	County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	Access
		Policy Number	02-04
		Effective Date	5/19/08
		Revision Date	06/10/21
Title: **Authorization Requests**		Functional Area: **Services**	
Approved By: Melissa Jacobs, LCSW Division Manager Kelli Weaver, LCSW Division Manager			

Background/Context:

The Access Team provides payment authorization for specific services provided within the Mental Health Plan.. These authorizations are subject to standardized time frames for the treatment needed.

Purpose:

The purpose of this policy and procedure is to provide a process for authorizing and reauthorizing specific time limited services for individuals needing mental health treatment.

Details:

Authorization can range from 30 days to one year depending on the services requested. Once the service provider is determined, the individual is authorized to a service provider for a specified period of time.

Initial Authorizations:

Access Team clinicians authorize services to providers based on medical necessity, services requested, and the funding eligibility criteria.

1. Clients' ages 0-21, with Out of County Medi-Cal - The Access team must obtain approval from the county of responsibility for initial and reauthorization of clients served in Sacramento who meetthe criteria identified in SB785.

2. Clients' ages 0-21, with Sacramento County Medi-Cal, receiving services in another county - The Access Team provides service authorization to the requesting county to provide mental health treatment to a Sacramento County MediCal beneficiary who meets criteria identified in SB785.

3. Intensive Home Based Services (IHBS).

a. The MHP delegates authority to the Provider for the authorization of Intensive Home Based Services (IHBS) via the Child and Family Team (CFT) process.
    i. The Provider would complete the ICC_IHBS Screening Tool reflecting the CFT Decision Date and CFT Outcome approving IHBS services.
        1. Providers must follow QM's documentation standards in regards to ensuring that prior to billing, all planned mental health interventions are included in the Client Plan based on an Assessment.
    ii. The CFT would determine the amount, scope and duration of IHBS. IHBS can be authorized immediately, that same day, solely based on the youth and family's voice and choice.
    iii. IHBS may be authorized for the length of time specified by the youth and shall be reviewed and reauthorized within the CFT process at least every 6 months.

4. Day Treatment Intensive (DTI) or Day Rehabilitation (DR).

    a. Initial service requests (SR)

        i. For clients placed in DTI or DR programs, the SRs are submitted to the Access Team through the Interagency Placement Committee (IPC).

        ii. Interagency Placement Committee (IPC) will determine the appropriate level of service: DTI or DR. The name of the residential program providing DTI or DR will appear on the SR, along with the date the client was placed.

        iii. Providers are also required to submit a Service Authorization Requests (SAR), using the DHCS SB785 SAR template, to Sacramento County Access Team within 5 days of client admission into a provider's program, when applicable.

        iv. Access will authorize the client to the provider and program identified on the SR.

5. Initial authorizastion periods shall be in accordance with the following table:

Treatment	**Authorization Period[1]**
Second opinion	2 months
Psychological testing	4 months
OOC (Out-of-County)	6 months
Electro –Convulsive Therapy (ECT)	Per event
Enrolled Network Provider (ENP)	6 months
Day rehabilitation services[2]	6 months
Day treatment intensive services[2]	3 months
Therapeutic Behavioral Services (TBS)	1 month
Intensive Home Based Services (IHBS)	Determined by the CFT

6. In circumstances where the Point of Authorization to the MHP has processed a beneficiary's request for services and is unable to find an appropriate provider within the network of contracted service providers, the beneficiary is able to seek services with an out of network provider. For payment of services, the out of network provider must be eligible to provide Medi-Cal reimburseable specialty mental health services.

Reauthorizations:

Clients may require services beyond the original authorization period. Within 30 days of the expiration of the authorization, the Provider shall review the client's need for continued services to ensure they still meet medical necessity. If continuation of services is appropriate, the Provider will request reauthorization of services from the Access Team prior to the expiration of the current authorization period, as applicable.

The Access Team will utilize the same authorization duration applied for initial authorizations when determining a re-authorization. *Exception*: TBS re-authorizations are 2 months in length.

The provider's licensed clinical supervisor or licensed designee shall attest on the reauthorization request that the client still meets medical necessity and funding eligibility. The Provider shall ensure that the appropriate clinical forms as required by Quality Management for chart documentation are completed and in the Client Record.

Providers requesting reauthorization for clients shall submit their reauthorization requests to the Access Team within 30 days prior to the expiration date. Only services with a current authorization and completed client plan can be billed.

When multiple Children's System of Care providers are serving a client, a CFT is required prior to completion of the reauthorization to ensure coordination of care. Signatures are required on the Client Plan according to current Quality Management Policies and Procedures.

The Access Team will notify the Provider if reauthorization of services is denied. If the denial is based on financial eligibility or private insurance status, then a NOABD is not required because there is no Medi-Cal funding.

A SAR is required to re-authorize any mental health service provided by an out of county provider to a MediCal beneficiary who meets the criteria identified in SB785.

1. Reauthorization periods shall be in accordance with the following table:

Treatment	**Authorization Period[1]**
Second opinion	2 months
Psychological testing	2 months
OOC (Out-of-County)	6 months
Electro –Convulsive Therapy (ECT)	Per event
Enrolled Network Provider (ENP)	6 months
Day rehabilitation services[2]	6 months

Day treatment intensive services[2]	3 months
Therapeutic Behavioral Services (TBS)	2 months
Intensive Home Based Services (IHBS)	Determined by the CFT at least every 6 months

Related Policies:

PP-BHS-Access-02-02 Access Team Services

PP-BHS-Access-02-06 Notices of Action

PP-BHS-Access-02-05 Out of County Service Requests for Medi-Cal

PP-BHS-QM-01-08 Inpatient Hospitalization Treatment Requests

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