



HUMBOLDT COUNTY DEPARTMENT OF
HEALTH & HUMAN SERVICES - BEHAVIORAL HEALTH
Policy & Procedure

Policy Number	0704.670
Policy Title	AUTHORIZATION OF ADULT RESIDENTIAL TREATMENT SERVICES (ARTS)
Program	PERFORMANCE MANAGEMENT UNIT – QUALITY IMPROVEMENT
Affects	ALL ADULT BH PROGRAMS
Effective date	7/13/2020
Revision dates	9/18/25
Review dates	

PURPOSE

To communicate to county Mental Health Plans (MHPs) federal requirements related to the authorization of Adult Residential Treatment Services (ARTS).

DEFINITION(S)

Humboldt County Medi-Cal Beneficiary: Any person with current Humboldt County 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 for the level of SMHS for duration of the stay, per Title 9 of the California Code of Regulations (CCR), section 1830.205.

Concurrent Review: Review of treatment documentation to ensure medical necessity is met for the entirety of the authorization period. Concurrent review occurs during the beneficiary’s stay in order to either grant, modify, or deny continued authorization.

POLICY

Humboldt County Department of Health and Human Services – Behavioral Health (DHHS-BH) provides Adult Residential Treatment Services (ARTS) through contracted Organizational Providers. DHHS-BH will provide authorization for these services for Humboldt County (HC) Medi-Cal beneficiaries, as these services are considered Specialty Mental Health Services (SMHS).

For all HC Medi-Cal beneficiaries who receive ARTS, DHHS-BH conducts concurrent reviews of service documentation to verify medical necessity in order to provide appropriate authorizations.

The Managed Care Line 707-268-2955, option 2, is accessible 24 hours, 7 days a week for notification for facilities that provide ARTS to HC Medi-Cal beneficiaries. Facilities may also fax the Managed Care at 707-476-4096 or email at MHB-QI_QA@co.humboldt.ca.us.

PROCEDURE

1. 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. If at any point during a client’s authorization period, the facility determines that the client no longer requires that level of service, transition plans will be made per section 1.2.1.

- 1.1 Initial Authorization: When DHHS-BH places a client in a facility for ARTS, the referral acts as initial authorization.
- 1.2 Continued Stay Authorization: DHHS-BH meets monthly with ARTS providers to check in on the status of these clients, including current medical necessity and continued need. These meetings are to facilitate ARTS Providers' requests for continued authorization and will provide DHHS-BH with the necessary information to authorize continued stay at the ARTS facility.
 - 1.2.1 If during this meeting medical necessity for continued stay is determined to not be met, DHHS-BH will work with ARTS Provider to facilitate transition to a lower level of care. Services will not be discontinued until after the facility/provider has been notified and an appropriate care plan based on the beneficiary's needs has been agreed upon.
 - 1.2.2 DHHS-BH will communicate authorization decisions to the facility/provider within 24 hours of the decision. This often occurs during monthly meetings described in 1.2.
2. Authorizations will use [1242-ARTS/CRTS Authorization form](#), which will include an authorization number and dates the authorization covers.
 - 2.1 Authorizations for ARTS will be no longer than 12 months.
 - 2.1.1 If the client requires an additional amount of time, authorization up to a total of 18 months may be granted.
 - 2.2 All Authorizations will be included in the client's chart.
 - 2.3 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](#).
3. Retrospective Authorization:
 - 3.1 DHHS-BH may conduct retrospective authorization for ARTS under the following circumstances:
 - 3.1.1 Retroactive Medi-Cal eligibility determinations;
 - 3.1.2 Inaccuracies in the Medi-Cal Eligibility Data System (MEDS)
 - 3.1.3 Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries; and/or,
 - 3.1.4 Beneficiary's failure to identify payor
 - 3.2 In cases where the review is retrospective, DHHS-BH 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

[1242-ARTS/CRTS Authorization form](#)

REFERENCE

Welfare and Institutions Code (W&I) sections 14197.1(b) and 14184.402(i)

[CCR Title 9, Div. 1, Chapter 11, Subchapter 2, Art. 2, Section 1830.205](#)

[Behavioral Health Information Notice No: 22-0160704.500 Notice of Adverse Benefit Determination \(NOABD\)](#)
