

COUNTY OF HUMBOLDT  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**BEHAVIORAL HEALTH**

POLICY NO.  1001.800	POLICY TITLE: <b>CLIENT SERVICE AUTHORIZATION AND CLOSING/EXIT CRITERIA</b>	EFFECTIVE DATE: 08/28/2017
PROGRAM:	CHILDREN AND FAMILY SERVICES	REVISION DATES:
AFFECTS:	CHILDREN'S BEHAVIORAL HEALTH	REVIEW DATES:

**POLICY** Children and Family Services, Children's Behavioral Health and contracted Organizational Providers authorizes new clients, reauthorizes, and closes clients who receive services from either a County Provider or an Organizational Provider.

**DEFINITION(S)**

**PROCEDURE**

**County Behavioral Health Provider:**

1. As outlined in the Mental Health Plan contract we provide an assessment to determine the need for Specialty Mental Health services.
2. Medical Necessity criteria will be reviewed at least once per year to determine the need for continued Specialty Mental Health services.

**Organizational Provider:**

3. CFS Access team completes the [1216 Managed Care Authorization \(MCA\)](#) and faxes to Provider for Initial Authorization
4. For Re-authorization, provider faxes the [1216 MCA](#) form to the Access Team for approval.
5. Approved [1216 MCA](#) forms are faxed/sent back to the Organizational Provider, who begins providing the service.
6. Beneficiaries who continue to meet Medical Necessity criteria for Specialty Mental health services and are working toward their client plan goals will review their plan with the Organizational provider for reauthorization consideration.
7. Clients who continue to meet medical necessity and are making progress toward their treatment goals are reauthorized by clinical staff for an additional 6 months.

**Closing/Exit Criteria:**

8. Beneficiary/Client goals and Medical Necessity criteria will be reviewed at least annually
9. Clients who continue to meet Medical Necessity and continue to work toward treatment goals will be considered for reauthorization.
10. Reauthorization requests with an updated client plan will be submitted for further services and authorized by the Supervising Behavioral Health Clinician or the Access Clinician.
11. Closing the client to services will be considered at the time the client treatment goals are met.

**FORM(S)/  
ATTACHMENTS**

[1216 Managed Care Authorization](#)  
[Typical Referral Level 2- Opening by Org Provider](#)

**REFERENCE**

[MHP Contract](#)  
[Organizational Provider Manual](#)