

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 24 Policy: Funding Authorization Process
Most Current Revision: 07/01/2021 Effective Date: 07/01/2020	Page: 1 of 2

I. Purpose:

To ensure a funding authorization process is established.

II. Procedure:

A. For the outpatient level of care services (that is: outpatient; intensive outpatient; partial hospitalization) as well as withdrawal management services at the 3.7 level of care, NO PREAUTHORIZATION from LCDAC is required.

B. LCDAC requires preauthorization for the following levels of care:

- **3.1 Clinically Managed Low-Intensity Residential Halfway House**
- **3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent)**
- **3.5 Clinically Managed High-Intensity Residential Services (Adult)**
- **3.7 Medically Monitored Intensive Inpatient Services (Adult)**
- **3.7 Medically Monitored High-Intensity Inpatient Services (Adolescent)**
- **4 Medically Managed Intensive Inpatient Services**

As such, LCDAC requires a REQUEST FOR CLIENT SERVICES packet to be utilized to request funding for the above mentioned levels of care. The REQUEST FOR CLIENT SERVICES packet shall be completed by the provider requesting funding approval and must be emailed to the Case Management Unit within 5 (five) business days of admission. LCDAC requires a REQUEST FOR CLIENT SERVICES packet for residential services at the time withdrawal management is requested, as residential services require preauthorization.

The provider shall email the REQUEST FOR CLIENT SERVICES packet to the Case Management Unit to request funding. If an individual is being referred to another facility, the current provider is responsible for securing LCDAC funding prior to admission to the accepting facility and is required to forward such approval to the accepting facility.

Providers must record if the service is co-occurring and email a completed Request for Client Services two-page form with a completed updated ASAM Summary Placement Sheet if this status changes. Once received by the Case Management Unit, a response shall be emailed within 5 (five) business days to the requester. Verbal communication shall not constitute authorization. The approved REQUEST FOR CLIENT SERVICES email sent from LCDAC Case Management Unit shall be retained by the provider and be made available upon

request. Failure to produce an approved REQUEST FOR CLIENT SERVICES email may result in denial of funding.

In the event that more time than initially approved is warranted, the provider may submit further requests for funding authorization in an email directed to the assigned LCDAC Case Manager with a CC to the LCDAC Case Manager Supervisor.

Request for Authorization Submission

All requests must be emailed to the Case Management Unit as follows:

- Initial funding requests for client services may be emailed to the LCDAC Case Management Supervisor: DrugAlcohol@co.lancaster.pa.us
- Subsequent funding request for client services may be emailed to **the assigned LCDAC Case Manager** with a CC to the LCDAC Case Management Supervisor: DrugAlcohol@co.lancaster.pa.us

Approved By:



Rick Kastner LCDAC Executive Director

7/1/2021

Date