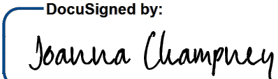


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH SUD Discharge UR Policy	<u>POLICY #:</u> DSAMH049
<u>PREPARED BY:</u> DSAMH SUD UR	<u>DATE ISSUED:</u> 4/17/23
<u>RELATED POLICIES:</u> DSAMH003 Provider Appeals Policy DSAMH047 SUD Initial Review UR Policy DSAMH048 SUD Continued Stay UR Policy DSAMH050 SUD Retroactive UR Policy	<u>REFERENCE:</u> NQCA, HEIDIS, CMS
<u>DATES REVIEWED:</u> 04/17/2023 03/27/2024	<u>DATES REVISED:</u> 02/08/2023 03/06/2024
<u>APPROVED BY:</u>  <u>DATE SIGNED:</u> 4/8/2024 9:34 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for applicable substance use disorder (SUD) treatment for Delaware residents eighteen (18) years of age or older who are uninsured or underinsured. DSAMH-contracted programs that provide services for Residential Treatment (ASAM 3.1 & 3.5), Residential Detox (ASAM 3.2 & 3.7), Ambulatory Withdrawal Management (ASAM 2), or 23-hr Ambulatory Withdrawal Management (ASAM 2) must follow the steps outlined in this policy for authorization by DSAMH.

II. **POLICY STATEMENT:**

DSAMH shall conduct discharge reviews to ensure that clients receive discharge plans that reflect a continuity of care to the least restrictive level of care that is appropriate, feasible, affordable, and obtainable. The goal is that each patient has a discharge plan in place in order to promote best outcomes and prevent rapid readmission.

III. **DEFINITIONS:**

“Authorization” means the agreement from DSAMH that a patient meets medical necessity as defined by ASAM criteria for substance use disorder treatment and that DSAMH will pay for treatment.

“Delaware resident” means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver’s license or non-driver identification card.

“Discharge Plan” means a plan developed to coordinate services of an individual to the next level of care. Discharge plans should include, but are not limited to, any information pertaining to appointments, medications, access to medication, transportation, housing, and any other identified health or social service needs.

“Utilization Review” or “UR” means the review of clinical information to determine authorization approval or denial.

IV. **SCOPE:** This policy and procedure applies to all DSAMH-contracted providers that provide Residential, Residential Detox, Ambulatory Withdrawal Management, and/or 23-hr Ambulatory Withdrawal Management services for uninsured or underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**

- A. Discharge documentation must be submitted to the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov within one (1) business day after discharge with the word “discharge” in the subject line. Discharge documentation submitted to another email box or Fax to the office will not be accepted. The discharge instructions shall include:
1. Aftercare appointment with outpatient SUD provider who accepts State pay within seven (7) days of discharge,
 2. Aftercare appointment with a mental health provider, if needed, within seven (7) days of discharge,
 3. Relapse prevention plan,
 4. Community resources and emergency numbers, and
 5. Discharge diagnosis.
- B. Review of discharge documentation:
1. DSAMH SUD UR will conduct a review of all discharge documentation to provide determination of appropriateness of discharge plan.
 2. DSAMH SUD UR will respond with the authorization or denial of request within two (2) business days of submission.
 3. The information obtained from the discharge documentation is utilized for the final authorization.
 4. Incomplete, inappropriate, or late discharge plans will result in denial of payment from the State.
- C. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.
- D. Table of timeline:

Provider will:	submit all discharge documentation via the DSAMH SUD UR email box DSAMH_EEU_SUD@delaware.gov with the word "concurrent" in the subject line.	within one (1) business day after discharge
DSAMH SUD UR will:	conduct a review of discharge documentation to provide determination of appropriateness of discharge plan	within two (2) business days of submission
DSAMH SUD UR will:	respond with the authorization or denial of request	within two (2) business days of submission

VI. **POLICY LIFESPAN:** Policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. **RESOURCES:**