



**Monterey County Behavioral Health
Policies and Procedures**

Policy Number	730
Policy Title	DMC-ODS Residential Authorization
References	Behavioral Health Information Notice No. 24-001
Effective	July 1, 2018 REVISED: October 9, 2018 August 13, 2020 May 26, 2023 April 1, 2024

Background

Monterey County Behavioral Health (MCBH) shall maintain and implement written policies and procedures to address the authorization of residential and inpatient treatment in accordance with BHIN 24-001, the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement, and Federal Law (42 CFR, § 438.210(b)). Authorization procedures and utilization management criteria shall:

- Be based on DMC-ODS access criteria, including access criteria for members under age 21 pursuant to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate;
- Be consistent with current evidence-based clinical practice guidelines, principles, and processes (the ASAM Criteria shall be used to determine a member’s placement into the appropriate level of care);
- Include mechanisms to ensure consistent application of review criteria for authorization decisions;
- Provide for consultation with the requesting provider when appropriate;
- Be developed with involvement from network providers;
- Be evaluated at least annually, and updated as necessary; and,
- Be disclosed to MCBH’s members and network providers.

Specific level-of-care assessment and authorization policies remain in effect for residential and inpatient treatment services, as described below.

Policy

Level of Care Determination

The SUD Screening Tool may be used when members call MCBH’s 24/7 Access to Treatment number or by SUD providers to determine the appropriate location for treatment. The SUD Screening Tool incorporates the American Society for Addiction Medicine (ASAM) Criteria. The SUD Screening Tool shall be used to determine

placement into the appropriate level of care for all members and is separate and distinct from determining medical necessity (W&I Code section 14184.402(e)(1)). Additional guidance on ASAM Level of Care determinations is as follows:

- A full SUD Assessment is not required to deliver prevention and early intervention services for members under 21; a SUD Screening Tool is sufficient for these services.
- A full SUD Assessment, or initial provisional referral tool for preliminary level of care recommendations, shall not be required to begin receiving DMC-ODS services.
- A full SUD Assessment does not need to be repeated unless the member's condition changes.

Residential and inpatient treatment services are subject to prior authorization. See this policy's section Authorization Policy for Residential/Inpatient Levels of Care for specific authorization requirements for residential and inpatient services.

Member placement and level of care determinations shall ensure that members are able to receive care in the least intensive level of care that is clinically appropriate to treat their condition.

Residential Treatment and Inpatient Services (ASAM Levels 3.1-4.0)

Residential Treatment Services are delivered to members when medically necessary in a short-term residential program corresponding to at least one of the following levels:

- Level 3.1 - Clinically Managed Low-Intensity Residential Services
- Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
- Level 3.5 - Clinically Managed High Intensity Residential Services

Inpatient Treatment Services are delivered to members when medically necessary in a short-term inpatient program corresponding to at least one of the following levels:

- Level 3.7 - Medically Monitored Intensive Inpatient Services
- Level 4.0 - Medically Managed Intensive Inpatient Services

Regardless of whether MCBH provides ASAM Levels 3.1-4.0 within Monterey County's DMC-ODS network, MCBH must describe referral mechanisms and care coordination for ASAM Levels 3.1-4.0 when services are out of network.

The statewide goal for the average length of stay for residential and inpatient services provided by MCBH SUD providers is 30 days. The goal for a statewide average length of stay for residential and inpatient services of 30 days is not a quantitative treatment limitation or hard "cap" on individual stays; lengths of stay in residential and inpatient treatment settings shall be determined by individualized clinical need. However, MCBH shall ensure that members receiving residential and inpatient treatment are transitioned

to another level of care when clinically appropriate based on treatment progress. MCBH shall adhere to the length of stay monitoring requirements set forth by DHCS and length of stay performance measures established by DHCS and reported by the external quality review organization.

Authorization Policy for Residential/Inpatient Levels of Care

MCBH shall provide independent review of authorization and re-authorization requests for residential services (excluding withdrawal management services) and notify the provider of MCBH's decision within 24 hours of the submission of the request by the provider. Residential and inpatient services may be authorized by MCBH for up to 90 days. Residential and inpatient services beyond 90 days require a re-authorization.

MCBH is not required to obtain a complete assessment or diagnosis to authorize residential treatment. MCBH must review sufficient information, including DSM and ASAM Criteria, to ensure that the member meets the requirements for the service, and must communicate authorization policies to network providers consistent with BHIN 24-001. The standardized assessment requirements for DMC-ODS services can be found in BHIN 23-068. Residential and inpatient levels of care are subject to licensure or certification requirements that include additional standards for member assessments. Please see BHIN 21-001 and Attachments for assessment standards that remain in effect. Any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, shall be made by a member of the MCBH SUD Authorization Team who has appropriate expertise in addressing the member's medical and behavioral health (42 CFR, § 438.210(b)(3)).

Authorization Policy for Non-Residential/Inpatient Levels of Care

MCBH may not impose prior authorization prior to provision of non-residential assessment and treatment services, including withdrawal management services.

Procedure

1. SUD Screening Tool Process

- A. SUD Screenings Completed by MCBH Providers (**Effective: July 1st, 2024 for all Systems of Care**):
 - i. MCBH SWIII or LPHA staff will conduct the SUD Screening Tool if:
 - a. The member provides an affirmative response to substance use after conducting the Specialty Mental Health Services (SMHS) Screening Tool; and/or
 - b. The member requests SUD treatment.
 - ii. MCBH SWIII or LPHA will record the SUD Screening Tool in:
 - a. The applicable MCBH treatment episode
 - iii. The SUD Screening Tool is used for member placement and level of care determination.

- B. SUD Screenings Completed by MCBH's Contracted SUD Providers (Effective: April 1st, 2024):
 - i. SUD Counselor or LPHA staff will conduct the SUD Screening Tool if:
 - a. The member requests SUD treatment
 - b. The member requires a transition to a higher SUD treatment level of care
 - ii. SUD Counselor or LPHA will record the SUD Screening Tool in:
 - a. The SUD ASAM Screening Only episode for new members; and
 - b. The Current SUD episode for existing members.
 - i. The SUD Screening Tool is used for member placement and level of care determination.

2. Authorization Request for Residential/Inpatient Treatment

- A. Providers shall complete an SUD Screening Tool **immediately** at the time of the phone call, walk-in or referral. Providers shall complete necessary documentation in accordance with access criteria, prior authorization requirements, and scope of practice prior to submitting a request for residential/inpatient authorization to MCBH.
- B. The following documents must be completed in AVATAR prior to submitting a residential/inpatient authorization request to MCBH in order to consider the request complete and valid:
 - i. SUD Screening Tool
 - a. The SUD Screening Tool must document whether the request is an “urgent request” (this refers to cases in which a person or provider indicates, or MCBH determines, that the standard timeframe could seriously jeopardize the member’s life, health, or ability to attain, maintain, or regain maximum function).
 - b. The SUD Screening Tool must document whether the member is a “perinatal client.”
 - c. Urgent requests and perinatal members have priority entrance into residential/inpatient treatment.
 - ii. Within Authorization for Disclosure of Confidential Health Information (verbal consent is acceptable with the expectation that a wet signature will be obtained as soon as possible);
 - iii. ICD-10 code set (may use Z55-Z65 or Z03.89) completed by the LPHA and;
 - iv. Authorization Request form;
- C. Providers shall submit authorization requests for residential/inpatient stays to 415-SUD@co.monterey.ca.us
 - i. In Subject Line:
 - a. Authorization Request for Residential Services;
 - b. Authorization Request for Inpatient Services;
 - c. Authorization Request for Residential/Inpatient Services

for Perinatal, as applicable.

- ii. Body of Message: Include the Client ID, level of care being requested, and the provider's contact information.

D. MCBH SUD Authorization Team will review documentation for appropriateness of level of service being requested when making the decision for authorization and notify the provider of the decision within 24 hours from receipt of a complete and valid request, including on weekends and holidays.

- i. MCBH SUD Authorizer shall consult with the requesting provider when appropriate.
- ii. MCBH SUD Authorizer shall send response on the decision via email to the individual submitting the original request.
- iii. For authorization denials, MCBH SUD Authorizer shall notify the member seeking services of MCBH's decision via a Notice of Adverse Benefit Determination (NOABD). MCBH SUD Authorizer shall mail the NOABD to the member's address on record within 24 hours of the decision.

3. Re-Authorization Requests of Residential/Inpatient Treatment

A. Prior to the expiration of the 90th day of the residential/inpatient treatment stay, SUD providers shall complete a re-authorization request no later than 10 calendar days prior to the 90th day, and for each additional re-authorization request, SUD providers shall complete a re-authorization request 10 calendar days prior to the 30th day of the additional extension.

- i. The re-authorization request shall clearly document/justify the need for a re-authorization of residential/inpatient treatment services.
 - a. Making progress but goals not yet attained;
 - b. Not making progress but showing capacity; or
 - c. Making progress, but there is a new problem that needs to be addressed.

B. The following documents must be completed in AVATAR prior to submitting a residential/inpatient re-authorization request to MCBH in order to consider the request complete and valid:

- a. Within Authorization for Disclosure of Confidential Health Information (verbal consent will no longer be accepted during the re-authorization period)
- b. Re-Authorization Request form with explanation for re-authorization;

C. Providers shall submit re-authorization requests for residential/inpatient stays to: 415-SUD@co.monterey.ca.us

- i. In Subject Line:
 - a. Re-Authorization Request for Residential Services;
 - b. Re-Authorization Request for Inpatient Services
 - c. Authorization Request for Residential/Inpatient Services

- for Perinatal, as applicable.
 - ii. Body of Message: include the Client ID, level of care being requested, and the provider's contact information.
 - D. MCBH SUD Authorization Team will review documentation for appropriateness of continuation of residential/inpatient services and notify the provider of the decision within 24 hours from receipt of a complete and valid request, including on weekends and holidays.
 - i. MCBH SUD Authorizer shall consult with the requesting provider when appropriate.
 - ii. MCBH SUD Authorizer shall send response on the decision via email to the individual submitting the original request.
 - iii. For re-authorization denials, MCBH SUD Authorizer shall notify individual seeking services of MCBH's decision via a NOABD. MCBH SUD Authorizer shall mail the NOABD to the member's address on record within 24 hours of the decision.
4. Referral Mechanism for Out-of-Network Services when the ASAM Level of Care is not Offered by an MCBH DMC-ODS Contract Provider:
 - A. When a residential/inpatient level of care has been approved by MCBH and the ASAM level of care is out of network, the Case Coordinator will provide coordination of care and obtain a signed General Authorization for Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information to contact out-of-network residential/inpatient facilities to determine the following:
 - i. Bed availability;
 - ii. If facility will accept referral and ASAM level of care from the SUD Screening Tool;
 - iii. If facility is approved to claim Drug Medi-Cal services; and
 - iv. Contact person at facility ability to establish single case agreement/contract.
 - B. When a facility has confirmed admission/acceptance, the Case Coordinator will notify the MCBH Alcohol and Other Drug (AOD) Administrator with the following to begin arranging a contract/single case agreement with facility:
 - i. Patient ID;
 - ii. Avatar 7030 Client SUD Screening Report and 7033 SUD Res/IP Auth Decision Report;
 - iii. Facility information; and
 - iv. Name and information of contact person from facility.
 - C. Case Coordinator will continue to provide interim services and coordinate treatment with any other service teams.
 - D. Care coordinator/treatment team will provide care coordination to the member while receiving out-of-network Drug Medi-Cal services and will assist with transitioning to a lower ASAM level of care.
5. Compliance with Access to Residential/Inpatient Treatment Services

- A. MCBH shall run the 7026 SUD Res/Inpatient Auth and SUD ReAuth report in AVATAR to track the number, percentage of denied, and timeliness of requests for authorization for all residential/inpatient authorization and re-authorization requests that are submitted, processed, approved, and denied.