



<b>Policy:</b>	<b>20-02</b>
<b>Subject:</b>	<b>Authorization of Adult Residential Services</b>
<b>Authority:</b>	MHSUDS Information Notice No19-026 Authorization of Specialty Mental Health Services. Title 42 of the CFR, part 438.3(h).
<b>Original Policy Date:</b>	January 17, 2020
<b>Amended:</b>	April 29, 2022, July 3, 2024 Attachment A: Technical Edit January 28, 2025 Attachment C: Technical edit January 28, 2025
<b>Supersedes:</b>	N/A
<b>Related Policies:</b>	BHRS Policy 19-05: Medical Necessity BHRS Policy 20-05 Utilization Management Program and Authorization of Specialty Mental Health Services: SMHS
<b>Attachments:</b>	<b>Attachment A:</b> Adult Residential Authorization Form <b>Attachment B:</b> Initial Adult Residential Community Program Referral Form <b>Attachment C:</b> Reauthorization Adult Residential Progress Summary

**SCOPE**

All Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS) serving San Mateo BHRS clients.

**DEFINITIONS**

Adult Residential Treatment Service (ARTS) means rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain and apply interpersonal and independent living skills and to access community support systems. The service is available 24 hours a day, 7 days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. (CCR Title 9 Division 1, 1810.203)

Crisis Residential Treatment Service (CRTS) means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, 7 days a week. Service activities may include but are not



limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention. (CCR Title 9 Division 1, 1810.208)

## **POLICY**

BHRS requires authorization, and concurrent review and for all Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS). BHRS does not require prior authorization when referring a beneficiary to a facility for CRTS or ARTS, the referral/authorization form serves as the initial authorization. Authorizations will specify the number of days authorized, scope/level of care authorized (ARTS or CRTS), and duration of treatment that is authorized.

### **Initial Authorization:**

Authorization is determined by assessment of the beneficiary's mental health condition and medical necessary for the level of care.

The referral/authorization form will specify the number of days authorized in the initial period.

- Crisis Residential Treatment Services (CRTS) is initially authorized up to 30 days based on Utilization Management review (to be specified in the authorization). Additional days may be authorized based on clinical need and medical necessity.
- Adult Residential Treatment Services (ARTS) initial authorization is the initial referral/authorization form. Initial authorization is up to 6 months based on Utilization Management review (to be specified in the authorization). Additional days may be authorized based on clinical need and medical necessity.
- Adult Residential Treatment Services Locked (ARTS) initial authorization is the initial referral/authorization form and will be authorized for 6 months based on Utilization Management review. Thereafter, subsequent authorization can be up to 6 months based on the clinical need and medical necessity.

### **Reauthorization/Concurrent Review:**

BHRS requires reauthorization within the week of the expiration of the current authorization. BHRS will reauthorize medically necessary CRTS and ARTS services, as appropriate, concurrently with the beneficiary's stay and based on beneficiary's continued need for services. The authorization determination is based on the concurrent review of medical necessity for CRTS and ARTS services. As appropriate, concurrent review will occur to determine continued need for service at the indicated level of care.

BHRS may extend the timeframe for making an authorization decision for up to 14 additional calendar days, if the following conditions are met:

1. The beneficiary, or the provider, requests an extension; or,
2. The MHP justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.



Expedited Authorization

BHRS will review and make a decision regarding a provider's request for prior authorization as expeditiously as the beneficiary's mental health condition requires, and not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.

BHRS will review when an expedited authorization is needed following the standard timeframe for cases in which a provider indicated that it could jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function. BHRS will make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires and no later than 72 hours after receipt of the request for service.

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 and care shall not be discontinued until the beneficiary's treating provider has been notified of the 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 and provider, in writing, of the adverse benefit determination. In cases where 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  
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