# Substance use disorder authorization criteria for more than 6hrs a day or 30 hours a week

Outpatient or nonresidential substance use disorder services are provided based on the identified individual need and client preference. In the 2021 legislative special session, language passed that limits the amount of nonresidential hours to 6 hours a day or 30 hours a week without prior authorization (254B.05 Subd. 5 (h)). This limitation is specific to licensed 245G nonresidential programs.

Eligible Recipients**:**

- Be eligible for Medical Assistance or Behavioral Health Fund
- Have a substance use disorder diagnosis.
- Have the ability to participate in treatment.
- Have a completed comprehensive assessment indicating level of care recommendations and client's preferred level of care.
- If request is prior to completion of the Comprehensive Assessment an Initial Services Plan (ISP) with level of care recommendations may be submitted.

Authorization Requirements:
Providers must submit documentation once it is determined that the client needs more than 6 hours per day or 30 hours per week for services. Hours per week are based on individual (H2035) and/or group (H2035 HQ) only. All providers are strongly encouraged to submit requests via the medical review agent portal, Atrezzo Next Generation (ANG).

The following supporting documentation will be requested to determine medical necessity:

## Clinical Documentation for Initial Request

- Comprehensive Assessment (or Initial Services Plan if request is prior to completion of the Comprehensive Assessment)
- The clients most recent treatment plan or treatment plan review that has been signed by the clinician and client.
- Progress notes if not documented in treatment plan review.
- Questionnaire/form*

## Clinical Documentation needed for Requests for Continued Authorization/Extensions beyond 28 days

- The clients most recent treatment plan review/progress notes including documentation that demonstrates the impact of the additional hours on treatment progress and documentation of medical necessity for extension.
- Most recent Treatment Plan if Treatment plan is not imbedded in the treatment plan review.
- Progress notes supporting the request will need to be submitted for review if progress notes are not integrated TPR.
- Updated questionnaire/form*

* Complete questionnaire/form providing clinical justification for need of more than 6 hours/day or 30 hours/week of services):

- Narrative of what has been seen in the recipient's behavior/treatment that indicates need for additional treatment hours.
- Breakdown of how the hours (individual and/or group) will be used in a day and/or week.
- How the clinician expects the extra services to benefit/assist the client in reaching their treatment goals.
- Name and credentials of the licensed professional providing clinical justification.

Authorizations to exceed 6 hours a day or 30 hours a week cover 28 calendar days. After the 28-day authorization period, if it is determined the member continues to meet medical necessity for more than 6 hours a day or 30 hours a week, the provider needs to request another authorization. The date range of the authorization period will be included in a notice to the provider.

References:

- MHCP SUD Provider manual
- 254B.05 Subd.5 (h)
- 245G
- MHCP Authorization Page
- MHCP Provider Manual