

Questions for Substance Use Disorder for Rehabilitation and Residential Medical Necessity Reviews:

Initial Reviews

1. What criteria did the provider use?
2. Confirm the level of care the provider is requesting.
3. What is members current use including what substances, pattern of use, amount, frequency and last use.
4. Is the member having withdrawal symptoms? (If yes explain).
5. List member's current living situation and include:
 - a. Is the member a primary caregiver, if so indicate the dependent currently in their care.
6. Does the member have a support system and who is it
7. List significant medical issues in addition to pertinent medications.
8. List mental health issues in addition to psychiatric medications.
9. Are there any issues with employment or school that are due to the member's use ?
10. List legal issues or indicate if there is no history.
11. Indicate any high risk behaviors (e.g. driving while using) or indicate if none exist.
12. What is the treatment history?
13. What is the discharge plan including where and who the member will live with.
14. Indicate who provided additional information to the requesting provider (other providers, parents or other family/support system) and indicate the additional information provided.
15. What are the risks to the member if not admitted to the requested level of care?
16. What are the treatment goals for the member.

Concurrent Reviews:

1. List any withdrawal symptoms or cravings.
2. Indicate any pertinent changes that will affect discharge planning.
3. Indicate any acute medical issues.

4. Indicate any mental health issues that may affect treatment.
5. Indicate any new medications or medication changes.
6. Is member attending all required programming and participating in treatment?
7. Is the member's support system participating in treatment?
8. What is the discharge plan including where and who they will live with.
9. Indicate who provided additional information to the provider (other providers, parents or other family/support system) and indicate the additional information provided.
10. What are the treatment goals?
11. What is the risk to the member for not continuing treatment?