

COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH

POLICY NO. : 0704.390	POLICY TITLE: ADULT SYSTEM OF CARE- OUTPATIENT SERVICES- AUTHORIZATION OF DAY TREATMENT SERVICES	EFFECTIVE DATE: 11/26/2007
PROGRAM:	ADULT BEHAVIORAL HEALTH RECOVERY SERVICES	REVISION DATES:
AFFECTS:	ADULT OUTPATIENT BEHAVIORAL HEALTH PROGRAMS	REVIEW DATES: 02/06/14; 5/1/17

POLICY Day Treatment Services are available offsite at contracted Organizational Providers sites. Refer to the Provider Relations Unit to obtain a current directory of Providers.

Humboldt County Department of Health and Human Services - Behavioral Health (DHHS-BH) clients who are referred to Day Treatment, a specialty mental health service, must meet medical and service necessity criteria, functional impairment criteria and intervention related criteria in accordance with Medi-Cal Managed Mental Health Care standards (Medical Necessity/ Levels/ Authorization Form 1038).

DHHS-BH clients who are referred to Day Treatment must also meet the DHHS-BH standard (see Levels- Medical Necessity Authorization Form 1038) of acuity for Level I impairment and require the structure and supervision that this level of care provides. DHHS-BH clients who do not require Day Treatment Services will be referred to other DHHS-BH specialty programs, DHHS-BH Organizational Providers, or to other community providers for appropriate treatment.

DEFINITION(S) None

- PROCEDURE**
1. An Intra-Agency referral will be made for a client to receive Day Treatment Services. Typical referrals will be initiated by staff, the Adult Placement Committee, the LPS Conservator or other referral sources.
 2. All Day Treatment Authorizations for service must receive authorization approval prior to service delivery.
 3. The following will be routed to the Program Manager or the Supervising Clinician(or designee) in charge of Day Treatment Service authorizations:
 - A.) Intra-Agency Referral Form (Form 1030)
 - B.) Comprehensive Assessment (Form 1096)
 - C.) Medical Necessity/Levels/Authorization (Form 1038)
 4. The Program Manager or Supervising Clinician in charge of Day Treatment Service authorizations (or designee) will consult with the referring party and LPS Conservator (if applicable), and ensures that the above documents are current and complete.
 5. The Program Manager or Supervising Clinician in charge of Day Treatment Service authorizations (or designee) will review the documentation and determine that the client meets Level 1 criteria and that the client is expected to benefit from Day Treatment Services.
 6. A Release of information will be obtained from the client or LPS Conservator and sent to

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the Day Treatment Services Provider, along with the:

- 6.1 Comprehensive Assessment (Form 1096)
- 6.2 Medical Necessity/Levels/Authorization (Form 1038)
- 6.3 An updated Client Information Form (Form1012 or Form 1013).

Reauthorization Requests for Day Treatment Services:

1. Requests for reauthorizations of Day Treatment services will be submitted by the Day Treatment Services Provider to the Program Manager or Supervising Clinician (or designee) in charge of Day Treatment Service re-authorizations *30 days before the end of the authorization period.*
2. The Program Manager or Supervising Clinician in charge of Day Treatment Service authorizations (or designee) will consult with the referring party and LPS Conservator (if applicable), and ensures that the ROI and the Comprehensive Assessment documents are current and complete.
3. The Program Manager or Supervising Clinician in charge of Day Treatment Service authorizations (or designee) will review the documentation and determine that the client *continues to* meet Level I criteria, is benefiting from Day Treatment Services, *and requires further Day Treatment services.* If indicated, the staff may request supporting documentation for the service.
4. The Levels-Medical Necessity Authorization Form (Form 1038) will be sent to the Day Treatment Services Provider, and if necessary a current:
 - 4.1 Comprehensive Assessment (Form 1096)
 - 4.2 Medical Necessity/Levels/Authorization Form (1038)

Provider Caseload Roster:

1. The Day Treatment Provider will be required monthly to submit a client roster by the 15th of the following month.

Authorization Packages:

- 1.) Each Authorization or each Reauthorization for Day Treatment Services must be time-limited, specify either 5 or 7 day , full or half days, and specify either Intensive (3 months maximum) or Rehabilitative Services (6 months maximum) as follows:
 - 1.1 Day Treatment Intensive (3 months)
 - 1.1.1 Day Treatment Rehabilitative (6 months)
 - 1.2 #days/week requested: five days or seven days
 - 1.3 Full days (greater than 4 hours) or Half Days (minimum of 3 hrs, and less than 4 hours).
- 2.) The authorization will be recorded on the 1216 Managed Care Authorization (MCA) form according to Organizational Provider Manual Section 7 and entered on the Authorization Database.

Forms

[Form 1030 Intra-Agency Referral Form](#)
[Form 1096 Comprehensive Assessment \(Form 1096\)](#)
[Form 1038 Medical Necessity/Levels/Authorization \(Form 1038\)](#)
[Form 1012/1013 Client Information Form \(Form1012 or Form 1013\)](#)

REFERENCE

Organizational Provider Manual rev July 2015
Provider Bulletin 16-P005