## Overview of State Facility Utilization Reduction process for state hospital clients

Client, hospital SW, CSB liaison & SUD Clinician arrange admission to residential SUD treatment facility, CSU, or recovery housing

If funding is
needed, SUD
Clinician emails
CSB SARPOS
manager and
liaison about
whether CSB can
pay w/ SARPOS or
needs to use
SFUR

If using client's insurance or a nocost program [end] If using SFUR, 1)
SUD Clinician
connects SARPOS
manager w/
facility about
billing; 2) SUD
Clinician sends
SFUR auth to
SARPOS manager
& liaison +
"Region 1
Invoices @ region
ten dot org;" [Reg
Office encumbers
funds]

If using SARPOS, SUD Clinician connects SARPOS manager with facility; facility bills CSB, CSB submits payment [end] If SFUR, facility sends bill to SARPOS manager or designee; CSB pays bill CSB submits
proof of payment,
SFUR auth, and
Check Request
form to "Region 1
Invoices @ region
ten dot org"

Regional
Office
reimburses
CSB [end]

If SFUR, Clinician submits auth to Reg Office; Clinician writes Check Request to reimburses R10

If SARPOS, Clinician coordinates reimbursement with Reg Office

For questions, please contact:

If client has unexpected expense

at facility & home CSB isn't able

to manage in time, Clinician uses

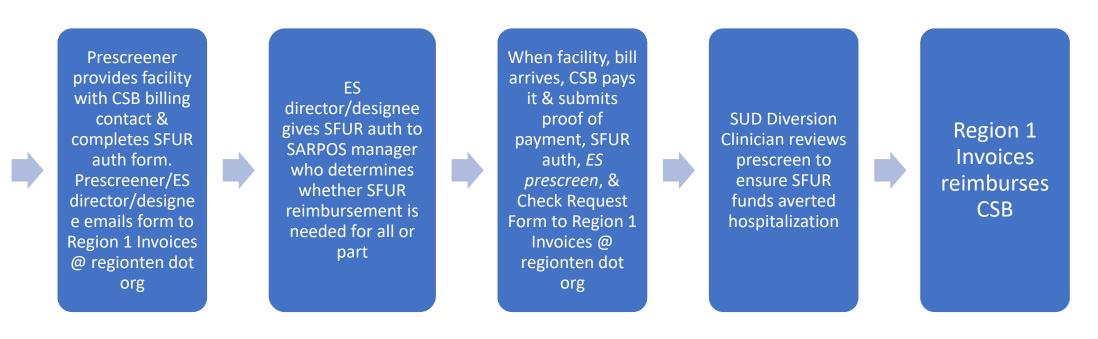
SFUR credit card, discusses SFUR

v SARPOS afterward

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## Overview of State Facility Utilization Reduction process for Emergency Services Diversions from hospitalization

Prescreener determines that 1) client is clinically appropriate for volun. placement at residential **SUD** treatment or will be hospitalized; 2) there is an accepting treatment provider but client lacks resources to pay; CSB lacks SARPOS to pay or SARPOS availability cannot be determined in time



This use of SFUR is less common because there are few appropriate SUD treatment options.