

# GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

101 N. Edison Street, Kennewick, WA 99336 - Phone: 509-737-2475 or 1-888-545-3022  
Fax: 509-783-4165 or Secure Authorization Fax: 509-460-5238 - website: gcbhllc.org

## Authorization Reference Guide

Greater Columbia Behavioral Health Administrative Service Organization (GCBH BH-ASO) may provide authorization to withdrawal management admissions and voluntary substance use disorder (SUD) residential treatment pending available funding for individuals without Apple Health Medicaid benefit that reside in the Greater Columbia Region.

All clinical documentation must be faxed to the Secure Authorization Fax line: **509-460-5238**

- **Voluntary Withdrawal Management**

ASAM 3.2

Authorization: Max of 3 days. Written notification of admission including clinical criteria for admission should be faxed to 509-460-5238. Once the form is received, GCBH-ASO utilization staff will review and return the form to the provider with an authorization number. It is the provider's responsibility to determine an individual's eligibility for services.

ASAM Level 3.7

Prior Authorization is required for all voluntary non-Medicaid individuals using State-only funding. Please call the ASO directly for this authorization at 509-737-2475.

Concurrent Review: Requested 24 hours prior to authorization expiration, telephonically. Extensions are based on available resources.

- **Residential Treatment – ASAM levels 3.5, 3.3, and 3.1**

**Eligibility:** All authorizations are approved within available resources and are limited to those who meet the GCBH Priority Population, which are identified as: Pregnant Individuals Injecting drugs, Pregnant Individuals with Substance Use Disorder, Women with dependent children, Injecting drug users, and youth. It is the providers' responsibility to check the individual's Medicaid eligibility prior to requesting an authorization and to assist the individual in applying for Medicaid if they are not currently enrolled.

*The individual must reside within the Greater Columbia Region.*

**Authorization and Continued Stay:**

Providers must contact Greater Columbia Behavioral Health ASO, LLC at 509-737-2475 with clinical documentation faxed to 509-460-5238 to receive prior authorization for voluntary residential SUD treatment.

Authorization is for 30 days with no continued stay authorization.

**Medical necessity criteria:** Is used to determine the appropriate level of care during a review.

Substance use treatment criteria are based on the American Society for Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition.

Can be found at: <https://www.asam.org/asam-criteria/about>

**Appeal:** Authorization determinations are subject to GCBH Policy CA410, which addresses Grievances and Appeals.

Can be found at: <https://www.gcbhllc.org/files/135783441.pdf>