

# PROVIDER ALERT

STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES  
BEHAVIORAL HEALTH RECOVERY PROGRAM (BHRP)

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## Substance Use Disorder Residential Care Service Authorizations

DMHAS contracts with an administrative service organization (ASO), Advanced Behavioral Health, Inc. to perform utilization management services for non-Medicaid covered services for HUSKY D recipients, which includes substance use disorder residential treatment. As part of an ongoing process to keep providers informed, the following document provides responses to the most frequently asked questions:

1. What is the difference between a Pre-Screen and a Prior Authorization for service?

***Pre-Screen:*** typically is a brief case review performed by a referring provider when placement is being requested for a substance use disorder residential treatment level of care but an admission date and/or residential treatment provider has not yet been confirmed.

***Prior Authorization:*** is a medical necessity review performed by the admitting provider when the admission date has been confirmed and will occur within 24-48 hours.

2. Is a Pre-Screen or Prior Authorization required?

***BHRP does not require Pre-Screens but ABH does provide the service as a courtesy. However, an admitting provider may require a pre-screen be done through ABH before accepting an individual for admission to their facility.***

***A Prior Authorization is required for all admissions to substance use disorder residential treatment for any individual eligible or potentially eligible for HUSKY D.***

3. Is an authorization number issued for a Pre-Screen or a Prior Authorization?

***Authorization numbers are NOT provided at the end of a Pre-Screening but Providers may use the ABH clinician's name or request a reference number as confirmation that the Pre-Screen has been completed.***

**An authorization number will be issued at the conclusion of a Prior Authorization review if medical necessity criteria have been met. If medical necessity criteria has not been met at the conclusion of the telephonic review, the Provider will be advised that the Prior Authorization request has been referred for review by the ABH Medical Director or Physician Consultant.**

4. Who should do the Pre-Screen? Who should do the Prior Authorization?

**The Pre-Screen should be done by the referring provider. This is frequently a residential detoxification facility. The Prior Authorization should be done by the admitting residential provider.**

5. When should the Prior Authorization be obtained?

**The request for Prior Authorization can be made up to 24 to 48 hours before the scheduled admission date and must be requested prior to the admission of the client, unless the admission occurs outside of the BHRP Clinical office hours which are Monday through Friday, 8:30am to 5:00 pm. Authorization requests for after-hours or weekend admissions should be initiated on the morning of the next business day.**

6. If the individual is not currently eligible for HUSKY D, does the Provider need to obtain a Prior Authorization?

**Yes. You should request prior authorization for any individual for whom you reasonably anticipate will be eligible for HUSKY D, regardless of the individual's current eligibility status (active, inactive, pending, or not yet applied). Providers must also request prior authorization for any individual who is eligible for HUSKY D as a secondary insurer.**

7. What if I am unsure about which level of residential care the client needs?

**Clinical Providers may contact clinical staff at ABH to pre-screen an individual and consult on the appropriate level of care to be considered based on medical necessity criteria.**

8. When should the request for Continued Stay Authorization be made?

**Requests for continued stay authorization should be made no later than the day the previous authorization expires. If an authorization expires on a date that is a weekend or holiday, the request for continued stay authorization must be made on the next business day. Failure to obtain a continued stay authorization within the allowed timeframe may result in denial of payment during the lapse in authorization.**

9. What clinical criteria are used to make medical necessity determinations regarding levels of care managed through BHRP-Clinical?

**BHRP staff at ABH utilize the latest version of the ASAM Criteria (American Society of Addiction Medicine, Third Edition, 2013) to render medical necessity determinations.**

*The criteria may be obtained via purchase at [www.asam.org](http://www.asam.org). Additional tools to assist providers in obtaining authorizations for substance use disorder residential levels of care are available at:*

[http://www.abhct.com/Programs\\_Services/BHRP/Forms\\_and\\_Resources/](http://www.abhct.com/Programs_Services/BHRP/Forms_and_Resources/).