

DC - Department of Health Care Finance (DHCF)
DC - Department of Behavioral Health (DBH)

Directives to Comagine Health

Substance Use Disorder Residential Treatment Facility

June, 2021

Comagine Health | DHCF Department of Health Care Finance | DBH Department of Behavioral Health

Administrative Denials

1. Administrative Denials will be issued when required documentation is not submitted within the required time frame.

2. When the required documentation is not submitted within the required time frame, and an Administrative Denial has been issued, no retro authorization will be provided for the days covered by the administrative denial; except for the initial 4 days of bed stay upon admission.

3. Appeals of administrative denials will only be granted under the following conditions:

    a. The patient was admitted as uninsured/self-pay, but the provider obtained information regarding active coverage either during the stay or retroactive to the stay.
    b. The provider contacted the MCO, but there was a delay in the MCO notifying the provider that 1) the in-lieu of days had been met, or 2) acknowledgement of receipt of the clinical information.
    c. The provider contacted the MCO, but there was delay in the MCO providing documentation regarding approval/denial and the number of approved days.
    d. The patient had a different primary payer (commercial, Medicare, etc.) on admission, but either the coverage was exhausted, or the policy terminated during the stay.
    e. Provider or beneficiary eligibility issues were encountered during the stay and were resolved either during or after the stay.
    f. Provider encountered new-user issues using the Jiva system (for example failed to push the submit button)

MCO Days

4. Days approved by the MCO will remain certified.

Exceptions to ASAM Criteria

5. When reviewing residential level of care service requirements, DBH requests Comagine Health follow the ASAM criteria, except for patients receiving services under 3.3 and 3.5 level of care. When patients are receiving services under 3.3 and 3.5 level of care, DBH requests Comagine Health not enforce the ASAM daily requirement for services and, in lieu of, follow DC Administrative Rule under Chapter 63 for the following service requirements:

    a. Level 3.3 requires a minimum of 20 hours of combined services provided weekly
    b. Level 3.5 requires a minimum of 25 hours of combined services provided weekly

6. If an individual presents for SUD care and requires a Co-occurring Enhanced Level of Care, but the residential facility is unable to provide this level of care, DBH requires that Comagine Health approve the individual for residential treatment as long as the following condition is met:

a. The Supervising Independently Licensed Clinician in the facility has arranged for a behavioral health clinician to provide active and ongoing treatment for the behavioral health condition(s) throughout the patient's residential treatment stay as evidenced by a mental health assessment and treatment plan from the treating mental health provider.

7. If an individual is homeless, does not have suitable housing, or cannot return to their former living environment, DBH requires Comagine Health to act in accordance with the ASAM Guidelines. Housing issues alone do not qualify for admission or a continued stay in SUD residential care.

8. When the ASAM Continuum Assessment recommends multiple residential Levels of Care, Comagine Health will authorize the least restrictive recommendation from the Continuum assessment.

9. When a patient is in 3.1 level of care, an additional lower level of care (either 2.5, 2.1, 1.0, or 0.5) can be simultaneously accessed.

Documentation Requirements

10. A new Continuum assessment must be completed:

    a. At least every 28 days at minimum
        i. In cases where a Continuum will be more than 28 days old prior to a Continued Stay Request start date, a new Continuum assessment should be completed and submitted with the Continued Stay PA request.
    b. When a new Supervising Independently Licensed Clinician assumes responsibility for patient care.
    c. When a patient transitions to a new agency providing residential treatment.
    d. At time of transition to any level of care
        i. Discharging clinician must complete Continuum within 3 days prior to transition date
        ii. If transitioning level of care to a new provider agency, a new Continuum must be completed by day 3 of the new stay

11. A new continuum does NOT need to be completed:

    a. On admission to a new level of care when the Supervising Independently Licensed Clinician AND agency will stay the same from prior level of care
    b. If patient leaves Against Medical Advice

12. The DBH approved Weekly Clinical Summary of Progress template will be completed by the treating SUD residential provider's Appropriately Licensed Clinician (*See Chap 6336.6 A-G) and signed off by a Supervising Independently Licensed Clinician (*If completed by non-independently licensed provider*). The Weekly Clinical Summary of Progress will be completed on a weekly basis and submitted to Comagine Health via the Comagine Health Portal with the next prior authorization request.

13. DBH's expectation and requirements for Comagine Health, acting as an agent for DBH, when reviewing clinical documentation and approving the appropriate level of care for individuals needing Co-occurring Enhanced Services:

    a. When an individual presents for SUD Care needing Co-occurring Enhanced Services, DBH requires the following from the treating behavioral health provider:
        i. Behavioral health assessment
        ii. Behavioral health treatment plan
        iii. Behavioral health treatment notes

    b. When an individual presents for SUD Care and has Co-occurring Enhanced Services, DBH requires the Supervising Independently Licensed Clinician to incorporate the required behavioral health documentation (received from the treating behavioral health provider as noted above under 12a) into the Completed Emotional, Behavioral, or Cognitive condition section of the Weekly Clinical Summary of Progress. The following documentation should then be submitted with each prior authorization request:
        i. Behavioral health assessment
        ii. Behavioral health treatment plan
        iii. Behavioral health treatment notes
        iv. Completed Weekly Clinical Summary of Progress (including completed emotional, behavioral, or cognitive condition section)

Transitions in Care

14. For any transition across the continuum of care the clinician must notify Comagine Health at least three (3) days prior to the transition. These transitions include:

    a. If the individual in care is in an MCO and has exhausted the in lieu of benefit, the RTC Clinician shall submit the request for the continued stay to Comagine Health three (3) business days prior to the current authorization expiring.
    b. If the individual is in an MCO and has not exhausted the in lieu of benefit, the RTC Clinician shall submit the request for the continued stay to the respective MCO three (3) business days prior to the current authorization expiring.
        I. Discharge to lower level of care
        II. Discharge to new provider
        III. Discharge to higher level of care

15. For any patient discharge/transition, the RTF Clinician is to:

    a. Submit a Continuum assessment (Please see #9 for direction on Continuum Assessment requirements)
    b. Determine the next appropriate level of care/ transition.

c. If the recommended Level of Care is a transition to another residential treatment agency, the current residential treatment provider shall submit the request to Comagine Health and follow the Comagine Health authorization process.
d. If the recommended Level of Care is to an outpatient treatment agency, the current residential treating provider shall submit the assessment to Comagine Health and follow the DBH step down process.

16. When the MCO provides an approved authorization under the beneficiary's "In Lieu of" benefit, the respective Managed Care Plan will:

    a. Specify the number of days available (remaining) under the "In lieu of" benefit for the month.
    b. Document the remaining days available on the written authorization (this includes the initial authorization and any subsequent authorizations during the beneficiary's stay).

17. When the patient transitions from Managed Care to Fee for Service, the respective treating provider will:
    a. Seek an authorization from Comagine Health three (3) business days prior to the most recent MCO authorization's expiration date for individuals in care who need continuing care for SUD Residential Treatment beyond the "In Lieu of" benefit.
    b. Provide to Comagine Health a copy of the most recent MCO written "In Lieu of" stay authorization.
    c. Follow the Comagine Health authorization process; and
    d. Submit all required documentation, assessment(s), and correspondence as described in the Comagine Health authorization process at least 3 business days prior to the most recent approved authorization's expiration date. This includes:
        i. Most recent Continuum Assessment completed by treating provider (no more than 28 days old)
        ii. Current Treatment Plan
        iii. A Weekly Clinical Summary of Progress for the most recent 7 days of patient treatment.

DBH Reporting

18. The DBH Point of Contact (POC) will provide a weekly discharge report to respective MCO in the DBH/ DHCF approved format. The Discharge report will include the following data elements:

    a. Beneficiary Name
    b. Beneficiary Birth Date
    c. Beneficiary Medicaid ID Number
    d. Beneficiary Discharge Status (as per DBH's data reporting elements)
    e. Beneficiary recommended level of continuing care (at discharge)
    f. Beneficiary actual level of care received (post discharge)
    g. Other data elements as determined in collaborative agreement from DBH/ DHCF/ MCO (Comagine Health?)
    h. Beneficiary's Discharge Date

Acknowledgement of Receipt

Name: (print name and title) _____

Signature: _____

DHCF Representative

Date: _____

Name: (print name and title) _____

Signature: _____

Dept. of Behavioral Health Representative

Date: _____

Updated: June 2021