

**Utah Medicaid Integrated Care (UMIC) Policy and Procedure and Recommendations****Utah Medicaid Integrated Care (UMIC)  
Prior/Service Authorization Policy and Procedure and  
Recommendations  
May 2024****Background:**

When the Utah Medicaid Integrated Care delivery system was created the parties agreed that UMIC plans would follow Utah Medicaid's prior authorization process for the first year of this system. After the first year, the parties would meet and decide if any changes should be made. Shortly after the implementation of this delivery system the Public Health Emergency was declared and no changes were formally made to this process.

Over time, concerns were expressed by some providers that UMIC plans had deviated from the original agreement placing additional administrative burden on behavioral health providers. The UMIC plans agreed to meet and propose a single process, consistent with Utah Medicaid policy and procedure for notification/prior authorization requirements for behavioral health services. This document represents the proposal from the ACO/UMIC plans. We recommend adoption of this proposal. We further recommend that the parties agree to review this policy and procedure on an annual basis to determine if any changes are necessary.

**Substance Use Disorder (SUD) Residential Treatment  
Programs with 17 or more beds H0018  
Programs with 16 or fewer beds H2036**

Medically necessary services for a documented SUD diagnosis for Medicaid members.

The UMIC plans propose to comply with the following policy for approval of SUD Residential Treatment facility stays.

- Admission (Non-Clinical) PA Request Providers must submit a prior authorization request for SUD Residential Treatment Services UMIC plan members requesting **no more than 60** calendar days for adult Medicaid Members.
- Facilities are strongly encouraged to submit this notification within 2 calendar days of admission of the member. Providers are not required to submit clinical information with the non-clinical request.

## **Continued Stay (clinical) Request for SUD Residential Treatment**

Providers must submit a request and clinical documentation for any stay that exceeds the initial 60 days. Providers must

- Request no more than 60 calendar days for adult Medicaid members 19 years of age or older
- Submit an ASAM reassessment and treatment plan completed no more than 7 calendar days prior to the end date of the initial request or the end date of the prior continued stay request. The ASAM reassessment and treatment plan must be no more than 30 calendar days old.
- Facilities are strongly encouraged to submit information no later than the first date of the continued stay start date.

## **Member Absence from a SUD Residential Treatment Program**

Absence of three calendar days or less:

- Providers must request a modification to the current PA request by completing and submitting a new Prior Authorization Request, including the dates the member was absent.

Absence of more than three calendar days:

- Providers must request a new non-clinical PA, including the date the member left the program

## **Transition Period for an SUD Residential Treatment**

The UMIC plans recommend that any time a member no longer meets medical necessity for a continued stay in a residential treatment facility, a transition time period up to 14 calendar days be approved without the need for the provider to request the transition time period.

## **Mental Health Residential Treatment**

### **Programs with 17 or more beds H0017**

### **Programs with 16 or fewer beds H2013**

The ACO/UMIC plans propose the following policy for approval of Mental Health Residential Treatment facility stays:

Admission (non-clinical) request

- For facilities with 17 beds or more, providers must submit a notification of Mental Health Residential Treatment Services – Individuals Age 21-64 for no more than: Seven(7) calendar days. UMIC plans may require the same prior authorization process for facilities with 16 beds or less.
- No supporting documentation is required.
- Facilities are strongly encouraged to submit this notification within 2 calendar days of admission of the member.
- Only one non-clinical admission request is allowed even if the member switches to a different plan.

## **Continued Stay (Clinical) Request Mental Health Residential Treatment**

- When additional days are required, providers must:
  - Request no more than 7 calendar days for each ongoing request
  - Provide documentation of medical necessity for the continued stay
- Providers are strongly encouraged to request the continued stay no later than the first day of the continued stay.
- No more than 60 calendar days will be authorized per treatment episode. If treatment exceeds, 60calendar days no part of the stay is eligible for payment.

## **Member Absence from a Mental Health Residential Treatment Program**

Absence of three calendar days or less:

- Providers must request a modification to the current PA request by completing and submitting a new Prior Authorization Request, including the dates the member was absent.

Absence of more than three calendar days:

- Providers must request a new non-clinical PA request, including the date the member left the program

## **Transition Period for a Mental Health Residential Treatment**

The UMIC plans recommend that any time a member no longer meets medical necessity for a continued stay in a residential treatment facility, a transition time period up to 7 calendar days will be approved without the need for the to request the transition time period.

## **No Other Prior Authorizations for Outpatient**

The UMIC Plans confirm that no other prior authorizations or notifications are currently required or will be required on any mental health and/or substance use disorder outpatient services unless otherwise required under Utah Medicaid policy or unless the provider is Out of Network.

## **Prior Authorization/Notification for Inpatient Mental Health Services in a Psychiatric Hospital**

ACO/UMIC plans will require notification or prior authorization in accordance with each plan's policy for any inpatient Behavioral Health services in a Psychiatric hospital (IMD).