

**CASCADE HEALTH ALLIANCE
(CHA)**

BH Authorization Grid

Revised 10/25/2023

BEFORE SUBMITTING AN AUTHORIZATION:

- CHECK MMIS for CHA Medicaid eligibility before services are provided.
- Ensure services and/or procedures rendered are allowable under the Oregon Administrative Rules (OAR) and the most recent version of the Oregon Health Plan's (OHP) Prioritized List of Health Services

Please note: Authorization is not a guarantee of benefits or payment.

BH Authorization Grid questions - please call CHA and ask for a Case Assistant: (541) 883-2947

<u>Service Type</u>	<u>Provider Type</u>	<u>NO Authorization Required</u>	<u>Authorization Required¹</u>	<u>Special Considerations</u>
Outpatient Behavioral Health (Mental Health and SUD) Services for Adults and Youth	<ul style="list-style-type: none"> • All in-network providers • All in-area providers (Klamath County) 	X		
Outpatient Behavioral Health (Mental Health and SUD) Services for Adults and Youth	<ul style="list-style-type: none"> • All out-of-area providers 		PA	
Adult SUD Detoxification/Withdrawal	<ul style="list-style-type: none"> • All Providers 	X		Notification of Admission must be faxed to CHA BH Case Management within 48 hours of admission.
Adult SUD Residential Treatment	<ul style="list-style-type: none"> • All Providers 		RR	Retroactive authorization (RA) required.
Medication Assisted Treatment (MAT) for SUD	<ul style="list-style-type: none"> • All Providers 	X		Medication requires PA after first 30 days. Please see "Pharmacy Prior Authorization Guidelines" in Provider Resource Center on CHA Website for more details.
Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder (ASD)	<ul style="list-style-type: none"> • All Providers 		PA	PA every 6 months for codes: 97151, 97152, 97153, 97154, 97155, 97156
Child Residential MH and/or SUD Treatment	<ul style="list-style-type: none"> • All Providers 		PA	Submit current assessment and treatment plan with PA.
Mental Health Day Treatment Program for school-aged children	<ul style="list-style-type: none"> • All Providers 		PA	Submit PA for every 90-day episode of care for codes: H0037 and H2012
Intensive In-Home Behavioral Health Treatment (IIBHT) for children up to age 20 and their families.	<ul style="list-style-type: none"> • All Providers 		RR	RR required. Initial for 60 days, submit required documents with RR ² . Subsequent RAs every 30 days for code: H0023.
Wraparound Services (Wrap)	<ul style="list-style-type: none"> • All Providers 	X		Wraparound Review Committee must approve referral.
Assertive Community Treatment (ACT) Services	<ul style="list-style-type: none"> • All Providers 	X		Members must be referred to ACT through Klamath Basin Behavioral Health (KBBH)
Adult Mental Health Respite Care	<ul style="list-style-type: none"> • All Providers 	X		Submit respite referral after admission.
Out of Area Inpatient Hospitalization	<ul style="list-style-type: none"> • All Providers 	X		Notification of Admission must be faxed to CHA BH Case Management within 24 hours of admission.

Please see notes on page 2.

¹-PA = Prior Authorization; RR = Retroactive Authorization

²-RR must be submitted with an assessment that includes the following:

- Sufficient information to justify the presence of a qualifying DSM 5 diagnosis that is the medically necessary reason for services;
- Risk assessment including injury to self or others, a safety plan and lethal means counseling (if applicable) with the child and family;
- Screening for the presence of co-occurring disorders and chronic medical conditions; and
- Screening for the presence of symptoms related to physical or psychological trauma.

When the assessment process determines the presence of co-occurring substance use and mental health disorders or any significant risk to health and safety:

- Additional assessments shall be used to determine the need for additional services and supports and the level of risk to the child or to others; and
- All providers shall document referral for further assessment, planning, and intervention from an appropriate professional, either with the same provider or with a collaborative community provider.
- In addition to periodic updates to the assessment based on changes in the clinical circumstances, any child continuing to receive mental health services for one or more continuous years shall receive an annual assessment by an LMP.

Please refer to OAR 410-172-0695 and 309-019-0167 for more information on IIBHT (including authorization and documentation standards).