



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

### POLICIES AND PROCEDURES

#### SECTION 6, CHAPTER 5, POLICY 015

#### SUBSTANCE USE DISORDER RESIDENTIAL AUTHORIZATIONS

<b>POLICY NUMBER:</b>	6-5-015
<b>SYSTEM OF CARE:</b>	SUD
<b>FINALIZED DATE:</b>	6/28/2024
<b>EFFECTIVE:</b>	03/01/2024
<b>SUPERSEDES # :</b>	Supersedes Policy #'s: N/A

**A. PURPOSE:** To inform Yolo County Health and Human Services Agency (HHS) Behavioral Health (BH) staff and Contracted Providers of the requirements for Substance Use Disorder (SUD) Residential Authorizations.

**B. FORMS REQUIRED:**

1. Level of Care Assessment

**C. DEFINITIONS:**

1. **Access Criteria:**

a. **21 years and older:**

- i. Have at least one diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, or
- ii. Have had at least one diagnosis from the DSM for Substance- Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders, prior to being incarcerated or during incarceration, determined by substance use history.

b. **Under 21 years of age:** The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid mandate entitles these members to receive any medically necessary services coverable under a Medicaid state plan to correct and ameliorate health conditions, even if they do not meet criteria for a SUD diagnosis.

c. An LPHA shall make the diagnosis regardless of member age.

2. **Additional Residential Service Criteria:** must include imminent danger, which is defined as:
  - i. A strong probability that certain behaviors (such as continued alcohol or other drug use or addictive behavior relapse) will occur;
  - ii. The likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in reckless driving while intoxicated, or neglect of a child); and
  - iii. The likelihood that such adverse events will occur in the very near future, within hours and days, rather than weeks or months
3. **Authorization:** The approval process for DMC-ODS Services prior to the submission of a DMC Residential (level of care 3.1 or 3.5) claim.
4. **Communication Methodology:** The method of communication, as set forth by Yolo County HHSA, for exchange of information. This includes but is not limited to: Fax, Yolo County HIPAA compliant drop box, encrypted email, and Electronic Health Record (EHR) in accordance with HIPAA and confidentiality requirements.
5. **Continued Service Criteria:** Members must meet medical necessity and access criteria as defined above. It is appropriate to retain the member at the present level of care if:
  - a. The client is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the member to work towards his or her treatment goals; or
  - b. The member has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals; and/or
  - c. New problems have been identified that are appropriately treated at the present level of care. This level is the least intensive at which the patient's new problems can be addressed effectively.
6. **Licensed Practitioner of the Healing Arts (LPHA):** Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians and within their scope of practice.
7. **Medical Necessity:**
  - a. **21 years and older:** a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
  - b. **Under 21 years of age:** a service is "medically necessary" or a "medical necessity" if the service is necessary to correct or ameliorate screened health conditions. Services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services.

8. **Postpartum:** The 365-day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility for perinatal services shall end on the last day of the calendar month in which the 365th day occurs. In order to be authorized for the 365-day postpartum period, proof of birth must be submitted.
9. **Preauthorization:** Approval by Yolo County that a covered service is medically necessary.
  - a. Treatment services are preauthorized for seventy-two (72) hours.
10. **Qualified alcohol or other drug counselor:** An alcohol or other drug counselor that is either certified or registered by an organization recognized by the Department of Health Care Services and accredited with the NCCA, and meets all of the applicable California state qualifications

#### D. POLICY:

1. Yolo County HHSA and its Contracted Providers shall have in place, and follow, the written authorization policies and procedures as set forth herein.
  - a. DMC-ODS services shall be provided to ensure medical necessity, sufficient amount, duration, or scope to reasonably achieve the purpose for which the services were furnished; and
  - b. Shall not arbitrarily deny or reduce the amount, duration, or scope of medically necessary services solely because of diagnosis, type of illness, or condition of the member.
  - c. 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 an individual who has appropriate expertise in addressing the member's medical and behavioral health.
  - d. A written Notice of Adverse Benefit Determination (NOABD) shall be sent to the member and provider for any decision by Yolo County HHSA which denies a service authorization request, or authorizes a service amount, duration, or scope that is less than requested in accordance with state and federal requirements.
  - e. Medical Necessity and Access Criteria must be established by a qualified Licensed Practitioner of the Healing Arts (LPHA). If an assessment is completed by a SUD counselor, it must be evaluated through a face-to-face, telephone, or telehealth review with the LPHA. The LPHA shall type or legibly print their name, sign, and date the level of care assessment. Additionally, the LPHA shall make the initial diagnosis, printing their name, signing, and dating the diagnosis form as well.
  - f. Length of Residential Treatment Authorizations
    - i. Adults & Adolescents (age 12+): The length of residential services shall be dependent on the individual medical necessity needs of the member being served.
  - g. Same Level of Care (LOC) Transitions / Readmissions
    - i. Discharge and Readmission to Different SUD Residential Providers:
      - a. If a member discharges from residential treatment and re-enrolls with a new SUD Residential Provider, Yolo County HHSA BH will consider this as a new residential treatment episode.

- ii. Discharge and Readmission to the Same SUD Residential Provider:
    - a. Less Than 7 Days: If a member discharges from a SUD Residential Provider and is re-admitted to the same SUD Residential Provider in less than 7 days, Yolo County HHSA BH will consider it a continuation of the same residential treatment episode. The member should also continue with the same episode opened within Yolo County HHSA's Electronic Health Record (EHR). The current authorization timeframe will remain in effect.
      - i. Residential providers shall assess for withdrawal potential and document that it is safe for the client to return to this residential level of care.
    - b. 7 Days or Greater: If a member discharges from a SUD Residential Provider and returns to the same SUD Residential Provider 7 days or more from the date they were discharged, Yolo County HHSA BH will consider the return stay a new residential treatment episode.
  - a. Level of Care Assessment: The ASAM Criteria shall be used to determine placement into the appropriate level of care (LOC) for all members. Providers of residential treatment services shall ensure each member receives a multidimensional ASAM Criteria LOC assessment within 72-hours of admission indicating the member's need for residential level of care.
    - i. This determination must be conducted and completed by an LPHA. A qualified alcohol or other drug counselor may conduct and complete the ASAM Criteria LOC determination when an LPHA reviews and approves and makes the final determination of care.
  - b. Subsequent to the initial determination, a comprehensive multidimensional assessment based on the ASAM Criteria must be completed.
  - c. This can be done through either of the following two options:
    - i. A multidimensional assessment, as determined by the program.
    - ii. An ASAM assessment, as outlined in Yolo County's SUD DMC clinical documentation policy.
      - i. Effective January 1, 2025, providers shall use either the free ASAM Criteria Assessment Interview Guide or ASAM CONTINUUM software, as required by DHCS.
  - d. Residential programs may choose to complete the comprehensive ASAM within 72-hours to meet both the requirement for initial level of care determination and comprehensive multidimensional assessment, or complete two different assessment types based on their workflow preferences.
2. Reauthorization is required by Yolo County at least every 30 days.
  3. The statewide goal for the average length of stay for residential treatment services provided is 30 days or less. Programs shall be monitored to this goal.
  4. Late or incomplete authorization submissions may result in authorization requests being denied due to untimeliness.
  5. Initial Authorization periods shall begin on the date that the client was admitted to treatment.

- a. If medical necessity, access criteria, and the level of care determination have not been determined by the provider during the preauthorization period, the initial authorization period shall begin on the date in which these have been established by the provider.
6. Reauthorization periods shall begin on the first day following the previous authorization period.
  - a. If medical necessity, access criteria, and the level of care determination have not been determined by the provider prior to the end of the previous authorization period, the subsequent authorization period shall begin on the date in which these have been established by the provider.

#### **E. PROCEDURE**

1. Prior to submitting a residential authorization request(s), the member's episode must be opened within Yolo County HHSA's EHR. If an episode cannot be opened due to an EHR system error, the provider shall notify Yolo County HHSA immediately
2. Contract providers shall submit the residential authorization request through the designated Communication Methodology.
  - a. Initial requests shall be submitted within (5) five calendar days of a member's intake date
  - b. Reauthorization requests shall be submitted prior to the end of the authorization period and shall be required every 30-calendar day period
    - i. For perinatal members' residential reauthorizations shall be required at least every six months
  - c. The provider shall ensure all submissions include the following information:
    - i. Member's Full Name
    - ii. Member's Date of Birth
    - iii. Member's Avatar Medical Record Number
    - iv. Member's Admission Date
    - v. Program Name
    - vi. Level of Care
    - vii. Type of Authorization (i.e. Perinatal [pregnant], Post-Partum, Initial, or Reauthorization)
  - d. Providers shall submit the following documents with each request:
    - i. Documentation supporting medical necessity and access criteria:
      - a. Initial Authorization: Level of Care Assessment as outlined above
      - b. Subsequent Authorization: Clinical records that support continued medical necessity and access criteria for residential services (ex: assessment, progress notes, or other documentation as appropriate).
    - ii. Medi-Cal Swipe
    - iii. For perinatal services, proof of pregnancy or proof of birth

- e. Providers shall submit required authorization paperwork for all members who receive residential treatment services. Providers should notify Yolo County HHS Quality Management immediately regarding barriers to obtaining clinical information necessary for timely processing of authorization requests.
- 3. Upon receipt of a complete authorization request, a Yolo County HHS LPHA, shall review the authorization paperwork and render an authorization determination within three (3) business days.
  - a. The Clinician will consult with the requesting provider when appropriate.
- 4. Authorization decisions to approve (including authorization dates) or deny, shall be available in Yolo County’s EHR for Contract Providers to access. It shall be the responsibility of Contract Providers to monitor any authorization decisions.
  - a. If a Yolo County HHS LPHA determines that the member does not meet medical necessity or access criteria for residential services or services are being denied for other reasons and an adverse decision is rendered, the provider and member shall be notified by Yolo County HHS in accordance with state and federal requirements. The written Notice of Adverse Benefit Determination (NOABD) shall specify the rationale for the decision, the non-covered dates, and the appeal rights and procedures.

**F. REFERENCES:**

1. 42 C.F.R. §438.210
2. 42 C.F.R. §438.404
3. DMC-ODS Intergovernmental Agreement
4. DHCS Information Notice 21-001: Level of Care Designations/Certifications for AOD Treatment Facilities (Implementation of Senate Bill 823)
5. DHCS Information Notice 21-021: Drug Medi-Cal Organized Delivery System – Updated Policy on Residential Treatment Limitations
6. DHCS Information Notice 23-030: Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System Postpartum Claiming
7. DHCS Information Notice 24-001: Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
8. DHCS CalAIM Behavioral Health Initiative Frequently Asked Questions, March 2024

**Approved by:**

*Julie Freitas* LMFT  
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**Julie Freitas, LMFT, AOD Administrator**  
**Yolo County Health and Human Services Agency**

7/1/2024  
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**Date**

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**Karleen Jakowski, LMFT, Mental Health Director**  
**Yolo County Health and Human Services Agency**

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**Date**