

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: May 17, 2004

MENTAL HEALTH POLICY: 04-09

SUBJECT: Authorization Standards - Managed Care

AUTHORITY: Relevant Sections of Title 9, CCR § 1820.215 – 1830.215; DMH Contract with County

SUPERSEDES: New Policy

DEFINITIONS

MHP Payment Authorization – the written, electronic or verbal authorization given by a Mental Health Plan to a provider for reimbursement of specialty mental health services provided to a beneficiary.

Expedited Authorizations – Decisions required for those cases where the provider indicates, or the MHP determines, that following the standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain or regain maximum function.

PURPOSE

The MHP has previously established timeline standards (found within the Quality Management Plan and Provider Manuals) for expected lengths of time from receipt of a beneficiary or provider request for initial service until scheduling of the first assessment visit. The state Department of Mental Health (DMH) has now issued regulations concerning timelines for the authorization of services requested for a beneficiary by a provider.

Nothing in this policy is intended to reduce or eliminate existing standards concerning timelines for scheduling initial assessment visits.

POLICY

This policy memorializes DMH regulations concerning MHP Payment Authorization and creates a framework for their implementation. It applies to the ACCESS Team and to any other MHP site where authorizations may occur. It also applies to any MHP sub-contractor delegated to

perform payment authorization activities. The MHP will not structure compensation to any individuals or entities so as to provide incentives to deny, limit, or discontinue medically necessary services to any beneficiary.

All MHP sites and subcontractors performing payment authorization shall have specific written procedures in place describing the performance of this activity.

- For authorization decisions (other than expedited decisions described below), the MHP shall provide notice as expeditiously as the beneficiary's mental health condition requires, and within 14 calendar days following receipt of the request for service.
 - A possible extension of up to 14 additional calendar days is allowed, if the beneficiary or the provider requests extension.
 - The MHP may apply the same 14 day extension if the MHP has identified a need for additional information and documents this need in the Initial Client Information (ICI) record or the medical record; this documentation must describe how the extension is in the beneficiary's interest.
 - If the MHP extends the timeframe, it shall provide the beneficiary with written notice of the decision on the date the decision to extend is made. The notice must include (a) the reason for the decision and (b) the beneficiary's right to file a grievance if the beneficiary disagrees with the decision.
- For expedited authorization decisions, the MHP will make an authorization decision and provide notice as expeditiously as the beneficiary's mental health condition requires and no later than three working days after receipt of the request for MHP payment authorization.
 - The MHP may extend the three-working-day time period by up to 14 calendar days if the beneficiary requests an extension.
 - The MHP may also extend the three-working day period by up to 14 calendar days if the MHP identifies a need for additional information and documents the need and how the extension is in the beneficiary's best interests in the same manner described above.
 - If the MHP extends the timeframe, it shall provide the beneficiary with written notice of the decision on the date the decision to extend is made. The notice must include (a) the reason for the decision and (b) the beneficiary's right to file a grievance if the beneficiary disagrees with the decision.
- The MHP shall notify the requesting provider of any decision to deny an MHP payment authorization request, or to authorize a service in an amount, duration or scope that is less than required. The notice to the provider need not be in writing.

- In all authorization situations described in this policy, the beneficiary shall receive appropriate NOA(s) as required by law.

Approved: _____

Gale Bataille, Director
Mental Health Services Division