


**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> DSAMH SUD Continued Stay UR Policy	<b><u>POLICY #:</u></b> DSAMH048
<b><u>PREPARED BY:</u></b> DSAMH SUD UR	<b><u>DATE ISSUED:</u></b> 04/17/2023
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH047 SUD Initial Review UR Policy DSAMH049 SUD Discharge UR Policy DSAMH050 SUD Retroactive UR Policy	<b><u>REFERENCE:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 04/17/2023 03/27/2024 04/02/2025	<b><u>DATES REVISED:</u></b> 02/01/2023 03/06/2024 02/26/2025
<b><u>APPROVED BY:</u></b>  <small>1B71C05196B24CA...</small> <b><u>DATE SIGNED:</u></b> 7/9/2025   6:52 AM PDT	<b><u>NOTES:</u></b> <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 23-hr Ambulatory Withdrawal Management (ASAM 2), Ambulatory Withdrawal Management (ASAM 2), Residential Treatment (ASAM 3.1 & 3.5), or Residential Detox (ASAM 3.7) must follow the steps outlined in this policy for authorization by DSAMH.

**II. POLICY STATEMENT:**

DSAMH will conduct a continued stay review on the last covered day if additional days are requested. The continued stay review is based solely on the Substance Use Disorder Continued Stay Request (CSR) form and other clinical documentation provided by the substance use disorder (SUD) facility. The supporting clinical documentation and CSR form must show treatment progress and the need for continued treatment days.

**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.

**“Days”** means calendar days unless otherwise specified.

**“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.

**“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 Ambulatory Withdrawal Management, 23-hr Ambulatory Withdrawal Management, Residential Detox, and/or Residential services for uninsured and underinsured patients.

V. **PROCEDURES/RESPONSIBILITIES**

A. Exploration and Discovery of Insurance:

1. Additional information will be requested as needed:
  - a. The treating SUD provider is responsible to provide evidence that a patient is not covered under a private insurance, an out of state or DE Medicaid, or has a policy that does not cover SUD Ambulatory Withdrawal Management, 23-hr Ambulatory Withdrawal Management, Residential Detox, and/or Residential services.
  - b. This evidence is required prior to DSAMH’s review of SUD Continued Stay Request (CSR) form and other clinical documentation for authorization of treatment.

B. Submission of SUD Continued Stay Request (CSR) and other clinical documentation:

1. CSR and other clinical documentation must be submitted to the DSAMH SUD UR email box [DSAMH\\_EEU\\_SUD@delaware.gov](mailto:DSAMH_EEU_SUD@delaware.gov) with the word “continued stay” in the subject line. CSR and other clinical documentation submitted to another email box or faxed to the office will not be accepted.
2. CSR and clinical documentation must be submitted within seven days of the last covered day. It may be received either up to seven (7) days prior to the last covered day or up to seven (7) days after the last covered day. CSR and other clinical documentation submitted after seven (7) or more days after the last covered day will be considered late and will not be accepted. A denial of authorization will be issued for failure to submit CSR for review. No exceptions will be made.
3. The CSR must contain the number of days requested, the new start date for the CSR, and “CSR” must be indicated as the type of authorization being requested on the form. The CSR must include documentation of treatment progress, justification for continued treatment, and treatment goals. Failure to submit CSR without this information will result in a denial for authorization due to submission of an incomplete CSR form.

C. CSR and other clinical documentation shall include but is not limited to:

1. Documentation of Delaware residential status for SUD treatment admission,

2. EOB, proof of insurance verification, or proof of lack of insurance at time of referral,
3. Documentation that treatment cannot be rendered at a lower level of care,
4. Treatment goals,
5. Progress and Group notes since last review,
6. Documentation of psychoeducation and community resources, if available,
7. Documentation of development of a relapse prevention plan,
8. Laboratory results of toxicology testing since last review, if available,
9. Medication administration record, if any changes since last review,
10. Documentation of discharge planning,
11. Collateral information such as documentation of contact with outpatient providers, family and/or support system, and
12. Clinical Opiate Withdrawal Scale and/or Clinical Institute Withdrawal Assessment for Alcohol since last review, if available.

D. Review of clinical documentation:

1. DSAMH SUD UR will conduct a review of the CSR and other clinical documentation to provide determination of authorization.
2. DSAMH SUD UR will respond with the authorization or denial of request within two (2) business days of submission.
3. DSAMH SUD UR may authorize multiple days, but each day of treatment must meet medical necessity based on documentation provided by the facility.
4. Failure to submit complete CSR and treatment documentation could result in delay in authorization or denial of authorization.
5. Frequency of reviews will be based on level of care, treatment progress of the client, and documentation provided by the SUD facility. The reviews shall be completed at least every 30 days.

E. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.

F. Table of timeline:

Provider will:	Submit ALL discharge documentation via the DSAMH SUD UR email box <a href="mailto:DSAMH_EEU_SUD@delaware.gov">DSAMH_EEU_SUD@delaware.gov</a> with the word "concurrent" in the subject line	submitted by the last covered day
DSAMH SUD UR will:	conduct a review of the CSR and other clinical documentation to provide determination of authorization	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
Review shall be completed at least every 30 days		

VI. **POLICY LIFESPAN**: This policy will be reviewed annually.

VII. **RESOURCES**:

- A. DSAMH047A UR Auth Form