SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

January 9, 2020

BHRS POLICY: 20-04 Authorization of Youth Specialty Mental Health Services (SMHS)

SUBJECT: Authorization of Intensive Home-Based Services, Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services and Therapeutic Foster Care Service for San Mateo County Youth Providers

AUTHORITY: MHSUDS Information Notice No 19-026 Authorization of Specialty Mental Health Services. Title 42 of the CFR, part 438.3(h).

RELATED POLICIES: BHRS Policy 19-05: Medical Necessity
BHRS Policy 20-05: Utilization Management Program and Authorization of Specialty Mental Health Services: SMHS
BHRS Policy 20-03: Presumptive Transfer

NEW POLICY: January 9, 2020
Attachments A, D, E: Technical Edit February 18, 2021
Attachment F: added February 18, 2021

ATTACHMENTS:
A. TBS Authorization Request Form
B. TBS Service Authorization Request Form
C. TBS Utilization Review Form
D. TBS Authorization Extension Form
E. TBS Assessment Authorization
F. TBS Authorization Request Workflow

DEFINITIONS:

Therapeutic Behavioral Services (TBS): TBS are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21 with full scope Medi-Cal. Individuals receiving these services have serious emotional disturbances, are experiencing stressful transitions or life crises, and need additional short-term, specific support services to achieve outcomes specified in their client plans. The individuals receiving TBS will be exhibiting behaviors that put them at risk for, or who are already, in out-of-home placement or psychiatric hospitalization and receiving another Specialty Mental Health Service.

Intensive Home-Based Services (IHBS): IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria.

Therapeutic Foster Care (TFC): The TFC service model allows for the provision of short-term, intensive, trauma-informed, and individualized Specialty Mental Health Services (SMHS) for children up to age 21 who have complex emotional and behavioral needs. Services include plan development, rehabilitation, and collateral. In TFC, children are placed with trained, intensely supervised, and supported TFC parents. Any TFC provided services would be billed and certified as SMHS.

POLICY:

San Mateo County Behavioral Health and Recovery Services (BHRS) authorization and concurrent review for youth SMHS:
Authorization is based on SMHS medical necessity criteria and consistent with current clinical practice guidelines, principles, and processes.

Prior authorization or referral from BHRS is required for the following services:

- Intensive Home-Based Services (SMHS)
- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care (SMHS)

For purposes of prior authorization, referral by BHRS and its designated agency is considered to serve the same function as approving a request for authorization submitted by a provider or beneficiary. BHRS requires providers to request payment authorization for the continuation of services within seven business days of the initial authorization ending. BHRS currently does not contract nor provide Day Treatment, Day Rehab, or TFC services. Initiation of these service would require approval of the Deputy Director of Youth Services. SMHS are provided based on medical necessity and designed to meet the client's current needs.

TBS Initial Authorization:
Authorization is determined by assessment of the beneficiary's mental health condition and medical necessity for the level of care. TBS providers must submit the TBS Utilization Request Form to BHRS to be authorized for services. Prior authorization is required before the start of TBS services (before date of first billing for TBS) unless BHRS sends a referral/authorization request for TBS services. It this case, the referral/authorization request will serve as the initial

authorization. The referral/authorization form will specify the number of days authorized, service type, frequency, and duration of initial authorized period.

TBS Reauthorization/Concurrent Review:
BHRS requires reauthorization prior to the expiration of the current authorization. BHRS will reauthorize medically necessary services, as appropriate, concurrently with the beneficiary's continued need for services. The authorization determination is based on the concurrent review of medical necessity for services. As appropriate, concurrent review will occur to determine continued need for service at the indicated level of care. TBS providers must submit the TBS Utilization Request form to BHRS seven working days prior to the end date of previous utilization period. The utilization request/authorization form will specify the number of days authorized, service type, frequency, and duration of authorized period.

Out of County SMHS (other than TBS) Initial Authorization:
SMHS authorization is determined by assessment of the beneficiary's mental health condition and medical necessity for the level of care. Out of county SMHS providers must submit the Service Authorization Request Form to BHRS. In this case, the referral/authorization request is considered the initial authorization of services. The Service Authorization Request form will specify the number of days authorized, service type, frequency, and duration of initial authorized period. Upon concurrent Utilization Management (UM) review the authorization may be altered. If services are reduced or eliminated in any way a Notice of Action will be issued.

Out of County SMHS (other than TBS) Reauthorization/Concurrent Review:
BHRS requires reauthorization prior to the expiration of the current authorization. BHRS will reauthorize medically necessary services, as appropriate, concurrently with the beneficiary's continued need for services. The authorization determination is based on the concurrent review of medically necessary services. As appropriate, concurrent review will occur to determine continued need for service at the indicated level of care. Providers must submit the Service Authorization Request Form to BHRS seven working days prior to the end date of previous utilization period. The reauthorization form will specify the number of days authorized, service type, frequency, and duration of initial authorized period.

Adverse Benefit Determination:
Decisions to approve, modify, or deny provider or client requests for authorization, concurrent with the provision of SMHS to beneficiaries, shall be communicated to the beneficiary's treating provider within 24 hours of the decision. Care shall not be discontinued until the beneficiary's treating provider has been notified of BHRS's decision and a care plan has been agreed upon by the treating provider, that is appropriate for the medical needs of the beneficiary.

If BHRS denies or modifies the request for authorization, BHRS will notify the beneficiary, in writing, of the adverse benefit determination. In cases where the BHRS determines that care

should be terminated (no longer authorized) or reduced, BHRS must notify the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.

Approved: *Signature on File*
Scott Gilman, MSA
BHRS Director