APPENDIX 11
SUMMARY OF OUTPATIENT AODA AND AODA INTENSIVE OUTPATIENT TREATMENT PRIOR AUTHORIZATION GUIDELINES
(FOR USE WITH THE AODA SERVICES ATTACHMENT: PA/AA)

Severity of Illness Indicators
Outpatient AODA and AODA intensive outpatient treatment may be authorized for individuals with a DSM diagnosis of alcohol dependence (303.9), drug dependency (304.0-304.9), or alcohol or other drug abuse (305.0, or 305.2-305.9) when they meet the severity of illness criteria. Among the criteria for adults are:

- the recipient's family environment or living situation is stable enough to permit benefit from outpatient treatment and family members or significant others are supportive of the recipient's recovery goals (or recipient is able to find alternative sources of support).

- the recipient's psychological state is stable enough to permit benefit from treatment or those psychological difficulties that are present are most closely related to the recipient's chemical abuse rather than to another psychological condition.

- the recipient's chemical abuse results in behavioral deterioration, damaged social functioning, or loss of vocational or educational performance.

- the recipient admits an alcohol/drug problem, recognizes the adverse impact the abuse is having on his/her life, and shows sufficient personal responsibility to comply with treatment and is willing to do so.

For adolescents, additional criteria include:

- school environment is stable enough to permit benefit from outpatient treatment.

- family issues may be addressed by program staff or through appropriate referrals.

All recipients must demonstrate:

- a history of recent chemical abuse, the ability to maintain short-term abstinence goals or the potential for relapse which could result in physical or personal harm.

- their physical condition is sufficiently stable to permit benefit from treatment.

Additional Documentation
The provider must document the recipient's AODA treatment history, if any, including outcomes, for the 12 months preceding the request. The treatment plan must contain measurable active treatment goals and objectives and must note any special needs of the recipient. Requests returned for more information do not constitute a denial of service. The provider is responsible for sending adequate, updated information to allow processing of the prior authorization request.

Normative Authorization for Outpatient AODA
Authorization for adults is generally for no more than one to two therapy contacts per week totalling one to three hours. Group therapy is considered the modality of choice. For adolescents not more than two to three contacts per week totalling three to five hours are authorized. Group and family therapy are the modalities of choice. Individual therapy sessions of 60 minutes are considered if documentation is provided to support such a request. Authorization is generally granted for a three month period. Where therapy is non-intensive, authorization may be for up to a six month period.

Additional Instructions for Requests for AODA Intensive Outpatient Treatment
The severity of illness criteria for recipients for whom intensive outpatient treatment is requested needs to justify the more intensive treatment. It is assumed that the program design is appropriate for achieving the intended results.

The treatment plan should reflect the following:

- Indication of the family's involvement in the treatment plan.

- The concept of abstinence from alcohol and drugs.
- Involvement in self-help groups for on-going support.
- A plan for aftercare for 6-12 months following intensive outpatient treatment.

Normative Authorization for AODA Intensive Outpatient Treatment
Services are authorized for 4-16 hours a week for 4-16 weeks (e.g., up to 64 hours over an appropriate period of time; 16 hours a week for 4 weeks). A copy of the program design should be submitted along with the request in order that the consultant may determine that the program elements (individual, group, family sessions) are appropriate to the needs of the recipient.

Intensive treatment is generally not authorized if the recipient participated in the same or a similar program in the past 12 months.

If the recipient is receiving other treatment (such as psychotherapy or day treatment for the mentally ill) at the same time as AODA intensive outpatient treatment, this should be indicated. The request should justify the need for such services and indicate how they are coordinated. However, a recipient may not be in AODA intensive outpatient service and intensive mental health day treatment (more than 10 hours per week) concurrently.

Services to Affected Family Members
Services to individuals who have a problem resulting from their relationship to an individual who has been an active alcohol or drug abuser may be reimbursed as AODA services if the individual has an allowable ICD-9-CM diagnosis (as noted in Appendix 3 of this handbook), and their involvement with the alcohol or drug abuser has been very recent. These services may be provided by a certified AODA counselor. Normative authorization is for weekly group, individual, or family therapy.

Services to affected family members who have not recently been involved with an alcohol or other drug abuser are considered psychotherapy services and are subject to the requirements for psychotherapy services.