



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 7, POLICY 007

TREATMENT AUTHORIZATION REQUESTS (TARS)

POLICY NUMBER:	5-7-007
SYSTEM OF CARE:	MENTAL HEALTH
FINALIZED DATE:	04.03.2024
EFFECTIVE:	04.15.2022
SUPERSEDES # :	Supersedes Policy #'s: N/A

A. PURPOSE: To outline guidelines for receiving and processing Treatment Authorization Requests (TARs) for inpatient psychiatric hospitalizations of Yolo County Medi-Cal or Medi-Cal eligible beneficiaries in accordance with state and federal regulations.

B. DEFINITIONS: N/A

C. RELATED DOCUMENTS: N/A

D. POLICY:

1. Yolo County Health and Human Services Agency (HHS), Behavioral Health Quality Management (BHQM) unit, will receive and process all TARs for Yolo County Medi-Cal or Medi-Cal eligible beneficiaries experiencing inpatient psychiatric hospitalizations. All TARs will be reviewed by licensed or waived/license- eligible mental health professionals in accordance with California Code of Regulations, Title 9 (Title 9, CCR, Section 1820.220(d)).
2. HHS will approve or deny TARs based on medical necessity within fourteen (14) calendar days of receiving the request (Title 9, CCR, Section 1820.220). For any denial of days on a TAR, the provider may submit to the Mental Health Plan (MHP), a first-level appeal within ninety (90) calendar days of the date of receipt of the non-approval of payment or within ninety (90) calendar days of HHS's failure to act on the request in accordance with the required time frames required by Title 9, CCR, Section 1820.220. HHS will approve or deny first-level

appeals within sixty (60) calendar days of the request. If the appeal is not approved in full by the MHP, the provider may submit a second-level appeal to the state in writing, along with supporting documentation, within 30 calendar days from the date HHSAs written decision of denial or modification is submitted to the provider. Second-level appeals will only be approved or denied by HHSAs for Short-Doyle/Medi-Cal TARs within the same timelines outline above. Supporting documentation for second-level appeals is provided in Title 9, CCR, Section 1850.320(b).

E. PROCEDURE:

1. Medi-Cal TARs

- a. HHSAs maintains telephone access to receive admission notifications and initial authorization requests 24-hours a day and 7 days a week. Within 24 hours of admission of a Yolo County Medi-Cal beneficiary for psychiatric inpatient hospital services, the hospital is required to provide HHSAs the beneficiary's admission orders, initial plan of care, a request to authorize the beneficiary's treatment, and a completed face sheet. Emergency admissions (voluntary or involuntary) do not require prior authorization (Title 9, CCR, Section 1820.225).
- b. The inpatient provider will submit concurrent discussion notes during an individual's hospital stay to HHSAs BHQM to aid in determining that medical necessity criteria continues to be met. Concurrent discussion occurs per contract requirements, and for non-contracted facilities, HHSAs BHQM will request notes at least weekly. HSSAs will authorize inpatient admissions based on Concurrent Review, consistent with Department of Health Care Services (DHCS) Behavioral Health Information Notice No. 22-017. Please refer to HSSAs Policy and Procedure on authorization of inpatient and residential specialty mental health services for further information.
- c. The inpatient provider will submit a TAR with hospital chart record for the stay to HHSAs BHQM within fourteen (14) calendar days after discharge (Title 9, CCR, Section 1820.220). Upon receiving the TAR, the POC will verify delivery date.
- d. HHSAs BHQM will review the TAR to ensure the form is completed correctly (DHCS, Inpatient Services, Part 2). HHSAs BHQM will also verify Medi-Cal eligibility using the online OHCS Medi-Cal verification system.
- e. HHSAs BHQM will review all records to determine which days of hospitalization meet medical necessity criteria, as outlined in Title 9 of the California Code of Regulations.

- f. HHSa BHQM will document on the TAR that any adverse decisions regarding denials based on medical necessity were reviewed and approved by the Medical Director or his/her designee (physician) and obtain his/her signature on the TAR. If the denial is for administrative reasons (e.g., not submitted on time), physician approval and signature are not required. For any denial of inpatient psychiatric days, a Notice of Adverse Beneficiary Determination - C (NOABD-C) shall be sent to the client and the provider (HHSa PP 5-9-006; Medicaid Managed Care Final Rule).
- g. HHSa BHQM will follow DHCS instructions (DHCS, Inpatient Services Part 2) for processing and completing TARs (see Attachment A).
- h. HHSa BHQM will complete the required information in AVATAR for both administrative and clinical portions of the TAR (see Attachment A).
- i. All TARs and charts will be scanned and saved to designated TAR folders by fiscal year. Copies of TARs will be mailed to the TAR Processing Center servicing Yolo County.
- j. HHSa BHQM will provide the fiscal/billing department with copies of any TARs requested for received claims.
- k. HHSa BHQM will forward any TAR appeals to the designated BHQM appeals reviewer.
- l. Any TAR appeal of denied/modified payment ruled in favor of the provider shall be paid by HHSa within fourteen (14) calendar days of receipt of the revised TAR. Payment procedures shall follow those delineated in fiscal/billing policies. For any TAR in which Medi-Cal is out of county, payment will be denied, and the TAR referred to the county of eligibility. Administrative day TARs will also be reviewed by HHSa for medical necessity but are not paid by Yolo County, per contract terms.

2. Short-Doyle/Medi-Cal (SDMC) TARs

- a. The TAR form is specifically a Medi-Cal form. However, providers submit a TAR with their Short-Doyle claims when Short-Doyle payment is requested. Short-Doyle claims are submitted when a client does not have Medi-Cal coverage or when the hospital does not have a Medi-Cal contract. The TAR and chart are submitted to HHSa BHQM, and the TAR will typically indicate Short-Doyle written on the top. Claims for a Short-Doyle TAR should be routed to fiscal/billing for processing.

- b. SDMC TARs are reviewed and completed in the same manner as Medi-Cal TARs with two exceptions: 1) concurrent discussion occurs daily for Short-Doyle requests after the initial 72 hours of hospitalization, and 2) the County seal is still stamped in the county use box on the TAR, but the TAR is not mailed to the TAR Processing Center.
- c. HHSa shall provide authorization for all SDMC requests. HHSa pre-authorizes up to 72 hours, however, that does not guarantee payment for all inpatient services. All Short-Doyle claims will be reimbursed if the chart documentation submitted with the TAR meets medical necessity criteria, as outlined in Title 9 of the California Code of Regulations. See Yolo County's policy on Short-Doyle for additional information.

F. REFERENCES:

- 1. California Code of Regulations (CCR), Title 9, Sections 1820.220, 1820.225, 1850.315 and 1850.320 {2015 edition}.
- 2. California Department of Health Care Services {DHCS}. Medi-Cal: Part 2 - Inpatient Services (IPS), Inpatient Mental Health Services Program. (April 2015).
- 3. California Department of Health Care Services {DHCS}. Medicaid Managed Care Final Rule: Network Adequacy Standards. {July 2017}.

Approved by:

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Date