

Addiction and Recovery Treatment Services (ARTS) Enhancing Authorization Reviews

Update #: OPSARTS111025

Effective Date: 1/1/2026

Applicable Plan(s): Medicaid

Applicable Policy: N/A

Business Owner: Behavioral Health Utilization Management Team

Current State:

Future State: Addiction and Recovery Treatment Services (ARTS) Enhancing Authorization Reviews

As part of our ongoing commitment to clinical excellence and member-centered care, Sentara Health Plans Behavioral Health Utilization Management (SHP BH UM) is refining our review process for ARTS authorization requests. These enhancements are designed to support more precise alignment of services with member needs, while continuing the high standards of review we have always upheld.

Initial Starts of Care – Collaborative Review Process

When conducting initial reviews for starts of care, our ARTS Review Specialists will continue to assess clinical documentation using the ASAM 3rd edition. If it appears that the requested level of care may not be the most appropriate based on the information provided, the reviewer will reach out directly to the provider to discuss the case. This collaborative conversation may result in:

- Voiding the current request and submitting a new request for a more clinically appropriate level of care.
- Or it may result in gathering additional information to support the level of care requested.

Approval Beyond Requested Units or Days

SHP BH UM may also approve additional days or units beyond what was requested, if the member meets the ASAM level of care either originally submitted or agreed upon during the collaborative discussion. This approach is intended to:

- Reduce administrative burden on providers.
- Ensure members have sufficient time in the most appropriate level of care.
- Support the beginning of a successful recovery journey.

Documentation Support for Quality Reviews

To support these quality-focused reviews, we ask that providers submit complete and clinically relevant documentation aligned with each ASAM dimension. This will help us make timely and accurate determinations. Please refer to the ASAM Dimension Reference Appendix below for guidance on what to include. The appendix also serves as a helpful tool to guide providers in understanding what specific information is needed, by dimension, when submitting authorization requests for review.

Care Coordination with Sentara

As part of your provider agreement, coordination with Sentara care coordinators is required. To support this effort:

- Please include the member's current phone number and the best contact number for your discharge planner in your documentation.

For support or questions, please contact Sentara at **757-552-8398** or **1-866-546-7924**.

APPENDIX

General Guidance for Substance Use Authorizations

- **Requests for authorization should be submitted within one business day of the requested start date.**
- **Use Member-Specific Language:** Avoid generic or “cookie cutter” phrasing. Documentation should reflect the unique clinical presentation and needs of each member.
- **Service Request Authorization (SRA) Form Limitations:** Text boxes in the SRA form do not expand. Use the bottom section of the form for additional clinical details as needed. You may also attach initial assessments or progress notes to supplement the information provided.
- **Previous Authorizations:** If the member began treatment with your program but was previously authorized under a different payor, please clearly indicate this. You may include a copy of authorization issued by another payor with your SRA.
- **Dates of Service (DOS):** Always include DOS when submitting requests for authorization extensions.
- **Freedom of Choice forms:** Providers may submit a signed and dated Freedom of Choice form from the member as confirmation that the member has voluntarily discharged from any previous provider at the same level of care.
- **Continuation of Stay Reviews**
Each ASAM dimension should reflect the member’s current presentation, treatment engagement, and discharge planning:
 - **Positive Urine Drug Screens (UDS):**
 - What interventions are being adjusted in response?
 - How is ongoing use being addressed in treatment?
 - How does the current level of care support the member’s recovery?
 - **Ongoing Mental Health Needs:**
 - What care coordination is occurring with mental health providers?
 - **Discharge Planning:**
 - What is the recommended next level of care?
 - What referrals have been made?
 - Plans should aim for the least restrictive level of care (e.g., step-down after successful completion).
- **Care Coordination with Sentara**
As part of your provider agreement, coordination with Sentara care coordinators is required:
 - Include the member’s current phone number and the best contact number for your discharge planner.
- **Discharge notifications**
Once a member has been discharged from a service, Sentara requests a discharge notification be faxed to (844)-348-3719. Be sure to include the last date the member received services and what aftercare appointments were scheduled.

Documentation Guidance by ASAM Dimension:

- **Dimension 1: Acute Intoxication and/or Withdrawal Potential**

Substance Use Details

- **Primary substance(s) used:** Clearly identify the member’s drug(s) of choice.

- **Usage patterns:**
 - Frequency (how often)
 - Quantity (how much)
 - Route of administration (e.g., oral, intravenous, inhalation)
- **Age of first use:** Provide historical context for substance use onset.
- **Date of last use:** This must be included in every request.

Withdrawal Assessment

- **Current withdrawal symptoms:**
 - Specify the symptoms being reported.
 - Include details on **frequency, duration, and intensity**.
- **History of withdrawal:**
 - Note any previous withdrawal episodes.
 - Indicate if there is a history of **seizures** or **delirium tremens (DTs)**.

Clinical and Laboratory Data

- **Recent drug screen results** and/or **blood alcohol content (BAC)** levels.
- **For ASAM Level 3.7 and 3.5 requests:**
 - Include **vital signs** to support the acuity of care.

Medication-Assisted Treatment (MAT)

- **Current MAT status:**
 - Is the member currently receiving MAT?
- **If not on MAT:**
 - Confirm that MAT options have been discussed.
 - Document referrals provided for MAT services.
 - If the member declines MAT, providers should **revisit and document MAT discussions monthly**.

• Dimension 2: Biomedical Conditions and Complications

Medical History and Current Conditions

- **Active medical diagnoses:** List all current and relevant medical conditions.
- **Associated symptoms:**
 - Describe any symptoms the member is currently experiencing related to these diagnoses.
 - Include details on **frequency, intensity, and severity** of symptoms.

Medication and Treatment Compliance

- **Current medications:**
 - List medications prescribed for medical conditions.
 - Indicate whether the member is **adherent** to prescribed medications and **treatment recommendations**.

Neurological History

- **Traumatic Brain Injury (TBI):**

- Document any history of TBI, including diagnosis and relevant clinical details.

Primary Care Engagement

- **Primary Care Physician (PCP) status:**

- Confirm whether the member is currently connected to a PCP.
- If not, providers should **initiate referrals** and/or **assist with scheduling** a PCP appointment.

- **Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications**

Mental Health Diagnoses

- **Current psychiatric diagnoses:** Include all active mental health conditions.
- **Developmental or cognitive disorders:** Document any diagnosed conditions such as intellectual disabilities, autism spectrum disorder, or other cognitive impairments.

Active Symptoms

- Describe current symptoms (e.g., depression, anxiety, sleep disturbances).
- Specify:
 - **Frequency** (how often symptoms occur)
 - **Intensity/severity**
 - **Duration**
 - **Date symptoms were last observed.**

Risk Factors

- **Suicidal ideation (SI), homicidal ideation (HI), or psychosis:**
 - Indicate if any are currently present.
 - If yes, specify whether there are **plans, intent, or means.**
- **History of risk behaviors:**
 - Psychiatric hospitalizations
 - Suicide attempts
 - Self-injurious behavior (SIB)
 - Homicidal ideation or physical aggression
 - Psychosis
 - Abuse or trauma history (including relevant details)

Treatment and Medication

- **Current mental health treatment:** Describe therapy, counseling, or psychiatric services in place.
- **Prescribed psychotropic medications:**
 - List all current medications.
 - Indicate whether the member is compliant with medication and treatment recommendations.

- **Dimension 4: Readiness to Change**

Stage of Change

- Identify the members' **current stage of change** (e.g., precontemplation, contemplation, preparation, action, maintenance).
- Include observations or statements that support this assessment.

Treatment Engagement

- **Recent participation in treatment:**
 - Specify the **type of service or level of care** (e.g., outpatient, residential, IOP).
 - Include **provider name** and **dates of service**.
- **History of treatment:**
 - Document previous treatment episodes.
 - Indicate whether the member was **compliant** and/or **successful** in completing treatment.
- **Insight and Awareness**
 - Assess the members' **level of insight** into their behavioral health and substance use issues.
 - Note whether the member **acknowledges the severity** of consequences in areas such as:
 - Legal involvement
 - Relationship challenges
 - Employment issues
 - Financial impact

• Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Current Risk Level

- **Assess the member's current level of relapse risk** (low, moderate, high).
- Provider clinical rationale for the risk level.

Contributing Factors

- **Lack of coping skills or support systems:** Describe any deficits in emotional regulation, problem-solving or social support.
- **Presence of withdrawal symptoms or Post-Acute Withdrawal Syndrome (PAWS):** Include current symptoms and their impact on functioning.
- **History of treatment non-compliance:**
 - Leaving Treatment **Against Medical Advice (AMA)**
 - **Immediate relapse** following discharge.

Environmental and Psychosocial Stressors

- **Housing instability:** Note if the member is homeless or living in an unstable environment.
- **Legal issues:** Document any current or pending legal concerns.
- **Unstable mental health symptoms:** Include any unmanaged or worsening psychiatric symptoms.

Triggers and Cravings

- Describe any **known triggers, cravings, or using-related dreams** that may increase relapse risk.

• Dimension 6: Recovery/Living Environment

Living Situation

- **Current living arrangements:** Describe where the member resides (e.g., with family, in a shelter, alone).
- **Housing stability:** Indicate whether the housing is **stable** or **unstable**.
- **Substance use in the home:** Note if anyone in the household is actively using substances.

Support System

- **Sober supports:** Identify any individuals or groups provider recovery-oriented support.
- **Non-sober influences:** Note any relationships that may pose a risk to recovery.

Socioeconomic Factors

- **Employment status:** Document current employment or vocational engagement.
- **Financial status:** Include any financial instability or barriers to meeting basic needs.

Legal Involvement

- Note any **current legal issues**, such as:
 - Court dates
 - Probation or parole
 - Department of Social Services (DSS) involvement

Transportation

- Identify any **transportation barriers** that may impact treatment access or daily functioning.

Safety Concerns

- **Environmental abuse:** Indicate if the member is currently experiencing any form of abuse (physical, emotional, sexual, or financial) in their living environment.