MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Subject: **Utilization Management**	Procedure: **Authorizations for Withdrawal Management and Residential Treatment**	
Last Updated: **1/29/2026**	Owner: **Managed Care Operations**	Pages: **6**

I. PURPOSE

To provide procedural and operational guidance to contract providers on the documentation requirements for authorizations of withdrawal management and residential treatment.

II. DEFINITIONS

American Society of Addiction Medicine (ASAM) Criteria:
A comprehensive set of standards for placement, continued service, and transfer of persons served with addiction and cooccurring conditions. A multidimensional assessment that considers the person's biomedical, psychological, and social needs.

ASAM Continuum:
An electronic assessment tool that allows clinicians, counselors, and other staff to leverage a computerized clinical decision support system (CDSS) to assess individuals with addictive substance use disorders and co-occurring conditions.

Block Grant Funding:
Persons served without Medicaid and with limited financial resources may qualify to have fees for substance use treatment subsidized through Block Grant (Community Grant or PA2) funding. Eligibility includes, but is not limited to, income eligibility requirements based on the current MCCMH-SUD sliding fee scale and a lack of third-party substance use coverage or having exhausted their third-party benefits.

Medical Necessity:
Determination that a specific service is medically (clinically) appropriate; necessary to meet needs; consistent with the person's diagnosis, symptomatology, and functional impairments; is the most cost-effective option in the least restrictive environment; and is consistent with clinical standards of care.

Residential Treatment:
An intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative, or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment.

Substance Use Disorder (SUD):
A treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal and illegal drugs, alcohol, or medications.

Withdrawal Management:
Supervised care for the purpose of managing the medical effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The detoxification process consists of three essential components: evaluation, stabilization, and fostering readiness for, and entry into, treatment.

III. PROCEDURE

A. When a person served is seeking SUD withdrawal management and/or residential treatment, they:

1. Contact the MCCMH Managed Care Operations (MCO) department to complete telephonic screening to request this service(s). This screening process is to include a plan for the person served to continue in treatment upon completion of the requested service.

2. When it is determined that this service is medically necessary, the MCO screener will contact the SUD provider with the person served on the line via a conference call.

3. The SUD provider will schedule an intake appointment as soon as possible but no later than fourteen (14) calendar days from the date of the request.

4. The MCO screener will document the approved services including the amount, scope, and duration to be authorized in the disposition section of the Access Screening document.

    a) Initial authorizations for withdrawal management will be approved for up to three (3) calendar days.

    b) Initial authorizations for residential treatment will be approved for up to twenty-one (21) calendar days.

5. If the scheduled intake appointment is rescheduled for any reason, it must occur withing seven (7) calendar days from the originally scheduled date. If the intake is to occur beyond that time frame, the person served must contact MCO and be rescreened for this service.

B. When a person served walks into a withdrawal management and/or residential treatment facility without completing a screening with MCO, the following occurs:

1. If they walk into a facility during business hours, the individual must:

a) Contact MCO to complete a telephonic screening to request this service(s). This screening process is to include a plan for the person served to continue in treatment upon completion of the requested service.

b) The MCO screener will document the approved services including the amount, scope, and duration to be authorized in the disposition section of the Access Screening document.

   i. Initial authorizations for withdrawal management will be approved for up to three (3) calendar days.

   ii. Initial authorizations for residential treatment will be approved for up to twenty-one (21) calendar days.

c) If it is determined by MCO that the requested service is not medically necessary, then the individual will be provided with a referral(s) to the appropriate level of care.

2. If they walk into a facility outside of business hours, the SUD provider will:

   a) Complete an intake assessment and, if appropriate, admit the individual to their program.

   b) On the next business day, the SUD provider will ensure that the individual contacts MCO to complete the telephonic screening and request prior authorization for this service(s). This screening process is to include a plan for the person served to continue in treatment upon completion of the requested service.

   c) The MCO screener will document the approved services including the amount, scope, and duration to be authorized in the disposition section of the Access Screening document.

      i. Initial authorizations for withdrawal management will be approved for up to three (3) calendar days.

      ii. Initial authorizations for residential treatment will be approved for up to twenty-one (21) calendar days.

   d) If it is determined by MCO that the requested service is not medically necessary, then the individual will be provided with a referral(s) to the appropriate level of care.

   e) In the event that the service(s) is denied during the telephonic screening process, the SUD provider will be authorized for the day(s) that the person served was in their program up to the first business day from the day they walked into the facility.

C. When a person served is actively engaged in SUD services through MCCMH and the SUD clinician is recommending a change in level of care to withdrawal management and/or residential treatment services, they will complete the following:

1. The clinician completes the MCCMH SUD Change in Level of Care (CLOC) form and electronically submits this to MCO in the FOCUS EMR.

    a) The clinician will complete a clinically focused interpretive summary that includes their clinical impression of the client and their recommendation of the appropriate level of care. This summary should speak to the rational for the six (6) dimensions of the ASAM especially when the clinician's clinical recommendations differ from the recommendations of the ASAM Continuum.

    b) The CLOC form must specify which withdrawal management and/or residential provider the person served is requesting.

2. MCO has seven (7) calendar days to make a medical necessity determination on these authorization requests.

    a) When it is determined that the person served meets the medical necessity criteria for the authorization of withdrawal management and/or residential, the CLOC form is approved in the FOCUS EMR, an electronic notification is sent to the SUD treatment provider, and MCO will notify the withdrawal management and/or residential provider indicated in the CLOC form of the MCO authorization for services.

    b) When it is determined that the person served does not meet the medical necessity criteria for this authorization, the CLOC form is denied in the FOCUS EMR, an electronic notification is sent to the SUD provider, and MCO sends a Notice of Adverse Benefit Determination (ABD) to the person served.

3. Once the CLOC form has been processed by MCO in the FOCUS EMR, the treating provider should review the determination in the request. If the person served was approved for withdrawal management and/or residential treatment, then the provider shall:

    a) Assist the person served in contacting the provider of their choice and facilitating the referral.

    b) The SUD provider will schedule an intake appointment as soon as possible but no later than fourteen (14) calendar days from the date of their request.

    c) If the scheduled intake appointment is rescheduled for any reason, it must occur withing seven (7) calendar days from the originally scheduled date. If the intake is to occur beyond that time frame, the

treating provider must submit a new CLOC form to MCO and re-request this service.

D. The intake assessment process with the withdrawal management or residential provider includes, but is not limited to, the following:

1. Identify the person's functional, treatment, and recovery needs and set the foundation for formulating the Individualized Treatment Plan.

2. The clinician will complete the ASAM Continuum assessment or review an ASAM Continuum assessment received from a previous provider, if applicable.

3. The clinician will complete a clinically focused interpretive summary that includes their clinical impression of the client and their recommendation of the appropriate level of care. This summary should speak to the rational for the six (6) dimensions of the ASAM especially when the clinician's clinical recommendations differ from the recommendations of the ASAM Continuum.

E. When the intake assessment supports the medical necessity for withdrawal management and/or residential, the provider:

1. Submits the request to open the SUD admission to MCO within forty-eight (48) hours of admission.

2. Enters the income verification information into the FOCUS Electronic Medical Record (EMR) prior to submitting an authorization request.

3. Submits the authorization request to MCO in the FOCUS EMR within seventy-two (72) hours of admission.

4. This authorization request should match the amount, scope, and duration indicated in the disposition section of the Access Screening document or the approved CLOC form.

F. MCO has seven (7) calendar days to process these authorization requests.

1. When it is determined that the person served meets the medical necessity criteria for the authorization of detoxification and/or residential, the authorization is approved in the FOCUS EMR, and an electronic notification is sent to the provider.

2. When it is determined that the person served does not meet the medical necessity criteria for the authorization of detoxification and/or residential, the authorization is denied in the FOCUS EMR, an electronic notification is sent to the provider, and MCO sends a Notice of Adverse Benefit Determination (ABD) to the person served.

G. When a person served is actively engaged in a withdrawal management or a residential treatment program and they are absent from this program for any reason, including a medical or psychiatric emergency, for twenty-four (24) hours or more, then they must be advised to contact MCO to be screened for eligibility prior to readmission.

H. When a person served is actively engaged in withdrawal management services through MCCMH and the SUD provider is recommending an extension of their authorization for this level of care,

    1. The clinician submits a prior authorization request to MCO in the FOCUS EMR. This request must indicate that withdrawal management is not complete and that additional time is needed for this LOC.

    2. The SUD provider can request up to two (2) additional calendar days of withdrawal management for a total authorization not to exceed five (5) calendar days for this LOC. Requests that exceed this amount will be considered on a case-by-case basis with the submission of medical documentation supporting the treatment need.

I. When a person served is actively engaged in residential services through MCCMH and the SUD provider is recommending an extension of their authorization for this level of care, they will complete the following:

    1. The clinician submits a prior authorization request to MCO in the FOCUS EMR. This request is to be submitted up to five (5) calendar days and no less than three calendar (3) days prior to the expiration of the current residential authorization. The authorization request must include the following to support medical necessity:

        a) The residential treatment plan.

        b) Evidence that the person served has made progress in achieving their treatment goals.

        c) Evidence that continued authorization is necessary to resolve cognitive and behavioral impairments which prevent the person served from benefiting from less intensive treatment.

        d) The clinical rationale for the extension of residential treatment.

J. MCO has seventy-two (72) hours to make a medical necessity determination on the extension request.

    1. When it is determined that the person served meets the medical necessity criteria for the extension authorization of residential treatment, the authorization request is approved in the FOCUS EMR, and an electronic notification is sent to the SUD provider.

2. When it is determined that the person served does not meet the medical necessity criteria for the extension authorization of residential, the authorization request is denied in the FOCUS EMR, an electronic notification is sent to the SUD provider, and MCO sends a Notice of ABD to the person served.

K. When the SUD provider determines that the person served is appropriate to move to an alternative level of care, they will complete the following:

1. The clinician submits a Change in Level of Care (CLOC) form in the FOCUS EMR. This request is to be submitted up to five (5) calendar days and no less than three (3) calendar days prior to the date of planned discharge for the person served from the current provider.

IV. REFERENCES

None.

V. RELATED POLICIES

A. MCCMH MCO Policy 4-020, "Medicaid and Non-Medicaid Notice of Adverse Benefit Determination"
B. MCCMH MCO Policy 12-004, "Service Authorizations"

VI. EXHIBITS

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	2/19/2025	Creation of Procedure	MCCMH MCO Division
2	3/25/2025	Implementation of Procedure	MCCMH MCO Division
3	11/20/2025	Revision of Procedure	MCCMH MCO Division
4	1/29/2026	Revision of Procedure	MCCMH MCO Division