



HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH & RECOVERY SERVICES



POLICY AND PROCEDURE

Service Area: Mendocino County Behavioral Health and Recovery Services

Subject: Point of Authorization

Subject Matter
Expert:

Scott Abbott, Compliance Manager

BHRS Director:

Jenine Miller, BHRS Director

Previous or
Referenced Policy
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POLICY:

Mendocino County Mental Health Plan (MHP) shall ensure compliance with CCR, Title 9, Chapter 11, sections 1810-1840; and CFR, Title 42, section 438. These statutes cover all matters concerning authorization of inpatient and outpatient services. For Day Treatment Rehabilitation and Intensive, the MHP shall comply with DHM Letter No. 03-03 and DMH info Notice 02-06, enclosures, Pages 1-5. For children in foster care, KINGAP and Aid to Adoptive Parents (AAP) that are placed outside of their County of origin, the MHP shall comply with DMH Information Notice 09-06 unless superseded by DHCS MHSUDS Information Notice 17-032, regarding authorization, documentation, and reimbursement for services.

Administrative Service Organizations (ASO) and providers will abide by the following Access and Point of Authorization (POA) procedures. The MHP will maintain a Quality Assurance, Quality Improvement (QA/QI), Utilization Management and Compliance office that will provide oversight of all access and point of authorization requirements.

Access Structure

Mendocino County Mental Health Services can be accessed by:

1. Access Line - 24 hour a day, 7 days a week (24/7) toll free number (800) 555-5906;

Crisis Line - 24 hour a day, 7 days a week (24/7) toll free number (855) 838-0404.

2. Mental Health Service Centers:

Adult Services:

Mendocino County AIDS/Viral Hepatitis Network (MCAVHN): 148 Clara Avenue, Ukiah, CA

Manzanita Services Ukiah: 564 South Dora, Suite D, Ukiah, CA

Manzanita Services Willits: 286 School Street, Willits, CA

Mendocino Coast Hospitality Center: 474 S. Franklin St, Fort Bragg, CA

Redwood Community Services: 32670 Highway 20, Suite 2, Fort Bragg, CA

Mendocino County Behavioral Health, Medication Management, Ukiah & Fort Bragg

Children's Services:

Redwood Community Services (RCS): 350 Gobbi St., Ukiah, CA

Redwood Community Services Willits: 99 S. Humboldt St., Willits, CA

Redwood Community Services Fort Bragg: 32670 Highway 20, Unit #6, Fort Bragg, CA

Tapestry Family Services: 290 E. Gobbi St., Ukiah, CA

Mendocino County Youth Project: 776 F. State St., Ste.107, Ukiah, CA

3. ASO will submit a monthly Crisis/Phone Log to MHP QA/QI by the 10th of each subsequent month.
4. The ASO POA shall ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting provider when appropriate.
5. The ASO POA shall have any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs. Compensation to individuals or entities that conduct utilization management activities must not be structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.
6. The ASO POA shall ensure that all medically necessary covered SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. The ASO POA shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary covered SMHS solely because of diagnosis, type of illness, or condition of the beneficiary.

Urgent/Crisis Mental Health Services

Urgent/Crisis Services are managed by the ASO and services are provided by contracted providers with the ASO.

1. Urgent/Crisis Services do not require pre-authorization.
 - a. (Urgent Condition is defined as a situation experienced by a client that without intervention is highly likely to result in an emergency psychiatric condition.)
2. Crisis services can be billed up to eight (8) hours in every 24 hours.
3. Post Crisis Services are pre-authorization. A client who has received a crisis assessment and has a completed Crisis Intervention Contact and interim care plan can received 60 days post crisis support to connect beneficiaries to services, follow-up care, and community supports.

Psychiatric Inpatient Hospital Services

A hospital shall submit the request for MHP payment authorization for psychiatric inpatient hospital services to the ASO no later than 99 calendar days of continuous service to a beneficiary if the hospital stay exceeds that period of time OR within 14 calendar days after discharge.

1. The written request for payment shall be in the form of a Treatment Authorization Request (TAR) for Fee-for-Service/Medi-Cal hospitals or as specified by the MHP for Short Doyle/Medi-Cal Hospitals.
2. The staff that approve or deny payment shall be licensed mental health or waived/registered professionals.
3. Approval, modification or disapproval of payment must be in writing:
 - a. On the same TAR on which the Fee-For-Service/Medi-Cal Hospital requested payment authorization.
 - b. And, in an MHP payment authorization log maintained by ASO for Short-Doyle /Medi-Cal hospitals.
 - c. The ASO shall document that all adverse decisions regarding hospital requests for MHP payment authorization based on medical necessity criteria or emergency medical condition were reviewed and approved:
 - i. **By a physician**, or
 - ii. At the discretion of the MHP, by a psychologist for patients admitted by a psychologist and who received services under the psychologist's scope of practice.

"Adverse Decision" means denial or termination of payment authorized by the MHP's Point of Authorization and/or its ASO Point of Authorization.

4. A request for payment authorization may be denied if the request is not submitted in accordance or within timelines as identified above or does not meet medical necessity reimbursement criteria in Title 9, 1820-205 or emergency psychiatric condition criteria in Title 9, 1820.225(b) on an emergency admission or if the hospital has failed to meet any other mandatory requirements of the contract negotiated between the hospital, the MHP or its contracted provider(s).
5. Authorized staff shall approve, modify or deny the request for payment authorization within fourteen (14) calendar days of the receipt of the request and, for a request from a Fee-for-Service Medi-Cal Hospital, shall submit the TAR to the fiscal intermediary within 14 calendar days from receipt.
6. ASOs with oversight from with MHP QA/QI will approve, modify or deny all Medi-Cal inpatient TARs within fourteen (14) calendar days (9 days for ASO and five (5) days for MHP QA/QI) of the receipt of the TAR and in accordance with all Title 9 regulations (unless a qualified exception occurs). Medi-Cal hospital charts and hospital chart audit sheets will be sent to the MHP QA/QI for 100% administrative review prior to payment. Indigent hospital charts and hospital chart audit sheets will be sent to the MHP QA/QI Office for verification of insurance.
7. Requests for continued stay shall be approved if written documentation has been provided indicating that the beneficiary met the medical necessity reimbursement criteria for acute psychiatric inpatient hospital services for each day of services.
8. Request of payment for administrative day services must meet the following conditions:
 - a. During the hospital stay a beneficiary previously met medical necessity criteria for reimbursement of acute psychiatric inpatient hospital services.
 - b. There was no appropriate, non-acute residential treatment facility in a reasonable geographic area and the hospital documents contact with a minimum of five appropriate non-acute residential treatment facilities per week subject to the following:
 - i. ASO staff may waive the requirement of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options or actively working with ASO discharge planner in securing a placement. In no case should there be less than one contact per week.
 - ii. The lack of placement options and the contacts made must be documented.
9. In the event of an adverse decision a Notice of Adverse Beneficiary Decision (NOABD) will be issued by the ASO and copied to QA/QI.

The ASOs will submit a monthly Hospitalization log to MHP POA by the 10th of each subsequent month. MHP QA/QI will keep all original TARS for State review.

The ASOs will manage and conduct concurrent review for inpatient hospitalizations and authorization, which will supplant the above process. [Awaiting DHCS MHSUDS Information Notice - Parity Guidance: Specialty Mental Health Services (SMHS) Authorizations and Continuity of Care]

Outpatient Specialty Mental Health Services

In County Beneficiaries/ In County Network

TARS are required for Day Rehabilitation, Day Treatment Intensive, Therapeutic Behavioral Services, Therapeutic Foster Care, Crisis Residential, and Adult Residential services. All TARs shall be approved or denied by licensed mental health or waived/registered professionals, employed with or contracted with the MHP.

Authorization Procedure:

- A. All services must submit a completed TAR, CANS/ANSA, Biopsychosocial Assessment and Client Plan to the appropriate ASO POA for medical necessity review and authorization. Services may be authorized for up to 1 year.
- B. All programs will use a TAR form, approved by MHP QA/QI. All TARS will be processed and returned to the provider within five (5) calendar days from the date of receipt (unless qualified exception occurs). ASOs will date stamp the receipt of the TAR.
- C. TARs that are incomplete will be sent back with an explanation. These TARs will be processed when all forms are fully completed and returned.
- D. All providers will conduct biopsychosocial assessments at least every two years for outpatient service, three years for clients receiving only medication support services, and client plans at least annually. CANS/ANSA will be re-done every 6 months.

Re-Authorization Procedure:

- A. Required re-authorization documents include a new TAR, Client Plan and CANS/ANSA.
- B. Re-authorization documents are due a minimum of seven (7) calendar days and no more than thirty (30) days prior to the expiration of the current authorization. For example:
 - a. Prior authorization expires on 9/30/18.
 - b. TAR and new Treatment Plan would be due by 9/23/18.
 - c. The new authorization period would be from 10/1/18 through 9/30/19.

- C. TARS will be processed and returned to the provider within five (5) calendar days from the date of receipt (unless qualified exception occurs). ASO will date stamp the receipt of the TAR.

Out-of-Network / Out-of-County Beneficiaries

As a county Medi-Cal Mental Health Plan (MHP), BHRS is required to comply with federal and state network adequacy standards for outpatient mental health services. These standards include time, distance, and timely access standards; service availability and network certification requirements; and monitoring and reporting activities.

Under these standards, BHRS must maintain and monitor a provider network (within applicable scopes of practice) that is adequate to serve its client capacity, for both adults and children/youth.

The Mendocino County MHP must meet or exceed network capacity requirements and proportionately adjust the number of network providers as needed to support any anticipated changes in enrollment.

If the Mendocino County MHP provider network is unable to provide timely access to medically-necessary services within the applicable time and distance standards, the MHP must find alternate means to ensure services for beneficiaries, including out of network providers.

- BHRS will permit out-of-network access for as long as its provider network is unable to provide the services in accordance with the applicable standards.
- Costs to beneficiary for services provided out-of-network will be no greater than it would be if the services were furnished within the provider network.
- If a waiver to presumptive transfer exists, the MHP will ensure access to services for foster care children outside the County (see below).

If a beneficiary is seeking an out-of-county provider, the MHP will work with the beneficiary to locate an out-of-county provider that can provide the requested services. The MHP may also work with the Mental Health Department of the County where the beneficiary is requesting to obtain information on providers in the area.

When an out-of-network provider is located, the ASO will contract with the provider and work with the provider to become Medi-Cal certified, if needed. The ASO will coordinate payment and authorization with the provider.

Authorization Procedure:

1. All out-of-county / out-of-network outpatient services must submit a completed Biopsychosocial Assessment establishing medical necessity and a TAR for initial authorization plan development.

2. Request for services beyond assessment and plan development will require a new TAR, Biopsychosocial Assessment, Client Plan and CANS/ANSA. ASO POA will review for medical necessity criteria. Services may be authorized for up to 1 year.
3. TARS will be processed within five (5) business days from the date of receipt (expedited authorization within 72 hours). ASO will date stamp the receipt of the TAR.
4. For cases in which a provider indicates, or the ASO determines, that following the standard timeframe could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, ASO POA must provide expedited authorization decision and notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within fourteen (14) calendar days of extension, or if the MHP justifies (to DHCS upon request) a need for additional information and how the extension is in the interest of the beneficiary.
5. Forms that are incomplete will be sent back with an explanation. These TARs will be processed when all forms are fully completed and returned.
6. All providers will conduct biopsychosocial assessments at least every two years and client plans at least annually. CANS/ANSA will be re-done every 6 months. Up to 360 minutes will be authorized for initial assessment and 120 minutes will be authorized for re-assessment. Up to 120 minutes will be authorized for client plan development. Additional hours may be authorized for an assessment if travel is required.

Re-Authorization Procedure:

1. Required re-authorization documents include a new TAR, Client Plan and CANS/ANSA.
2. Re-authorization documents are due a minimum of seven (7) calendar days and no more than thirty (30) days prior to the expiration of the current authorization.
3. TARs will be processed and returned to the provider within five (5) business days from the date of receipt (expedited authorization within 72 hours). ASO will date stamp the receipt of the TAR.

Children in Foster Care – Presumptive Transfer

Under Presumptive Transfer, children placed by either Child Welfare Services or Probation will have their Medi-Cal switched to the hosting county, who will be responsible for providing mental health services, as needed.

Presumptive Transfer to Mendocino County

Upon presumptive transfer to Mendocino County of a child or youth residing in Mendocino County, the Mental Health Plan (MHP) shall assume responsibility for the authorization and provision of SMHS, and the payment for services (Welfare and Institutions Code § 14717.1, subdivision (f)).

1. Mendocino County MHP receives notification regarding a presumptive transfer case through the MHP single point of contact, posted publically at the Mendocino County Behavioral Health and Recovery Services website, from the placing agency in the county of original jurisdiction.
2. Mendocino County MHP assumes responsibility for authorization, provision, and payment of SMHS for foster child or youth placed in Mendocino County.
 - a. Referral information is entered into Mendocino County MHP Presumptive Transfer Spreadsheet.
 - b. This spreadsheet will be maintained by the designated presumptive transfer person at the Administrative Service Organization (ASO).
 - c. The ASO determines if the child or youth has already been linked or placed with SMHS County or County Contracted provider in Mendocino County.
 - d. If the child or youth has not been linked, then ASO will facilitate linkage to a SMHS County or County Contracted provider by contacting the provider and giving them the necessary information to contact the placing agency and caregiver to generate the referral for SMHS.
 - e. The ASO will inform the placing agency of the County or County Contracted provider's contact information so the placing agency may send the required mental health documentation.
 - f. Within five working days, the County or County Contract provider will notify ASO of the scheduled appointment and the assigned therapist.
 - g. This information is entered in the Mendocino County MHP Presumptive Transfer spreadsheet by the ASO designated presumptive transfer person in ASO administration.
3. Services provided are to be consistent with the child or youth's treatment needs and goals as documented in the mental health client plan and as determined by the child or youth's Child and Family Team.
4. Mendocino County MHP is required to accept an assessment, if one exists, of needed SMHS for the foster child or youth from the MHP in the county of original jurisdiction. Nothing should preclude Mendocino County MHP from updating the assessment or conducting a new assessment if clinically indicated, but these updates or new assessments may not delay the timely provision of SMHS to the child or youth.
5. Expedited transfers will be processed within 48-hours of placement of the foster youth and notification from the county of original jurisdiction.

Presumptive Transfer to Out-of-County Placement

For Mendocino County youth placed out of county, Presumptive Transfer can be waived under certain criteria (see W&I § 14717.1) and therefore in such instances, the Mendocino County MHP will be responsible for ensuring for medically necessary specialty mental health services for children.

1. The mental health provider at the placement will submit a SAR to the ASO POA.
2. SARs will be processed within three (3) working days following receipt of the request for service or, when applicable, within fourteen (14) calendar days of an extension. ASO's POA will date stamp the receipt of the SAR.
3. The ASO will notify the requesting provider and the host county MHP, if that MHP is involved in the request, of the decision to approve or deny services within 3 working days following the date of receipt of the request for services.
4. If ASO POA needs additional information not submitted with the initial request, the authorization decision must be made within 3 business days from the date the additional information is received, or 5 business days from the receipt of the original authorization request, whichever is less.
5. The ASO will make payment arrangements with the host county MHP or with the provider within 30 days of the date the MHP authorized services (W&IC 5777.7(a)(5)).
6. The ASO will use the State standardized contract if a contract is required, or another mechanism of payment if a contract is not required, with a provider of the county's choice, to deliver approved specialty mental health services for a specified foster child, within 30 days of waiver decision and documented in the child's case plan (W&IC §§ 5777.7(a)(5), 14717.1(d)(6)).
7. The ASO will accept the following standard documents:
 - Client Assessment
 - Client Assessment Update
 - Client Plan
 - Service Authorization Request (SAR)
 - Progress Notes - Day Treatment Intensive Services
 - Progress Notes - Day Rehabilitation Services

Day Treatment Intensive Services and Day Rehabilitation Services for Waivered Presumptive Transfer

For out-of-county Day Treatment Intensive Services and Day Rehabilitation Services, Presumptive Transfer will be followed as with any other Specialty Mental Health Service. However, where Presumptive Transfer is waived, the out-of-county provider must adhere to the following procedures:

Authorization Procedure:

1. The out-of-county provider must submit a completed Service Authorization Request (SAR) for initial authorization for assessment and plan development.
2. Request for services, beyond assessment and plan development, for day treatment intensive or day rehabilitation will be provided more than 5 days per week will require a new SAR, Biopsychosocial Assessment, Client Plan and CANS/ANSA . ASO POA will review for medical necessity criteria.
3. The ASO POA requires providers to request payment authorization for day treatment intensive services at least every 3 months for continuation of Day Treatment Intensive.
4. The ASO POA requires providers to request payment authorization for day rehabilitation services at least every 6 months for continuation of Day Rehabilitation.
5. SARs will be processed within five (5) business days following receipt of the request for service or, when applicable, within fourteen (14) calendar days of an extension. ASOs POA will date stamp the receipt of the SAR.
6. SARs that are incomplete will be sent back with an explanation. These SARs will be processed when all forms are fully completed and returned.
7. All providers will conduct biopsychosocial assessments and client plans at least annually. CANS/ANSA will be re-done every 6 months. Up to 120 minutes will be authorized for client plan development. Additional hours may be authorized for an assessment if travel is required. Authorization is not required for services to treat emergency or urgent conditions.

Re-Authorization Procedure:

1. Required re-authorization documents include a new SAR, Client Plan and CANS/ANSA.
2. Re-authorization documents are due a minimum of seven (7) calendar days and no more than thirty (30) days prior to the expiration of the current authorization.
3. The authorization decision will be provided to the MHP contract providers within five (5) business days following receipt of the request for service or, when applicable, within fourteen (14) calendar days of an extension. (42 CFR 438.210)

Children with Aid to Adoptive Parents Aid Code (AAP)

The MHP in the child's adoptive parents' county of residence must provide medically necessary specialty mental health services to a child in an AAP aid code residing in a host county in the same way that it would provide services to any other child for whom the MHP is listed as the county of responsibility on the Medi-Cal Eligibility Data System (MEDS). When an MHP receives a request for specialty mental health services for a child in an AAP aid code, the MHP must determine if the child's adoptive parents reside in the county that the MHP serves. If the child's adoptive parents are residents of the county that the MHP serves, the MHP must provide services to that child as it would provide services for any other Medi-Cal eligible child. If the child's adoptive parents' county of residence (host county) is not the same as the child's county of origin, the following will be followed:

1. The host county must submit a SAR prepared by the provider to POA.
2. SARs will be processed within three (3) business days following receipt of the request for service or, when applicable, within fourteen (14) calendar days of an extension. ASOs POA will date stamp the receipt of the SAR.
3. The ASO POA will notify the requesting provider and the host county MHP of the decision to approve or deny services within 3 working days following the date of receipt of the request for services.
4. If the ASO POA needs additional information not submitted with the initial request, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the original authorization request, whichever is less.
5. The ASO does not need to make payment arrangements with the host county MHP because funds for claims submitted for children in an AAP aid code will be sent to the MHP submitting the claim.
6. The ASO may make payment arrangements with the requesting provider within 30 days of the date that the MHP authorized services.
7. The ASO shall ensure providers are aware that a child in an AAP aid code living in a host county shall be served in the same way as a child living in his/her county of origin.

Children with a KinGAP Aid Code

The MHP in the child's legal guardians' county of residence must provide medically necessary specialty mental health services to a child in a KinGAP aid code residing outside his or her county of origin in the same way that it would provide services to any other child for whom the MHP is listed as the county of responsibility on MEDS. When an MHP receives a request for specialty mental health services for a child in a KinGAP aid code, the MHP must determine if the child's legal guardians reside in the county that the MHP serves. If the child's legal guardians are residents of the county that the MHP serves, the MHP must provide services to that child as it would provide services for any

other Medi-Cal eligible child. If the child's legal guardians' county of residence (host county) is not the same as the child's county of origin, the following points will be followed.

1. The host county must submit a SAR prepared by the provider to the ASO POA.
2. SARs will be processed within three (3) business days following receipt of the request for service or, when applicable, within fourteen (14) calendar days of an extension. ASO POA will date stamp the receipt of the SAR.
3. The ASO POA will notify the requesting provider and the host county MHP of the decision to approve or deny services within 3 working days following the date of receipt of the request for services.
4. If ASO POA needs additional information not submitted with the initial request, the authorization decision must be made within 3 working days from the date the additional information is received, or 14 calendar days from the receipt of the original authorization request, whichever is less.
5. The ASO must make payment arrangements with the host county MHP or with the requesting provider within 30 days of the date that the MHP authorized services.
6. The MHP submitting the claim for services will receive the State and Federal funds.
7. ASOs shall ensure providers are aware that a child in a KinGAP aid code living in a host county shall be served in the same way as a child living in his or her county of origin.

Authorization Audit

MC-QA/QI will conduct retro clinical and fiscal TAR audits of the ASO annually with regards to TAR timeliness, and Medi-Cal billing. The audit period will include the prior year and will be randomly chosen. The packet will include TAR and authorization.

ASOs will submit a monthly TAR log that tracks timeliness to authorization for all approved original TARS by the 10th of each subsequent month.

Adverse Decisions: Outpatient Specialty Mental Health Services (SMHS)

The organization that is denying a service authorization request, or authorizing a service in an amount, duration, or scope that is less than requested, will follow the following procedure:

1. Notification to the Provider will be made via a written letter.

2. Notification to the beneficiary must be made in writing via the appropriate Notice of Adverse Determination. (A copy of the NOAD will also be submitted to MHP QA/QI)
3. Appeals of Authorization Denials and Payment Denials may be made to the MHP QA/QI with fourteen (14) days of the date of the notice.

MHP QA/QI will be notified within 48 hours of any appeals.

Notification is also sent to the beneficiary of the denial in writing via the appropriate NOAD no later than the third working day after the action. See NOAD Policy.

Expedited authorization decision:

Mendocino County, Medi-Cal Managed Care Mental Health Plan (MHP) shall ensure compliance with CFR, Title 42, section 438.210 (d) (1).(2) for Expedited Authorization Decisions.

ASO POA must provide expedited authorization decision and notice as expeditiously as the beneficiary's health condition requires and within 72 hours following receipt of the request for service or, when applicable, within fourteen (14) calendar days of extension.

REFERENCES:

CFR, Title 42, section 438

CCR, Title 9, Chapter 11, sections 1810-1840

Welfare and Institutions Code §14717.1

DMH Information Notice 02-06

DHM Letter No. 03-03

DMH Information Notice 09-06

MHSUDS Information Notice 17-032