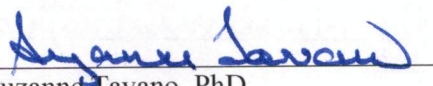


Contra Costa County Health Services Department Behavioral Health Services Division Drug Medi-Cal Organized Delivery System	POLICY NO. 706-AOD
POLICY:	Effective As Of: July 1, 2022 Next Review Date: July 31, 2025 Policy Expires On: July 31, 2026
<u>UTILIZATION REVIEW: SUBSTANCE USE DISORDER (SUD) SERVICE AUTHORIZATION PROCESS</u>	By:  Suzanne Tavano, PhD Behavioral Health Director

POLICY: UTILIZATION REVIEW: SUBSTANCE USE DISORDER (SUD) SERVICE AUTHORIZATION PROCESS

I. PURPOSE:

The purpose of this policy is to establish and outline the Service Authorization process for County Operated Substance Use Disorder (SUD) clinics and Community-Based Organizations (CBOs), including providers for the Drug Medi-Cal Organized Delivery System Plan (DMC-ODS), and to ensure that Contra Costa Behavioral Health Services Division (BHSD) is in compliance with current State and Federal regulations.

II. REFERENCES:

- CCR, Title 9, Chapter 5
- DMC-ODS Intergovernmental Agreement for Substance Use Disorder Services, Exhibit A
- DHCS, Alcohol and /or Other Drug Program Certification Standards
- DHCS, Behavioral Health Information Notice No. 22-019
- DHCS, Behavioral Health Information Notice No. 21-075
- Policy 709-AOD, Quality Management/Utilization Review: Substance Use Disorder (SUD) Treatment Documentation Standards
- Policy 815, Notice of Adverse Benefit Determination

III. POLICY:

It is the policy of BHSD that all Residential Treatment service providers shall obtain Service Authorization for SUD residential treatment services. Outpatient and Intensive Outpatient providers are not required to receive prior service authorization. The Utilization Review (UR) Unit shall conduct chart reviews as necessary for compliance and for consistency with the beneficiary's progress towards the Problem List.

The UR Authorization Committee shall convene in order to review and authorize services for Residential Treatment based on service and eligibility criteria for clinically appropriate and medically necessary services.

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IV. AUTHORITY/RESPONSIBILITY:

AODS Program Chief
 AODS Program Managers
 UR Program Manager
 UR Coordinators
 UR Mental Health Clinical Specialists
 UR Clerical Staff

V. PROCEDURE:

- A. All Service Authorization requests shall be approved or denied by a CCBHS Licensed Practitioner of the Healing Arts (LPHA) working within their scope of practice. An LPHA is defined as any health practitioner who possesses a valid California clinical licensure or is license-eligible in one of the following professional categories:
1. Physician.
 2. Nurse Practitioner.
 3. Licensed Clinical Psychologist (PhD/PsyD).
 4. Licensed Clinical Social Worker.
 5. Licensed Marriage and Family Therapist.
 6. Licensed Professional Clinical Counselor.
 7. License-Eligible Practitioner working under the supervision of a Licensed Clinician.
 8. Registered Nurse.
- B. Medi-Cal eligibility must be verified prior to authorization of Residential Treatment services.
- C. Authorization for SUD Residential Treatment services.
1. Initial Residential Treatment Service Authorization.
 - a. In order to obtain a Service Authorization for Substance Use Disorder Residential Treatment services, the service provider shall complete and submit for review all required clinical documentation

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that verifies that the services are clinically appropriate and medically necessary within ten (10) calendar days of the beneficiary's episode opening date.

- i) Review of documentation must occur within three (3) business days of receipt of the required UR paperwork and no later than fourteen (14) calendar days from the date the episode is opened.
 - ii) If the beneficiary does not meet service and eligibility criteria for clinically appropriate and medically necessary services, the appropriate NOABD shall be issued within two (2) business days.
 - iii) If the beneficiary does not meet service and eligibility criteria for clinically appropriate and medically necessary services, the UR Authorization Committee shall authorize up to two (2) calendar days of residential treatment to assist the beneficiary to transition to a lower level of care.
- b. The following documentation shall be completed and submitted to the UR Authorization Committee for review and authorization.
- i) Form AODC-011, Level of Care Placement Assessment (LOCPA).
 - ii) Form AODC-014, Medical Necessity Determination.
 - iii) Form AODC-005, Intake/Admission.
- c. UR Authorization Committee Members shall use Form AODC-008, SUD Service Authorization Form, to ensure that all required documents are complete, that the beneficiary is receiving services at the appropriate level of care and that service and eligibility criteria for clinically appropriate and medically necessary services have been met.
- d. Service Authorizations for Residential Treatment may be approved based upon clinically appropriate and medically necessary service determination, however, services shall be provided in the least restrictive setting, and shall be consistent with the goals of recovery and resiliency, learning and development, and enhanced self-sufficiency.

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- i) Service Authorizations shall be documented on Form AODC-008, SUD Service Authorization Form.
 - ii) Type of service and length of authorization must be noted.
 - iii) A UR Authorization Committee Member must initial the Form AODC-008 and indicate the date authorization was given.
 - e. During the initial authorization period, BHSD shall allow the billing of Residential treatment codes prior to the submission of required clinical documentation until the authorization is completed and received by the provider.
 - f. Residential Treatment episodes may be authorized based upon service and eligibility criteria for clinically appropriate and medically necessary services; however, services shall be provided in the least restrictive setting and shall be consistent with the goals of recovery and resiliency, learning and development, and enhanced self-sufficiency.
2. Perinatal beneficiaries may be authorized for residential services for the entire period of a documented pregnancy and the postpartum period, per episode. Postpartum period is defined as three hundred sixty-five (365) days after the end of the pregnancy. Medical documentation of pregnancy and end of pregnancy must be provided to authorize these extended stays.
 3. Re-authorization of continuing services for SUD residential treatment services:
 - a. Service Authorization shall be obtained prior to the expiration of the authorization period listed on Form AODC-008. Required UR documentation must be submitted five (5) business days prior to the authorization end date listed on Form AODC-008.
 - i) Review of documentation must occur within three (3) business days of receipt of the required UR paperwork.
 - ii) If the beneficiary does not meet service and eligibility criteria for clinically appropriate and medically necessary services, the appropriate NOABD shall be issued within two (2) business days.

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- iii) The UR Authorization Committee shall authorize no more than seven (7) calendar days of residential treatment to assist a beneficiary to transition to a lower level of care.
 - b. The following documentation shall be completed and submitted to the UR Authorization Committee for review and authorization:
 - i) Form AODC-007, Clinical Justification for Continuing SUD Treatment Services.
 - ii) Form AODC-011, Level of Care Placement Assessment (LOCPA).
 - iii) Form AODC-014, Medical Necessity Determination.
 - c. Committee members shall use Form AODC-008, SUD Service Authorization Form, to ensure that all required documents are complete, that the beneficiary is receiving services at the appropriate level of care and that service and eligibility criteria for clinically appropriate and medically necessary services have been met.
 - d. Service Authorization shall be documented on Form AODC-008.
 - i) The type of service and length of authorization must be noted.
 - ii) A UR Authorization Committee member must initial Form AODC-008 and indicate the date authorization was given.

