



Substance Use Disorder Transition to Higher Level of Care Procedure

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Purpose To provide Department of Behavioral Health (DBH) staff and contracted treatment providers guidance for the transition of Substance Use Disorder (SUD) clients to a higher level of care when deemed medically necessary.

Prior Authorization for Residential Treatment Clients must receive authorization from SUDRS Administration prior to entry into SUD Residential Treatment Services. When a client is deemed to require Residential Treatment Services, staff will utilize the following process to obtain authorization from SUDRS Administration:

If...	Then...
If the client is currently receiving treatment from a county provider, provider staff will...	<p>Complete and email the following forms to the Screening Assessment and Referral Center (SARC) (DBH-SARCResAuth@dbh.sbcounty.gov):</p> <ul style="list-style-type: none"> • DMC-ODS Transition Form (SUDRS026 for Adult / SUDRS033 for Adolescent or myAvatar printout) • SUD Referral Form (SUDRS034) • ASAM Level of Care Screening Form (SUDRS028 for Adult / SUDRS031 for Adolescent) • Immediate Need Profile (SUDRS027) • Verification of Medi-Cal eligibility • Any other pertinent documents, (medical/psychiatric clearances, Release of Information forms, etc.) • Offer ongoing treatment or other interim services to the client until approval has been received and placement is attained.

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Substance Use Disorder Transition to Higher Level of Care Procedure, Continued

Prior Authorization for Residential Treatment, Continued

If...	Then...
If the client is currently receiving treatment from a contracted provider, contractor staff will...	<ul style="list-style-type: none"> • Contact the Screening, Assessment and Referral Center (SARC) (1-800-968-2636) and ensure that the customer is connected to SARC staff. • Complete and email the SUD Referral Form (SUDRS034) to SARC (DBH-SARCResAuth@dbh.sbcounty.gov) • Offer ongoing treatment or other interim services to the client until approval has been received and placement is attained.

- All submitted DMC-ODS Transition forms will receive an acknowledgement receipt from SUDRS Administration within one (1) business day.
- Clients will be reassessed every thirty (30) days unless medical necessity warrants more frequent reassessments as documented in the client's individualized treatment plan.

Related Policy or Procedure

DBH Standard Practice Manual and Departmental Forms:

- Authorization for Release of Protected Health Information (PHI) (COM001_E)
- Transition to Higher Level of Care Policy (SUDRS0226)
- Residential Prior Authorization Policy (SUDRS0231)
- Adult DMC-ODS Transition Form (SUDRS026)
- Adult (21+) ASAM Level of Care Screening (SUDRS028)
- Adolescent (Age 12-17) and Young Adult (Age 18-20) ASAM Level of Care (SUDRS031)
- Adolescent-Young Adult DMC-ODS Transition Form (SUDRS033)
- SUD Referral Form (SUDRS034)

References

- Code of Federal Regulations, Title 42, Part 2
- Code of Federal Regulations, Title 42, Section 438.910 (d)