

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 25 Policy: Request for Extension of Funding Authorization
Most Current Revision: 07/01/2021 Effective Date: 07/01/2020	Page: 1 of 3

I. Purpose:

To outline the procedure to request a funding extension for those individuals receiving LCDAC funding whose funding authorization period is concluding and who are assessed as needing additional treatment and/or withdrawal management service time.

II. Procedure:

Per the ASAM Criteria, 2013, the appropriateness of the level of care placement is clinically driven based on individual needs and as such is reviewed regularly and throughout the course of the individual’s treatment episode as well as during the withdrawal management service episode. To ensure individuals are making progress on treatment plan objectives and to document appropriateness for the continuation of services at the same LoC, formal clinical reviews using the six ASAM Criteria dimensions occur at specified intervals, or as needed. The review process, its findings, and any amendments to the plan are documented.

In addition to and similar to the aforementioned, when it is necessary to extend an LCDAC funding authorization for an individual, the appropriateness for this extension shall be discerned with the completion of The ASAM Criteria Summary Sheet at specified intervals. To ensure individuals receiving LCDAC funding are making progress on treatment plan objectives and to document appropriateness for the continuation at the same LoC, a formal review using the six ASAM dimensions as well as specified LCDAC documents is required.

The process to request a LCDAC funding authorization is as follows:

- **Withdrawal Management Services**
 - The initial funding authorization for Withdrawal Management Services is typically no more than five (5) days.
 - An extension to authorize funding beyond the fifth (5th) day requires the following:
 - Provider must email the assigned Case Manager or CM Supervisor detailing rationale for requesting an extension.
 - An updated ASAM Placement Summary Sheet comprised of a Level of Service and Risk Rating must be completed and documented in PA WITS.
 - If approved, the Case Manager will email the treatment provider of the funding authorization extension period.
 - If the request is denied, the Case Manager will follow up the email alert with a discussion of level of care/recovery support service transfer options with the provider.

- **Outpatient Services**

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- Outpatient treatment funding authorizations may be active/occur for up to six (6) months.
- Treatment beyond the six (6) month period requires the request for an extension of funding, which is as follows:
 - An updated ASAM Placement Summary Sheet comprised of a Level of Service and Risk Rating must be completed **AND** entered into PA WITS.
 - Additionally, the outpatient provider is responsible for completing a ***Continued Stay Request Form***.
 - The ***Continued Stay Request Form*** includes a section to detail the individual's progress and an estimated length of treatment extension.
 - The completed ***Continued Stay Request Form*** **AND** a copy of the current client liability form must be emailed to the CM Supervisor.
- The CM Supervisor is responsible for approving or denying the request; ensuring that funds are available for the requested extension.
- The CM Supervisor will email an approval or denial to the treatment provider making the request.
 - If the request is denied, the CM Supervisor will follow up the email alert with a discussion of level of care/recovery support service transfer options with the provider.
- **IOP/Partial Hospitalization Services**
 - IOP/Partial treatment funding authorizations may be active/occur for up to ten (10) weeks.
 - Treatment beyond the ten (10) week period requires the request for an extension for funding, which is comprised of the following:
 - An updated ASAM Placement Summary Sheet comprised of a Level of Service and Risk Rating must be completed AND entered into PA WITS.
 - Additionally, the outpatient provider is responsible for completing a Continued Stay Request Form.
 - The ***Continued Stay Request Form*** includes a section to detail the individual's progress and an estimated length of treatment extension.
 - The completed ***Continued Stay Request Form*** **AND** a copy of the current client liability form must be emailed to the CM Supervisor.
 - The CM Supervisor is responsible for approving or denying the request; ensuring that funds are available for the requested extension.
 - The CM Supervisor will email an approval or denial to the treatment provider making the request.
 - If the request is denied, the Case Manager will follow up the email alert with a discussion of level of care/recovery support service transfer options with the provider.
- **Residential/Inpatient Services**
 - Residential/Inpatient treatment funding authorizations may be active/occur for up to 28 days.
 - Given the initial funding authorizations are processed through an assigned Case Manager, all subsequent funding authorization extensions shall be managed by the assigned Case Manager.
 - Requests for an extension to authorize funding beyond the 28th day requires the following:
 - Provider must email the assigned Case Manager detailing rational for requesting an extension.
 - An updated ASAM Placement Summary Sheet comprised of a Level of Service and Risk Rating must be completed and documented in PA WITS.

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- Following the initial request for a funding extension at the 28th day period, below are the intervals thereafter to request additional funding authorization extensions in accordance with the assigned level of care treatment service:
 - Level 3.1: every 15 days.
 - Level 3.5 and Level 3.7: 14 days AND then every 7 days.
 - Level 4.0: 5 days AND then daily.
- Following each request for a funding authorization extension:
 - The CM Supervisor is responsible for approving or denying the request; ensuring that funds are available for the requested extension.
 - The CM Supervisor will email an approval or denial to the treatment provider making the request.
 - If the request is denied, the Case Manager will follow up the email alert with a discussion of level of care/recovery support service transfer options with the provider.

Re-engagement in Services; AT ANY LEVEL OF CARE

Treatment Providers will make every attempt to re-engage individuals who do not show for scheduled treatment appointments or leave treatment prior to being successfully discharged. Contracted Treatment Providers will contact individuals via telephone and/or mail and/or email, etc. and will document their attempts at contact in the individual's file.

When an individual is no longer receiving treatment services, the reason why must be documented in the individual's file.

Approved By:



Rick Kastner LCDAC Executive Director

7/1/2021

Date