



<b>Health Care Agency Mental Health and Recovery Services Policies and Procedures</b>	Section Name:	Administration
	Sub Section:	Billing & Reimbursement
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>6/1/2023</u>

**SUBJECT:** Authorization of Medi-Cal Beneficiaries for Crisis Residential Treatment Services and Concurrent Review Procedures

**PURPOSE:**

The purpose of this policy is to establish authorization and concurrent review standards and processes that meet the County of Orange Mental Health Plan (hereby referred to as Orange MHP) requirements for Crisis Residential Treatment Services and to establish protocols for processing initial and continuing authorizations for services.

**POLICY:**

Crisis Residential Treatment Services admissions will be reviewed by Orange MHP licensed staff designated authorization team to determine that medical necessity exists and the crisis admissions are appropriate. Orange MHP licensed staff will ensure that early discharge planning occurs and there is a continued need for services throughout the beneficiary’s stay. Orange MHP licensed staff will conduct concurrent review throughout the program stay following the first day of admission to discharge. Concurrent review can occur on site or off site by electronic means.

**SCOPE:**

Crisis Residential Treatment providers and Orange MHP licensed staff processing treatment authorizations and conducting concurrent reviews. The provisions of this procedure are applicable to all providers who are admitting eligible Orange County Medi-Cal beneficiaries to a Crisis and Acute Care Services (CACS) Crisis Residential Treatment Facility.

**REFERENCES:**

California Code of Regulations, Chapter 11, Title 9, Section 1810.440 (b)

Department of Health Care Services (DHCS) Medicaid Mental Health Parity and Addiction

Equity Act Compliance Plan, Oct. 2, 2017

Health & Safety Code, Section 1367.01(h) (3)

[Behavioral Health Information Notice No: 22-016 Authorization of Outpatient Specialty Mental Health Services \(SMHS\)](#)

**SUBJECT:** Authorization of Medi-Cal Beneficiaries for Crisis Residential Treatment Services and Concurrent Review

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**FORMS:**

Adult and Older Adult Behavioral Health Linkage Form (F346-729)

Functional Capability Assessment Form (LIC 9172)–State of California Health and Human Services Agency

Concurrent Review Request Form

**PROCEDURE:**

- I. Orange MHP will not require prior authorization for Crisis Residential services. Referrals to Crisis Residential Programs from designated and approved MHP providers will serve as an initial authorization for services from Orange MHP.
- II. Orange MHP licensed staff reviews all admissions to the contracted Crisis Residential Treatment facilities.
- III. Orange MHP will require notification of program admission into a Crisis Residential Treatment facility to Orange MHP licensed staff by respective contract provider(s) within 2-4 hours of admission 24 hours 7 days a week 365 days a year in order to request authorization/concurrent review of services.
- IV. Orange MHP will require Contracted Crisis Residential program provider(s) to enter necessary client information into the CACS Concurrent Review Form and send respective clinical information (referral packet, lab test results and clinic/hospital records) to support medical necessity for admission. This will include documentation of clinical assessments, medical records, referral packet and copies of the Needs and Services Plans as applicable.
- V. Concurrent reviews begin following the first day of admission to a Crisis Residential Treatment facility through program discharge.
- VI. Concurrent reviews shall be conducted onsite, via secure email/fax or through the electronic health record.
  - A. Orange MHP licensed staff determine frequency of concurrent review.
  - B. Orange MHP licensed staff shall conduct a secondary review at the end of the twenty-first (21) day of the treatment episode should an extension request be made.
    1. Extension requests are approved for an additional seven (7) days per concurrent review.
- VII. If admissions do not meet medical necessity criteria due to lack of documentation, further information will be requested by Orange MHP licensed staff.

- VIII. If medical necessity criteria are met, Orange MHP licensed staff will authorize necessary treatment days and indicate this on the CACS Crisis Residential tracking log.
- IX. If medical necessity criteria are not met, Orange MHP licensed staff will deny coverage and indicate this on the CACS Crisis Residential tracking log. The contract provider will issue the applicable Notice of Adverse Benefit Determination (NOABD).
- X. All denials to provider requests for authorization of Orange MHP services shall be communicated to the individuals' treating providers within 24 hours of the decisions and care shall not be discontinued until the individuals' treating providers have been notified and the treating providers have agreed upon care plans. If Orange MHP licensed staff deny or modify any requests for authorizations, the contracted provider(s) must notify the individuals in writing of the adverse benefit determinations via a modification NOABD. In cases where Orange MHP licensed staff determine that care should be terminated (no longer authorized) or reduced, the Contracted Provider(s) must notify the individuals in writing, of the adverse benefit determinations prior to discontinuing services via a termination or modification NOABD.
- XI. Authorization procedures and utilization management criteria for Specialty Mental Health Services (SMHS) shall:
  - A. Be based on SMHS access criteria, including access criteria for beneficiaries under age 21 pursuant to the EPSDT mandate;
  - B. Be consistent with current evidence-based clinical practice guidelines, principles, and processes;
  - C. Be developed with involvement from network providers, including, but not limited to, hospitals, organizational providers, and licensed mental health professionals acting within their scope of practice;
  - D. Be evaluated, and updated if necessary, at least annually; and,
  - E. Be disclosed to the Orange MHP's beneficiaries and network providers.