Admission requires authorization. *Voluntary Initial 3-5 days, depending on medical necessity and available funding.* **Yes.** Involuntary Treatment Act (ITA) – reviewed every 20 days for change in legal status, treatment provided and transition of care needs.	**Acute Inpatient Care:** Voluntary approval requires submission of Inpatient Request Form • LOCUS Level 6 with a Composite Rating of 28 or Higher; or • ASAM Level 4 *Care Coordination needs Assessment* **Supplemental Clinical: ITA** Certification requires submission of supporting information via the online ITA Certification Form on Greater Columbia BH-ASO website	
WITHDRAWAL MANAGEMENT (IN AN URGENT RESIDENTIAL SETTING) **Authorizations are based on provider requests, eligibility and available funding.**	**No.** Notifications only if Emergent and provided in an emergent type setting (i.e., crisis stabilization unit, 23-hr CRC). **Yes**, if planned and service are provided in a non-emergent setting.	**Standard Authorization and Concurrent Review:** DSM5-TR Diagnostic and ASAM Level of Care assessment Justification required. • **ASAM 3.7** • **ASAM 3.2**	

SERVICE TYPE AND DESCRIPTION	Authorization Requirement	Medical Necessity & Supplemental Clinical Review	Policy
RESIDENTIAL TREATMENT – MENTAL HEALTH AND SUBSTANCE USE DISORDER (SUD) *Authorizations are based on provider requests, eligibility and available funding.*	**Yes**, for in-network and out-of-network provider requests.	**Standard Authorization & Concurrent Review:** DSM5-TR Diagnostic and ASAM or LOCUS/CALOCUS • LOCUS Level 5 or equivalent • ASAM Level 3 or higher but does not require medical management Care Coordination Needs Assessment. **Supplemental Clinical:** Required for Concurrent reviews or UM reviewer's independent clinical determination.	**CL347**
Crisis Stabilization Unit and Crisis Relief Center	**No, Notification Only**	**Concurrent Review:** DSM5-TR Diagnostic and LOCUS/CALOCUS of equivalent Level of Care Assessment justification required. *Care Coordination Needs Assessment.* **Supplemental Clinical:** Required for Concurrent reviews or UM reviewer's independent clinical determination.	**CL301** **CL347**

SERVICE TYPE AND DESCRIPTION	Authorization Requirement	Medical Necessity & Supplemental Clinical Review	Policy
INTENSIVE OUTPATIENT PROGRAM *Authorizations are based on provider request, eligibility and available funding.*	**Yes,** for in-network and out-of-network provider requests.	**Standard Authorization & Concurrent Review:** DSM5-TR Diagnostic and LOCUS/CALOCUS or equivalent Level of Care assessment justification required. • LOCUS Level 3 or equivalent • ASAM Level 2 *Care Coordination Needs Assessment* **Supplemental Clinical:** Required for Concurrent reviews or UM reviewer's independent clinical determination.	**CL347**
OPIATE TREATMENT PROGRAM *Authorizations are based on provider request, eligibility and available funding.*	**Yes**, for in-network and out-of-network providers requests.	**Standard Authorization & Concurrent Review:** DSM5-TR Diagnostic and ASAM 0.5 – 3.7 Level of Care assessment justification required.	**CL347**

SERVICE TYPE AND DESCRIPTION	Authorization Requirement	Medical Necessity & Supplemental Clinical Review	Policy
INITIAL ASSESSMENT (MH AND SUD) AND OUTPATIENT SERVICES ***Authorizations are based on provider request, eligibility and available funding***.	**Yes,** for in-network and out-of-network provider requests.	**Standard Authorization & Concurrent Review:** DSM5-TR Diagnostic and ASAM or LOCUS/CALOCUS or equivalent assessment justification required. • LOCUS 1 or 2 • ASAM 0.5 or higher when accompanied by service request • ASAM Level 0 or 0.5 is sufficient for assessment only authorization	**CL347**

SERVICE TYPE AND DESCRIPTION	Authorization Requirement	Medical Necessity & Supplemental Clinical Review	Policy
HIGH INTENSITY OUTPATIENT/COMMUNITY BASED SERVICES • Program of Assertive Community Treatment (PACT) • Assisted Outpatient Treatment (AOT)	**Yes,** for in-network and out-of-network provider requests.	**Standard Authorization & Concurrent Review:** **AOT** must have an associated court order. Admission to PACT does not require a specific LOCUS or ASAM LOC score. Admission to PACT is based on complex criteria to include, but are not limited to: • Primary diagnosis of a Severe and Persistent Mental Illness (SMI) • Significant persistent and recurring functional impairments • Continuous high service needs due to mental illness *Care Coordination Needs Assessment* **Supplemental Clinical:** Required for Concurrent review or UM reviewer's independent clinical determination.	**CL347**

The requirements and processes for the authorization of Greater Columbia BH-ASO contracted services are dependent on the individual meeting eligibility criteria, medical necessity criteria, and the availability of Greater Columbia BH-ASO funds. Greater Columbia BH-ASO reserves the right to deny, reduce, suspend, or terminate an authorization due to changes in eligibility, changes in medical necessity, and availability of funding.

LEVELS OF CARE FOR AUTHORIZATION

Acute Inpatient Care – Mental Health and SUD

- Inpatient Psychiatric Services
- E&T Services Provided at Community Hospitals or E&T facilities

Crisis Intervention

- Involuntary Commitment Investigations
- Crisis Stabilization Services

Withdrawal Management (Detoxification)

- Acute Withdrawal Management
- Sub-Acute Withdrawal Management
- Secure Withdrawal Management

Crisis Stabilization Unit and Crisis Relief Centers

Residential Treatment (with Room and Board and Transportation)

- Mental Health Residential
- Intensive Inpatient Residential Treatment - SUD
- Long Term Care Residential – SUD
- Recovery House Residential Treatment – SUD
- PPW Housing Support Services
- Therapeutic Interventions for Children

Intensive Outpatient Program

- High Intensity treatment
- Intensive Outpatient Treatment – SUD

Medication Evaluation and Management

- Medication Management
- Medication Monitoring

Initial Assessment (MH and SUD/ASAM) and Outpatient Services

- Alcohol and Drug Information School
- Assessment
- Brief Intervention
- Brief Outpatient treatment
- Case Management
- Childcare Services
- Community Outreach – SABG priority populations PPW and IUID
- Continuing Education and Training
- Engagement and Referral
- Evidenced Based/Wraparound Services
- Interim Services
- Opiate Dependency/HIV Services Outreach
- PPW Housing Support Services
- Family Hardship
- Family Treatment
- Group Therapy
- Individual Therapy
- Intake Evaluation
- Outpatient Treatment
- Peer Support
- Recovery Support Services
- Rehabilitation Case Management
- Sobering Services
- Special Population Evaluation
- TB Counseling, Screening, Testing and Referral
- Therapeutic Psychoeducation
- Therapeutic Interventions for Children
- Transportation
- Urinalysis/Screening Test

High Intensity Outpatient/Community Based Services

Medication Assisted Therapy • Opioid Treatment Programs (OTPs)/	• Program of Assertive Community Treatment (PACT) **Psychological Testing** • Psychological Assessment

MEDICAL NECCESITY SERVICE GRID

Contracted Service	MN/Authorization Criteria
Assessment	Service is completed by a qualified professional (example and SUD assessment needs to be completed by certified SUD provider); and Assessment is utilized to inform and shape ongoing treatment activities; and; Individual has NOT had a previous Assessment within the prior 12 months that demonstrated medical necessity for the services being requested
Brief Intervention	LOCUS/CALOCUS, ASAM
Brief Outpatient Treatment	LOCUS/CALOCUS, ASAM
Case Management	LOCUS/CALOCUS, ASAM
Engagement and Referral	Service completed by a qualified professional that is provided to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather the worker's office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the workers office seeking assistance or by referral. These services can also include case management. These services may be provided prior to intake.

Contracted Service	MN/Authorization Criteria
Special Population Evaluation	Services is provided to reduce the adverse health effects of such use, promote the health of the individual, and reduce the risk of transmission of disease. (Note in general Engagement and Referral Services are associated with Interim Services). For Alcohol/Drug Information School: Provided as determined by a Court directed SUD diagnostic evaluation and treatment - provider must be licensed or certified by the WA DOH. - Program meets requirements of RCW 46-61-5056. Interim Services are provided: to individuals' means who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. To members of SABG priority populations, who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources Based on GC BH-ASO criteria
Evidenced Based/Wraparound Services	LOCUS/CALOCUS
Interim Services	ASAM
Opiate Dependency/HIV Services Outreach	ASAM
E&T Services Provided at Community Hospitals or E&T facilities	LOCUS/CALOCUS
Family Treatment	LOCUS/CALOCUS
Group Therapy	LOCUS/CALOCUS, ASAM
High Intensity Treatment	LOCUS/CALOCUS
Individual Therapy	LOCUS/CALOCUS
Inpatient Psychiatric Services	LOCUS/CALOCUS
Intake Evaluation	The service is initiated prior to the provision of any other behavioral health services, except Crisis Services, Stabilization Services, and free-standing evaluation and treatment, and; The service is provided in a manner that is culturally and age relevant, and; The services provides an initial clinical assessment in order to guide outpatient Behavioral Health service delivery, and there are no other similar services available through other funding sources.

Contracted Service	MN/Authorization Criteria
Intensive Outpatient Treatment - SUD	ASAM
Intensive Inpatient Residential Treatment Services - SUD	ASAM
Long Term Care Residential - SUD	ASAM
MH Medication Management/OTP Medication Management	LOCUS/CALOCUS, ASAM
MH Medication Monitoring/OTP Medication Monitoring	LOCUS/CALOCUS, ASAM
Mental Health Residential	LOCUS/CALOCUS
Opioid Treatment Programs (OTPs)	ASAM
Outpatient Treatment	LOCUS/CALOCUS,ASAM
Peer Support	LOCUS/CALOCUS,ASAM
Psychological Assessment/Testing	A current medical or behavioral health evaluation has been conducted and a specific diagnostic or treatment question still exists which cannot be answered through further conventional interviewing, history-taking, or adequate trial of evidence-based treatment; (or) A diagnostic formulation and adequate trial of an evidence-based treatment has been attempted but has been unsuccessful or has not resulted in the expected progress; previous assessments have not be completed within 12 months.
Recovery House Residential Treatment - SUD	ASAM
Rehabilitation Case Management	LOCUS/CALOCUS,ASAM
Special Population Evaluation	Individual is a member of a group considered a "special population" (as defined either in Contract or by the ASO). Examples include child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods and, evaluation is done as part of the assessment process or ongoing treatment planning; and evaluation is voluntary.

Contracted Service	MN/Authorization Criteria
TB Counseling, Screening, Testing and Referral	Individual is residing/in treatment at a high-risk behavioral health treatment settings (for example: correctional facilities, long-term care facilities or SUD treatment facility, residential treatment facility or homeless shelters); or, individual is at high risk for TB and is being treated in a Behavioral Health setting (those at high risk for developing TB disease include people with HIV infection, people who became infected with TB bacteria in the last 2 years, and people who inject illegal drugs); or Service is mandated by the State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facilities, homeless shelters, and others settings; and, There are no other similar services available through other funding sources.
Therapeutic Psychoeducation	LOCUS/CALOCUS,ASAM
Urinalysis/Screening Test	ASAM
TB Screening/Skin Test	Individual is residing/in treatment at a high-risk behavioral health treatment settings (for example: correctional facilities, long-term care facilities or SUD treatment facility, residential treatment facility or homeless shelters); or, individual is at high risk for TB and is being treated in a Behavioral Health setting (those at high risk for developing TB disease include people with HIV infection, people who became infected with TB bacteria in the last 2 years, and people who inject illegal drugs); or Service is mandated by the State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facilities, homeless shelters, and others settings; and, There are no other similar services available through other funding sources.
Withdrawal Management - Acute	ASAM
Withdrawal Management - Sub.-Acute	ASAM

MEDICAL NECESSITY NOT APPLICABLE SERVICE GRID

Contracted Service	MN/Authorization Criteria
Alcohol/Drug Information School	Provided as determined by a Court directed SUD diagnostic evaluation and treatment. Provider must be licensed or certified by the WA DOH. Program meets requirements of RCW 46-61-5056
Childcare	Provided to children of parents in treatment to complete the parent's plan for treatment services. Provided by licensed childcare providers. Time limited as per treatment plan.
Community Outreach - SABG priority population PPW and IUID	Provided to PPW and IUID individuals who have been unsuccessful in engaging in services. Goals should include enrolling individuals in Medicaid. Recovery based, Culturally Appropriate and incorporates Motivational Approaches. Can be multi-agency based.
Continuing Education and Training	Provided to BHA or ASO staff as part of program of professional development; Provider of service must be Accredited either in WA State or Nationally; Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.
PPW Housing Support Services	ASAM Provided to individuals meets definition of PPW and support provided to such an individual with children under the age of six (6); Service provided in a transitional residential housing program designed exclusively for this population; Support generally addresses those costs not covered under Title XIX - such as room and board.
Recovery Support Services	LOCUS/ASAM
Sobering Services	ASAM
Therapeutic Interventions for Children	Provided to individuals with treatable Behavioral health diagnosis; Agency Based; Evidenced Based, Culturally Appropriate; Voluntary participation; Part of Treatment Plan for Child; Not provided as part of Juvenile Rehabilitation Court Order
Transportation	Provided to individuals with Behavioral health diagnosis; Agency based; Provided as part of Treatment plan; Provided for individuals to and from behavioral health treatment facilities.