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| County of Marin Behavioral Health and Recovery Services (BHRS) | POLICY NO. BHRS-77 |
| | Next Review Date: September 2024 |
| POLICY: | Date Reviewed/Approved: September 28, 2021 |
| <u>SUBSTANCE USE SERVICES RESIDENTIAL AUTHORIZATION</u> | By:  Jei Africa, PsyD Director Behavioral Health and Recovery Services |
| SUPERCEDES: BHRS-SUD-21 | |

POLICY: SUBSTANCE USE SERVICES RESIDENTIAL AUTHORIZATION

I. PURPOSE:

The purpose of this policy is to outline the methods of the Marin County Behavioral Health and Recovery Services (BHRS) Access Line and the BHRS – Substance Use Services Administration team to utilize when pre-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
 DMC-ODS Documentation Standards, Drug/Medi-Cal
 Alcohol and Other Drug Program Certification Standards
 42 C.F.R. § 438.404
 Policy BHRS-37 Centralized Access to Care
 DHCS Behavioral Health Information Notice: 2021-01

VI. DEFINITIONS:

1. **Adolescent:** the period of life between puberty and maturity, which is generally accepted as the ages 12 through 20.
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 beneficiaries 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 another 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).
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

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parolees and probationers are eligible. Currently incarcerated inmates are not eligible to receive FFP for DMC-ODS services.

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.

III. **POLICY:**

The Marin County Access line (Telephone: 1-888-818-1115 / Fax: 415-223-9647 / Email: BHRSAUTHSUS@marincounty.org) 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 pre-authorizing residential substance use treatment services for any individual potentially being billed 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. Marin County will also only authorize residential treatment service for facilities that have a designation based on the American Society of Addiction Medicine (ASAM) treatment criteria, or an equivalent evidence-based standard, as a minimum standard of care.

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, ASAM with Recommended Level of Care and documentation supporting medical necessity for the recommended level of service so that the Access clinical staff can review and pre-authorize treatment. TARs can only be reviewed and authorized by LPHAs (Licensed Professional of Healing Arts).

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, Marin low-income uninsured individual, or any other population specified in a contract with a Residential provider 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

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ASAM diagnostic and dimensional criteria and the DMC-ODS documentation standards and 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 beneficiary 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. A copy of the re-assessment (ASAM Continuum or County-provided ASAM assessment tool) shall be attached to the TAR. Continuation authorizations can be granted for up to 30 days for youth and up to 45 days for adults. Extension authorizations, beyond the first 60 days for youth and 90 days for adults, can be granted for up to 30 days for both youth and adults at a time.

Residential regimens will be billed to Drug/Medi-Cal as outlined in the DMC-ODS Intergovernmental Agreement. Any additional treatment episode(s) and/or longer length(s) of stay will be provided 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:

- BHRS Residential Contract Manager(s)
- BHRS Access Team
- BHRS On-call Clinical Staff
- Alcohol and Drug Administrator

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

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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) or via encrypted email to BHRSAUTHSUS@marincounty.org 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 access 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 level of care. Note: any individual seeking Marin County Substance Use Residential Treatment must be authorized regardless of funding source.
3. Based on the review, BHRS Access staff complete the applicable fields at the bottom of the TAR form with the authorization determination. The reviewer will sign and date the TAR and fax (attach a 42 CFR, Part 2 notice as the cover page) and/or send encrypt email to the requesting agency within 24 hours of submission to the Access team.
 - a. **Approved:** If the individual meets medical necessity, including the DMC-ODS STCs and ASAM diagnostic and dimensional criteria for the requested level of care, complete the following fields: Date/Time TAR Review Completed, Approved and 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 beneficiary to residential treatment within 7 days of the authorized TAR, though the BHRS Residential 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 of care placement recommendation.
 - 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

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and the beneficiary. 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 beneficiary 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 document and issue a NOABD in accordance with the County of Marin’s BHRS-19, BHRS NOABD Procedure (provided below) and MHSUDS Info No. 18-010E.

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 meet specified LOC criteria or 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 beneficiary 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 beneficiary 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 beneficiary, provider and BHRS Residential Contract Manager as outlined in 42 CFR section 438. If optional treatment information is provided, BHRS staff should indicate on the NOABD.
3. Access staff will enter NOABD information into TAR log and NOABD log per internal Access NOABD Procedure.

Residential Facility Designation:

1. Prior to contract execution, Marin Substance Use Administrative staff will review a copy of the Residential provider’s license, which indicates a level of care designation, as well as review the DHCS Level of Care Designation database to ensure that the facility has a current and valid designation.
2. Marin Substance Use Administrative staff will add the names of approved facilities to the TAR form.

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3. Marin Substance Use Administrative staff will review licenses and the DHCS database annually at contract renewal and at mid-year during the Self-Audit/Site Visit processes.

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; if appropriate, NOABD information including, date, beneficiary 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.

BHRS

Checklist for New or Revised Policies

Please submit this checklist to the Quality Improvement Coordinator along with the draft copy of your policy.

Date of initial submission: 2/16/21

Type of Update: New
 Revision to Existing Policy, Policy Number: BHRS-SUS-21

Complete Title of Policy:
BHRS 77 SUS Residential Authorization

Lead Staff Name: Cody Milner

System(s) of Care Affected: BHRS Mental Health Only SUDS only

1. For **new** policies, summarize what the policy covers and explain the need for a new policy.
or

For **revised** policies, summarize the changes that need to be made to the existing policy:
Updated references, removal of outdated language, updated contact information

2. List any existing governmental regulations that relate to policy or state "None":
Drug/Medi-Cal Organized Delivery System Waiver Standard Terms and Conditions (DMC-ODS STCs)
State/County DMC-ODS Intergovernmental Agreement, Exhibit A, Attachment 1
DMC-ODS Documentation Standards,
Drug/Medi-Cal Alcohol and Other Drug Program Certification Standards
42 C.F.R. § 438.404
Policy BHRS-37 Centralized Access to Care

3. Describe how policy will impact consumer access to care or state "N/A":
No changes to access to care. Does included updated contact information for providers when submitting a TAR to Access Team.

4. Have you compared this policy to similar policies in other counties? Yes No

If so, list counties whose policies were reviewed:
[Click here to enter text.](#)

5. Will this policy require staff training? Yes No
If so, indicate what staff will need to be trained and what training will be needed.
Access Staff who review TARs, SUD Staff who contract manage residential providers.

6. Will forms need to be developed or revised for this policy or policy update? Yes No
If so, list forms that will need to be developed or revised (please list form number if available):
TAR should be updated to reflect TAR email address for submission

7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer care, etc.) as a result of this policy:
NA

