



Authorization of Adult Residential Services

Policy 20-02

Implementation start date
February 1, 2020

Agenda

- Review New Policy 20-02
- Review Attachment/Forms
- Process Ongoing Requirements
- Initial Implementation Plan
2/1/20
- NOA Requirements



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Why are we Requiring Authorization for Adult Residential & Crisis Residential?

- ▶ DHCS is mandating that all counties implement an Authorization and Concurrent Review process of Crisis Residential Treatment Services and Adult Residential Treatment Services
- ▶ DHCS will audit to ensure that we are authorizing residential services in February 2020
- ▶ All other clinical paperwork requirements are unchanged
 - ▶ Progress notes, treatment plans, and assessments



Initial Authorization:

- ▶ Authorization is determined by assessment of the client's mental health condition and medical necessity for the level of care.
- ▶ The referral/authorization form will specify the number of days authorized in the initial period.
- ▶ Crisis Residential Treatment Services (CRTS) is initially authorized up to 30 days based on Utilization Management review (to be specified in the authorization). Additional days may be authorized based on clinical need and medical necessity.
- ▶ Adult Residential Treatment Services (ARTS) initial authorization is the initial referral/authorization form. Initial authorized up to 6 months based on Utilization Management review (to be specified in the authorization). Additional days may be authorized based on clinical need and medical necessity.



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Authorization Form

Authorization Request for Residential Services (completed by Residential Provider)

Days requested(usually 7) _____ Period requested: Start Date _____ End Date _____
 Type of request: ___ Initial Request ___ Re-authorization Request (continued stay)

**Subsequent requests must be accompanied by Progress Summary, and revised Treatment Plan (if applicable)*

 Requesting Staff Signature Date of Request Contact Information

Approval for Residential Services (to be completed by San Mateo County Adult UM Team)

Request/Receipt Date _____

Service Type Adult Residential Crisis Residential

Residential services are approved for # days per week _____

Start Date _____ End Date _____

Residential Services not approved, NOA required Explanation
 Residential Services already approved request modified (decreased), NOA required Explanation
 Additional documentation or information is requested:

Comments/Reason for Denial/Reason for Re-Authorization:

Authorization Tracking

Start Date	End Date	Type (Initial/ <u>Reauth</u>)	# Days Approved	Days a week approved	Request Receipt Date	Approved Date/Initials



Initial Referral Request due within one week of admission for ARTS and 1-3 calendar days for CRTS

Contractors are responsible to track their authorization and submit a reauthorization within one week of expiration for ARTS and 1-3 calendar days for CRTS

Lack of timely submission may result in services not being reimbursed by San Mateo County



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Redwood House & Serenity House

Your Referral/Request Serves as the Initial Authorization

- ▶ Redwood House in most cases 30 days will be authorized
- ▶ Serenity House in most cases 10 days will be authorized

You may request additional days, but the request must come within 1-3 days of initial authorization ending



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Adult Residential

Your Request Referral/Request Serves as the Initial Authorization

In most cases 6 months will be authorized

- ▶ 412900 CAMINAR EUCALYPTUS HOUSE
- ▶ 415600 CAMINAR HAWTHORNE
- ▶ 418400 CAMINAR REDWOOD HOUSE CRISIS RES
- ▶ 419900 MATEO LODGE WALLY'S

You may request additional days, but the request must come within 1 week of the initial authorization ending



Authorization & Billing (MIS)

- ▶ Ranjana with MIS will be entering the authorizations in the Avatar “Managed Care Authorizations” form.
- ▶ Authorizations are tied to billing.
- ▶ When MIS bills, it will generate a report for clients with missing authorizations.
- ▶ MIS will notify Kimberly/Pernille of missing authorizations report
 - ▶ MIS Fax # (650) 573-2110
 - ▶ MIS Contact Person: Ranjana Prasad
- ▶ Contractors are responsible to track their authorization
- ▶ BHRS is in the process of developing a tracking report for programs



Implementation Plan – by Feb 1, 2020

RESIDENTIAL- Kimberly Kang to complete initial authorizations for all open clients will send to MIS by 2/1/2020, and copy to contractor, MIS scan into Avatar:

- ▶ 412900 CAMINAR EUCALYPTUS HOUSE
- ▶ 415600 CAMINAR HAWTHORNE
- ▶ 418400 CAMINAR REDWOOD HOUSE CRISIS RES
- ▶ 419900 MATEO LODGE WALLY'S

Serenity House to complete initial authorizations for all open clients send to Pernille by 2/1/2020

Pernille to send to MIS, and copy to contractor, MIS scan into Avatar:

- ▶ 41E400 SERENITY HOUSE CRISIS RESIDENTIAL



Reauthorization/Concurrent Review:

- ▶ BHRS requires reauthorization within the week of the expiration of the current authorization.
- ▶ BHRS will reauthorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the client's stay and based on client's continued need for services.
- ▶ The authorization determination is based on the concurrent review of medical necessity for CRTS and ARTS services.
- ▶ As appropriate, concurrent review will occur to determine continued need for service at the indicated level of care.



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Reauthorization- Requesting Additional Days

Residential Program must complete and submit **both** forms

- ▶ A. Adult Residential Authorization Form
- ▶ B. Reauthorization Adult Residential Progress Summary

Submit to: Kimberly Kang HS_BHRS_AdultUM@smcgov.org

- ▶ 412900 CAMINAR EUCALYPTUS HOUSE
- ▶ 415600 CAMINAR HAWTHORNE
- ▶ 418400 CAMINAR REDWOOD HOUSE CRISIS RES
- ▶ 419900 MATEO LODGE WALLY'S

Submit to Pernille Gutschick (PGutschick@smcgov.org)

- ▶ 41E400 SERENITY HOUSE CRISIS RESIDENTIAL



Reauthorization- Requesting Additional Days

Concurrent review of Medical Necessity will determine if additional days will be authorized

Reauthorization Adult Residential Progress Summary

*** Submitted with Adult Residential Authorization Form for reauthorization

Client Name	DOB	MH#

Service Type/Program

Residential Program	Crisis Residential
CAMINAR EUCALYPTUS HOUSE 412900	SERENITY HOUSE CRISIS RES 41E400
CAMINAR HAWTHORNE HOUSE 415600	CAMINAR REDWOOD HOUSE CRISIS RES 418400
MATEO LODGE WALLY'S 419900	

Client Treatment Progress



Reauthorization- Requesting Additional Days

Concurrent review of Medical Necessity will determine if additional days will be authorized

Rationale for Extension

Transition Plan

Adult Residential Staff

Date

Adult Residential Supervisor

Date



Adverse Benefit Determination:

- ▶ Decisions to approve, modify, or deny provider or client requests for authorization concurrent with the provision of SMHS to beneficiaries shall be communicated to the beneficiary's treating provider within 24 hours of the decision.
- ▶ Care shall not be discontinued until the beneficiary's treating provider has been notified of the BHRS's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of the beneficiary.
- ▶ If BHRS denies or modifies the request for authorization, BHRS will notify the beneficiary, in writing, of the adverse benefit determination. In cases where the BHRS determines that care should be terminated (no longer authorized) or reduced, BHRS must notify the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.



NOA INFO****

- ▶ Screening potential walk-ins or people requesting services almost never results in a NOA.
- ▶ Residential units would **NOT** issue many NOAs.
- ▶ If a Residential Unit screens a client and the client does not meet their program's requirements they should refer the client to the call center- and ideally call the call center together.
- ▶ The call center will check insurance and refer them for assessment at one of the regional clinics if appropriate.
- ▶ Call Center 24/7 line (800) 686-0101
- ▶ TDD: (800) 943-2833



NOA INFO****

- ▶ NOAs would only be issued after a full assessment is completed and the client does not have a billable dx and does not meet medical necessity for SMHS and the client will no longer be served, usually after they have already been authorized.
- ▶ Example, the client is opened to redwood house, you authorize the client for 30 days. Redwood house assesses them and they don't have a billable dx so they plan to discharge the client before the end of the 30 days.
- ▶ If the client successful finished treatment before the end of 30 days you don't issue a NOA. If the client is lost to follow up you don't issue a NOA, unless they then request services and you refuse or you will not take them back before the end of their authorization.
- ▶ Basically, if the client is appropriate for another level of care and you coordinate the move to another level of care you don't issue a NOA.
- ▶ NOAS are when you won't pay a provider that has already provided services, or your refuse services to a client that wants the services because they don't meet medical necessity (dx).



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NOA Policy & How to Guide

<https://www.smchealth.org/bhrs-policies/consumer-problem-resolution-noa-19-01>

NOABD Form to Use and Typical Users	When This Form is Required	When Not to Use	Who Receives Copies of NOABD	Timing Requirements of NOABD
<p>Denial (Attachment C)</p> <p>Used by:</p> <ul style="list-style-type: none"> • Call Center • SDA Supervisor • DMC-ODS Authorizer • Utilization Management 	<ul style="list-style-type: none"> • The Clinician determines through the Assessment that the beneficiary lacks medical necessity or is otherwise not entitled to receive services. • May be issued anytime preceding the end of the formal assessment period (60 Days). • For DMC-ODS when Residential Services are denied. 	<ul style="list-style-type: none"> • The client request is for non-specialty mental health services. • Client calls clinic or call center seeking information about services only. • BHRS Clinician approves the delivery of a specialty mental health service, but not that requested by the client. • When a client is not admitted to hospital following receipt of crisis intervention or stabilization. 	<ul style="list-style-type: none"> • Client and/or the parent or the legal guardian. • Send copy of this NOABD to QM within 10 days 	<ul style="list-style-type: none"> • Decision must be made within 14 Calendar days from date of initial request. • Denial must be mailed within 3 business days of decision • Hand delivered or mailed within 1 business day when beneficiary is in psychiatric hospital. • Copy of NOABD "Denial" issued in connection with TBS services must also be sent to DHCS per TBS regulations.
<p>Modification (Attachment D)</p> <p>Used by:</p> <ul style="list-style-type: none"> • Call Center • Clinic Supervisor/MD • DMC-ODS Authorizer • Utilization Management 	<ul style="list-style-type: none"> • BHRS reduces services previously authorized and the client disagrees. Reasons include: <ul style="list-style-type: none"> • reductions in frequency and duration of services • Approval of alternative services and treatments that is different than the services the client has been receiving 	<ul style="list-style-type: none"> • When the client or provider is making an initial request for service. • The client disagrees with the service intervention specified in client plan. • The provider bases the reduction or termination of a service type on a treatment plan that is responsive to the client's current clinical condition and the client agrees. • BHRS clinician/staff alters the time frame of the authorization without reducing or terminating the service or otherwise changing the underlying treatment plan. • When the provider leaves BHRS. 	<ul style="list-style-type: none"> • Client and/or the parent or the legal guardian. • Provider • Send copy of this NOABD to QM within 10 days 	<ul style="list-style-type: none"> • Hand delivered or mailed within 3 working days of decision. Client must receive at least 10 calendar days before the date the action takes effect. • Hand delivered or mailed within 1 business day when beneficiary is in psychiatric hospital. • Copy of NOA issued regarding a request for payment authorization of a TBS service must also be sent to DHCS per TBS regulations



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QUESTION