


County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-SUS-21
	Next Review Date: November 2020
POLICY:	Date Reviewed/Approved: November 7, 2017
<u>RESIDENTIAL AUTHORIZATION</u>	
ORIGINAL POLICY	By:  Suzanne Tavano, PhD Behavioral Health and Recovery Services Director

POLICY: RESIDENTIAL AUTHORIZATION

I. PURPOSE:

The purpose of this policy is to outline the methods BHRS Access Line and BHRS – Substance Use Services Administration team utilize when authorizing residential substance use treatment services that are billed to the county contract, including Drug/Medi-Cal and county subsidized funding sources.

II. REFERENCES:

Drug/Medi-Cal Organized Delivery System Waiver Standard Terms and Conditions (DMC-ODS STCs)
State/County DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment 1
Title 22, Drug/Medi-Cal
Alcohol and Other Drug Program Certification Standards
42 C.F.R. § 438.404
Policy MHSUS-Access-01

III. POLICY:

The Marin County Access line (Telephone: 1-888-818-1115 / Fax: 415-223-9647) is a point of entry for both mental health and substance use services including screening, assessment, referral and treatment authorizations. It is the responsibility of BHRS staff to ensure that access to specialty mental health and substance use services are conducted in the least restrictive way possible.

The Access Team is responsible for authorizing residential substance use treatment services for anyone potentially being billed for through a contract with the County of Marin, including: Marin County Medi-Cal beneficiaries; Marin County low income uninsured individuals; and any other populations identified in contracts with the County.

In compliance with the DMC-ODS STCs, it is BHRS policy to respond to all submitted Treatment Authorization Requests (TARs) within 24 hours of receipt. Residential providers are required to send the TAR and documentation supporting medical necessity for the recommended level of service so that the Access clinical staff can review and authorize treatment. TARs can only be reviewed and authorized by LPHAs (Licensed Professional of Healing Arts).

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After-hours Authorization

In order to prevent delays in admissions to treatment, BHRS on-call clinical staff will provide authorization within 24 hours of the request for eligible TARs submitted on a County holiday or weekend. For a TAR to be considered eligible for authorization, the individual must be a Marin County resident, a Marin Medi-Cal beneficiary and meet medical necessity and the ASAM criteria for the proposed level of care. Payment and submission of claims to Medi-Cal are subject to a beneficiary's eligibility and services being rendered and documented in accordance with Title 22, ASAM diagnostic and dimensional criteria and the DMC-ODS STCs.

Initial Authorization

Requests for initial authorization are to be submitted to BHRS Access on the TAR- *Initial Authorization* form at least 24 hours before the scheduled admission date. Initial authorizations can be granted for up to 30 days for youth and up to 45 days for adults. An approved authorization allows for a client to be admitted to treatment within 30 days of the approval date, pending no significant changes that would yield a different level of care placement recommendation.

Continuing Authorization

Requests for continuing authorizations are to be submitted to BHRS Access on the TAR – *Continuing Authorization* form seven (7) calendar days before to the expiration date of the current authorization. For youth, a one-time extension for up to 30 days on an annual basis can be granted. For adults, continuing authorizations can be granted for up to an additional 45 days, for a total length of stay not to exceed 90 days. A one-time extension for up to 30 days on an annual basis can be granted, for a total length of stay not to exceed 120 days.

Only two, non-continuous, 90 day regimens and one 30 day extension will be considered for submission to DHCS for reimbursement under the DMC-ODS in a one year period. Perinatal, EPSDT and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, funds other than Drug/Medi-Cal can be utilized. BHRS substance use administrative staff will be responsible for tracking the overall number and lengths of authorizations granted to Marin County beneficiaries/Marin County residents and will enter authorization and preliminary payor of source information into Marin WITS (Electronic Health Record).

IV. AUTHORITY/RESPONSIBILITY:

Contract Managers
BHRS Access Team
BHRS On-call Clinical Staff
Alcohol and Drug Administrator

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V. PROCEDURE:

Initial Contact:

Initial contact for substance use services may come through a call to the Access line, a physical walk-in, or by request or referral from a provider. Once screened by BHRS Access clinicians, the beneficiary will be referred to the appropriate level of care. If residential treatment is indicated, the provider will complete a TAR (Initial Authorization) and send the TAR and supporting documentation (ASAM Assessment establishing medical necessity) via secure fax (415-223-9647) to Access for authorization. The TAR should be submitted to BHRS Access at least 24 hours prior to the proposed admission to treatment date.

Review of TAR:

Unless otherwise directed by the Access Supervisor, the BHRS Access staff that is designated as the primary on telephones will be responsible for checking the email account for submitted TARs, and reviewing and responding to Residential treatment authorization requests within 24 hours of the request. The specific procedures are below:

1. The designated BHRS Access staff will print out the TAR and supporting documentation and will note on the TAR the exact date and time it was received.
2. The designated BHRS Access staff will review the request and determine whether the information provided on and with the TAR demonstrates medical necessity for the requested service. Note that all requests for Residential treatment authorization must be for anyone potentially being billed through a contract with the County of Marin, including: Marin County Medi-Cal beneficiaries and Marin County low income uninsured (<138% FPL).
3. Based on the review, complete the applicable fields at the bottom of the TAR form with the authorization determination. The reviewer will date, print and sign the TAR, and fax it (attach a 42 CFR, Part 2 notice as the cover page) to the requesting agency within 24 hours of submission to the Access team.
 - a. **Approved:** If the individual meets medical necessity, including the Title 22 and ASAM diagnostic and dimensional criteria for the requested level of care, complete the following fields: Date/Time TAR Review Completed, Approved and WITs authorization number, Date Authorization Begins/Ends, and any comments, if applicable. Access clinician will enter projected admission and discharge dates to correspond with the number of days authorized. The provider is authorized to admit a client to residential treatment within 7 days of the authorized TAR, though the contract manager may approve admissions up to 30 days from the approved TAR date on a case-by-case basis and presuming there are no significant changes that would yield a different level

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of care placement recommendation. The contract manager will update the admission and discharge dates in the TAR log once the WITs admission is completed.

- b. **Pending:** If additional information is needed in order to make an authorization decision, complete the following fields: Date/Time TAR Review Completed, Pending, and an *explanation as to the additional information needed*. If the requesting provider does not respond within 24 hours, the Access clinician on duty will submit a Notice of Adverse Benefit Determination (NOABD) denying residential services due to lack of established Medical Necessity to the provider and the client. A new TAR can be submitted at any time following a denial for residential treatment.
- c. **Denied:** If the TAR is denied (e.g. does not meet medical necessity/ASAM Criteria for the requested level of care; authorization request is not applicable as the client is not a Marin Medi-Cal beneficiary or low income uninsured individual, etc.), complete the following fields: Date/Time TAR Review Completed, Denied, and an explanation as to why the TAR was denied.

For Medi-Cal beneficiaries that are denied, BHRS Access staff will complete a NOABD outlining the reason for denial, beneficiary rights, and a referral to another appropriate resource. The NOABD will be mailed to the client and a copy will be faxed to the provider. BHRS Access will maintain the NOABD log and keep a copy of the mailed NOABD.

Notice of Adverse Benefit Determination (NOABD):

The BHRS Access Team will issue a NOABD under the following circumstances: A Denial NOABD will be provided in the event that a beneficiary does not have an identified substance use disorder; A Modify NOABD will be provided if the beneficiary does not meet the ASAM criteria for residential treatment but is eligible for other services under the plan; A Delay NOABD will be issued if the provider fails to submit documentation needed to establish a level of care or the County fails to respond within the plan’s mandated timeframes. A NOABD will need to be issued to the client and provider immediately upon service denial/modification. The specific procedures are below:

1. Upon initiation of a residential treatment TAR, the provider will have the client consent to receive an NOABD from the county, by mail, in the event that residential treatment is denied.
2. The designated BHRS Access staff will complete the NOABD, specifying why the NOABD is being issued and the assessed ASAM level of care, then send to the client, provider and Contract Manager as outlined in 42 CFR section 438. If optional treatment information is provided, BHRS staff should indicate on the NOABD.

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3. Access staff will enter NOABD information into TAR log and NOA log per internal Access NOABD Procedure.
4. Provider is requested to issue NOABD to client if they are on site, and required to keep a copy of the NOABD for their records.

Documentation and Workflow:

1. BHRS Access will complete all of the applicable fields at the bottom of the TAR form.
2. Within 24 hours of TAR review, BHRS Access will enter the following into the Access Log: date and time TAR received; date and time TAR review completed; authorization decision; NOABD information including, date, client and provider specifics; and any follow up inquiries between BHRS Access and the requesting provider.
3. Within 24 hours of TAR review, BHRS Access will securely email the completed TAR to Substance Use Services Administration, who will then enter the authorization in Marin WITS.

VI. DEFINITIONS:

1. Adolescent: the period of life between puberty and maturity, which is generally accepted as the ages 12 through 20. Eligible for two non-continuous, 30- day maximum residential services stay, and one 30 day extension in a rolling calendar year.
2. DMC Perinatal: A pregnant woman who was eligible for and received Medi-Cal services during the last month of pregnancy shall continue to be eligible for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy, regardless of whether the other conditions of eligibility are met. Eligibility (based on pregnancy) ends on the last day of the month in which the 60th day occurs (22 CCR §50260). Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (the last day of the month in which the 60th day after the end of the pregnancy). Must indicate if eligible in Marin or other county.
3. Perinatal: Treatment services designed for pregnant women and women with dependent children pursuant to Title 45 Code of Federal Regulations (CFR) Part 96, Section 96.1245 (C). Eligible for two, non-continuous 90 day maximum residential services stay, with one extension in a rolling calendar year.
4. Criminal Justice: individuals with Parole and Probation status, recognized as note being a barrier to expanded Medi-Cal substance use disorder treatment services if the parolees and probationers are eligible. Currently incarcerated inmates are not eligible to receive FFP for DMC-ODS services. Additional lengths of stay for withdrawal and residential services for criminal justice offenders if assessed for need (e.g. up to 6

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months residential; 3 months FFP with a one-time 30-day extension if found to be medically necessary.

5. EPSDT: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health and developmental, and specialty services.