

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

POLICY NO. : 0704.680	POLICY TITLE: AUTHORIZATION OF OUTPATIENT SPECIALTY MENTAL HEALTH SERVICES (SMHS)	EFFECTIVE DATE: 9/1/2020
PROGRAM:	PERFORMANCE MANAGEMENT UNIT – QUALITY IMPROVEMENT	REVISION DATES: 7/6/20
AFFECTS:	ALL BH PROGRAMS	REVIEW DATES:

POLICY Humboldt County Department of Health and Human Services – Behavioral Health (DHHS-BH) does not provide prior authorization for some Specialty Mental Health Services (SMHS).

DEFINITION(S) Humboldt County Medi-Cal Beneficiary: Any person with current Humboldt County (HC) Medi-Cal.

Authorization: Approval of request to render SMHS including amount, duration, and/or scope of services. Authorization is based on client meeting medical necessity criteria, per Title 9 of the California Code of Regulations (CCR), section 1830.205.

- PROCEDURE**
1. DHHS-BH does not require prior authorization for the following services/service activities, nor are they required to be included on the beneficiary’s client plan prior to service delivery:
 - 1.1 Crisis Intervention
 - 1.2 Crisis Stabilization
 - 1.3 Assessment
 - 1.4 Plan Development (requires a current assessment)
 - 1.5 Targeted Case Management related to assessment, plan development, and referral/linkage to help a beneficiary obtain needed services including medical, substance use treatment, social, and educational services
 - 1.6 Medication Support Services for assessment, evaluation, or plan development, or if there is an urgent need, which must be documented
 2. DHHS-BH does not require prior authorization for the following services/service activities, but they must be included on the beneficiary’s client plan prior to service delivery. DHHS-BH
 - 2.1 Mental Health Services (includes therapy, rehabilitation, and collateral services)
 - 2.2 Targeted Case Management (other than those activities described in 1.5)
 - 2.3 Intensive Care Coordination (ICC)
 - 2.4 Medication Support Services (other than those activities described in 1.6)
 3. DHHS-BH requires prior authorization for the following services/service activities:
 - 3.1 Intensive Home-Based Services (IHBS) (every 1 year) (refer to [policy 1001.200](#))
 - 3.2 Day Treatment Intensive (every 3 months)
 - 3.3 Day Rehabilitation (every 6 months)
 - 3.4 Therapeutic Behavioral Services (TBS) (every 1 month) (refer to [policy 1001.401](#))
 - 3.5 Therapeutic Foster Care (TFC) (TBD)
 4. For purposes of prior authorization, a referral made by DHHS-BH is considered to serve the same function as approving a request for authorization submitted by a provider or beneficiary.
 5. For services that do not require prior authorization but are being referred to an organizational provider, DHHS-BH will use form [1243-OP SMHS Referral](#) to provide all the necessary information to that provider. This will take the place of the [1216-Managed Care Authorization \(MCA\)](#) form, which had been used previously when prior authorization for

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these services were required.

6. Requests for authorizations will be sent to the appropriate senior program manager (SRPM) or designee.
 - 6.1 SRPM or designee reviews, makes a decision regarding the request, and notifies the requestor of the decision as expeditiously as the beneficiary's mental health condition requires, not to exceed five (5) business days from the receipt of the information reasonably necessary and requested by the SRPM or designee to make the authorization determination.
 - 6.2 For cases in which a provider indicates, or the SRPM determines, that the standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the SRPM shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires, but no later than 72 hours after receipt of the request for services.
 - 6.3 The SRPM may extend the timeframe for making an authorization decision for up to 14 additional calendar days, if either of the following conditions are met:
 - 6.3.1 The beneficiary, or the provider, requests an extension; or,
 - 6.3.2 The SRPM justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.
7. Authorizations will be provided based on Medi-Cal medical necessity criteria, as defined in CCR, Title 9, Section 1830.205, and will be consistent with current clinical practice guidelines, principles, and processes. Licensed program staff will review clinical documentation to determine if medical necessity is met for the level of services requested and decide whether or not to authorize the services requested.
 - 7.1 Any denial or modification of authorization, or termination of previously authorized services, will follow Notice of Adverse Benefit Determination requirements, as described in policy [0704.500 Notice of Adverse Benefit Determination](#).
 - 7.2 Authorizations will include the amount, scope, and duration of treatment authorized.
 - 7.3 Authorizations will be sent to Medical Records to be added to the client's chart.
8. Retrospective Authorization:
 - 8.1 DHHS-BH may conduct retrospective authorization for SMHS under the following circumstances:
 - 8.1.1 Retroactive Medi-Cal eligibility determinations;
 - 8.1.2 Inaccuracies in the Medi-Cal Eligibility Data System (MEDS)
 - 8.1.3 Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries; and/or,
 - 8.1.4 Beneficiary's failure to identify payor
 - 8.2 In cases where the review is retrospective, the SRPM or designee will notify the beneficiary, or designee, and the provider in writing within 30 days of the receipt of information that is necessary to make this determination.

FORM(S)/
ATTACHMENTS

[1243-OP SMHS Referral](#)

REFERENCE

[CCR Title 9, Div. 1, Chapter 11, Subchapter 2, Art. 2, Section 1830.205](#)
[MHSUDS INFORMATION NOTICE NO.: 19-026](#)
[0704.500 Notice of Adverse Benefit Determination \(NOABD\)](#)
[1001.200 Authorization and Referral Process for In-County IHBS](#)
[1001.401 TBS Referral and Authorization Process](#)
