

BE Discussion for WITS Clinical Group 6/22/2018

- 1) Ensure BE forms are completed correctly with attention to the following:
 - a. Current modality and tier level
 - b. Requested Units and Tier Level
 - c. Current Authorization End Date
 - d. Requested Authorization End Date
 - e. Any pertinent ASAM dimension that requested additional units are for.
- 2) Ensure all supporting clinical documentation in WITS has been completed (per contract requirements) prior to BE Request, specifically
 - a. Health and Wellness Plan:
 - all ASAM Dimensions addressed with type, frequency and duration of intervention (where applicable).
 - Health and Wellness Plan Updates: ASAM Dimensions addressed, review comments used to document status (i.e. progress, no progress or deterioration).
 - b. Progress Notes:
 - progress note references one or more ASAM Dimensions from the Health and Wellness Plan. Uses a recommended format (e.g. DAP) to describe individualization for the intervention, the result of the intervention and f/u for the next intervention.
 - c. Assessment (ASI/ADAD):
 - ensure analysis and justification for services in all ASAM Dimensions in DENS ASI narrative or ADAD narrative has been completed and are congruent with Health and Wellness Plan.
- 3) Tier Level (Funding Source):
 - verify that the tier level (SABG, GF, STR...) to which services are funded by has sufficient funding, or it will be denied.
 - BE requests shall only be considered for review after all units in available tiers have been utilized.
- 4) Current Authorization End Date and Requested Authorization End Date:
 - BE requests are to be dated before the current Authorization End Date.
 - Retro BE Requests are not authorized.
- 5) Appropriate Tier Level Consideration:
 - Ability to move clients through various tier levels dependent on acuity level of client.
- 6) BE Requests for PWWDC—list both mother's and child(ren) ID(s) on the BE Request Form.