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North Sound Behavioral Health Organization

Section1500 – Clinical: Authorization and Reauthorization for Outpatient Behavioral Health Services

Authorizing Source: 42CFR 438.210; DSHS PIHP Contract Section 6
Cancels:
See Also:
Providers must comply with this policy and may develop individualized implementation guidelines as needed
Approved by: Executive Director
Responsible Staff: Deputy Director
Signature:
Date: 9/20/2016

POLICY #1505.00

SUBJECT: AUTHORIZATION AND REAUTHORIZATION FOR OUTPATIENT BEHAVIORAL HEALTH SERVICES

PURPOSE

To outline how individuals in need of outpatient behavioral health services from North Sound Behavioral Health Organization (North Sound BHO) contracted Behavioral Health Agencies (BHAs) are authorized or reauthorized (re/authorization shall mean both processes throughout the remainder of the policy) to receive medically necessary services in order to ensure consistent application of North Sound BHO's re/authorization processes.

POLICY

Individuals requesting North Sound BHO re/authorization for behavioral health services must first meet financial eligibility criteria. Individuals who have Washington Apple Health with a BHO benefit identified, per ProviderOne, are considered financially eligible. For individuals who do not have this benefit, see North Sound BHO Policy 1574 State and Substance Abuse Block Grant Funding Plan – Behavioral Health Services regarding financial eligibility for services.

For individuals who have made an initial request for service and have had an assessment with a North Sound BHO-contracted BHA for which North Sound BHO is the payer, North Sound BHO shall review an authorization request when the BHA substantiates the individual meets financial eligibility, Washington State Access to Care Standards and medical necessity criteria. Per Department of Social and Health Services (DSHS) contract, medical necessity means:

1. The individual's impairment(s) and corresponding need(s) must be the result of a behavioral illness covered by Washington State for public behavioral health services.
2. The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a covered behavioral illness.
3. The individual is expected to benefit from the intervention.
4. The individual's unmet need cannot be more appropriately met by any other formal or informal system or support.

   There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the individual requesting service. "Course of treatment" may include mere observation or, where appropriate, no treatment at all.

For individuals who are currently in an open outpatient episode and current authorization period for which North Sound BHO is the payer, North Sound BHO shall review a reauthorization request when the BHA substantiates the individual meets financial eligibility and North Sound BHO Continued Stay Criteria as follows:

1. Continues to meet the Washington State Access to Care Standards (ACS) with:

    a. A covered diagnosis; and,
    b. Functional impairment demonstrated by American Society of Addiction Medicine (ASAM) Criteria for substance use diagnoses or Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) criteria for mental health diagnoses; and,
    c. All components of medical necessity as noted previously.

    And/or one or more of the following:

    a. Individual is engaged in a transition to discharge plan. If the transition plan is successful, the individual will be discharged from the episode of care within 90 days of the initiation of the transition to discharge plan. If the individual's condition changes during the course of the transition, such that continued treatment is determined to be medically necessary, a review of the Recovery/Resiliency Plan will occur and a revised plan will reflect the purpose of ongoing care.
    b. Although the individual's functioning has improved and no longer meets the ASAM or SED/SMI criteria, continued treatment is deemed medically necessary to prevent deterioration as evidenced by previous, recent documented unsuccessful efforts at discharge.
    c. Although the individual's functioning has improved, they have needs, which cannot be met by any other system or resource other than North Sound BHO-funded behavioral health and, if unmet, would result in deterioration of functioning and likely re-admission.
    d. Individual has a current Less Restrictive (LR) Court Order or Conditional Release (CR) in place. While this applies to mental health services only, substance use providers should coordinate with any existing mental health provider prior to closing a substance use episode of care.

Authorization and denial decisions shall be made by a North Sound BHO staff who meets the requirements of a Mental Health Professional (MHP) for mental health services or Chemical Dependency Professional (CDP) for substance use services and who has appropriate clinical expertise to make the decision.

Role of Provider (each North Sound BHO contracted provider will):

1. Comply with North Sound BHO mechanisms to ensure consistent application of review criteria for re/authorization decisions, including consultation with North Sound BHO when appropriate.
2. Identify, define and specify the amount, duration and scope of each service the individual will receive in collaboration with the individual.

3. Provide services that are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.
4. Ensure services are provided in accordance with North Sound BHO's level of care guidelines as medically necessary and are not arbitrarily denied or reduced, (for example, the amount, duration, or scope of a required service) based solely upon diagnosis, type of behavioral illness, or the individual's behavioral health condition.
5. Submit requests and supporting documentation in a timely manner so North Sound BHO may comply with specified timeframes for decisions as required by federal and state standards.

Role of North Sound BHO:

1. Ensure consistent application of review criteria for authorization decisions and not arbitrarily deny a service authorization request.
2. Ensure services are sufficient in amount, duration, or scope to reasonably be expected to achieve the purpose for which the services are furnished.
3. Not deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or behavioral health condition of the individual.
4. Ensure authorization of a service in an amount, duration, or scope that is less than requested be made by a health care professional who has appropriate clinical expertise in treating the individual's condition or disease.
5. North Sound BHO will comply with specified timeframes for decisions as required by federal and state standards.
6. North Sound BHO will provide for standard and expedited re/authorization decisions and notices per required timeframes.
7. North Sound BHO may place appropriate limits on a service on the basis of criteria applied under the State plan, such as medical necessity; or for the purpose of utilization management, provided the services furnished can reasonably be expected to achieve their purpose, as required by federal and state standards. North Sound BHO and its contractors will consider what constitutes "medically necessary services" in a manner that is no more restrictive than that used in the Washington Apple Health program as indicated in State statutes and regulations, the State Plan and other State policy and procedures. North Sound BHO, in accordance with these regulations, is responsible for covering services related to the following:

    a. The prevention, diagnosis and treatment of health impairments.
    b. The ability to achieve age-appropriate growth and development.
    c. The ability to attain, maintain, or regain functional capacity.

8. North Sound BHO will ensure compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any individual.

PROCEDURE

Authorization

Based upon information from the completed assessment, the provider requests from North Sound BHO either authorization or denial.

Request for Authorization

1. If upon completion of the assessment, the BHA clinician believes ACS and medical necessity are met, the BHA shall transmit a completed electronic request for authorization within required timeless and per North Sound BHO Data Dictionary. If necessary, North Sound BHO staff will request additional clinical information to justify the authorization.

    a. Timelines

        i. Standard authorization requests shall be sent to North Sound BHO within 10 business days of the individual's request for service. If the assessing clinician cannot complete the initial assessment within the first 10 business days, the individual or the assessment clinician may request an extension of up to an additional 10 business days.
        ii. Expedited authorization requests shall be sent to North Sound BHO within 3 business days of the individual's request for service.

    b. If a diagnosis is Provisional, per Diagnostic and Statistical Manual (DSM) standards, this identification must be included in the electronic authorization request. This information should be included in the "Additional Information to Consider" field of the Additional Authorization Information transaction and should identify the specific diagnosis and diagnosis code that is provisional.
    c. Authorization requests for State- and SABG-funded individuals need the following additional information to accompany the request:

        i. Identification of priority population category per North Sound BHO Policy 1574.
        ii. Explanation for any requested authorization period longer than three (3) months.

    d. Authorization requests for individuals under four (4) years of age need the following additional information to be submitted at the time of the request:

        i. Full assessment/intake evaluation.
        ii. Collateral documentation used for assessment if not contained in the body of the assessment document (e.g., information from primary care provider).

    e. Transactions per North Sound BHO Data Dictionary

        i. Level of Care

            1) LOCUS (Level of Care Utilization System) transaction 845 for mental health authorization for individuals 18 and up
            2) CALOCUS (Child & Adolescent Level of Care Utilization System) transaction 846 for mental health authorization for individuals up to age 18; may also be used for individuals up to age 20 (see North Sound BHO Policy #1565)
            3) ASAM transaction 909

ii. Authorization Request 278 HIPAA (Health Insurance Portability and Accountability Act) transaction

The requested authorization start date may not precede the first day of the month prior to the month the authorization request is received. Any requests received with an earlier start date shall be modified by North Sound BHO.

iii. Additional Authorization Information transaction

1) Mental Health transaction 951
2) Substance Use transaction 952

2. All persons who meet the financial criteria, ACS and medical necessity criteria are authorized by North Sound BHO within state-established timelines as follows:

a. For standard authorization decisions, provide notice as expeditiously as the individual's health condition requires that may not exceed 14 calendar days following receipt of request for authorization with a possible extension of up to 14 additional calendar days*, if the individual or the provider requests extension. North Sound BHO will automatically approve without advance notice any extension request by an individual or provider. An extension may also be obtained if North Sound BHO justifies (to the Department of Social and Health Services (DSHS) upon request) a need for additional information and how the extension is in the individual's interest.

Extensions are expected to be utilized only in rare circumstances and must be of benefit to the individual. When an extension is utilized, the BHA must document a rationale for the extension in its authorization (in the Additional Authorization Information transaction) or denial request (on the Denial Review Request form) to North Sound BHO. North Sound BHO will monitor the use and pattern of extensions and apply corrective action where necessary.

For cases in which a provider indicates, or North Sound BHO or its designee determines that following the standard timeframe could seriously jeopardize the individual's life or health or ability to attain, maintain, or regain maximum function, North Sound BHO must make an expedited authorization decision and provide notice as expeditiously as the individual's health condition requires and no later than 3 business days following receipt of the request for authorization.

*When calculating the number of days from the request for service, the first day is the day after the request for service. For example, the request for service is received on January 14th a standard decision must occur by or on January 28th. For a request that comes in on a Thursday and is identified as expedited, the assessment and authorization decision must be completed by the end of the following Tuesday.

3. If authorized, North Sound BHO will notify the individual and provider of all authorizations and their benefits via a response to the 278 HIPAA transaction. The individual is accepted into services and appropriate appointments are made as expeditiously as the individual's health condition requires with the first ongoing appointment to occur no later than 28 calendar days from the request for service.

    a. Transactions per North Sound BHO Data Dictionary

        i. BHA opens an outpatient episode; see Data Dictionary Omnibus Episode Information transaction 902.
        ii. BHA transmits First Routine Appointment transaction 907; 908 if the first routine appointment did not occur.
        iii. BHA transmits Substance Use transaction 911 as applicable.

    b. There are some services that require additional criteria be met and/or may not be available immediately due to capacity limitations [e.g., Substance Use Residential, Mental Health Services in a Residential Setting, Program for Assertive Community Treatment (PACT), Intensive Outpatient Program for Adults (IOP), WISe (Wraparound with Intensive Services)].

        The BHA must open an outpatient episode, Omnibus Episode Information transaction 902 that corresponds with the specialized service upon admission.

4. Authorization periods are up to one year with the following exceptions:

    a. State funded individuals – see North Sound BHO Policy 1574.
    b. Individuals with Washington Apple Health who are identified as needing services at a Level of Care (LOC)

        Mental Health LOC 1 or 2 at the initial authorization are authorized for a period up to 6 months.

5. If, upon review of the authorization request, it appears the individual does not meet ACS and medical necessity, North Sound BHO reviewers will contact the provider to request additional information to make a final determination. If North Sound BHO reviewers deny a service authorization request or authorize a service in an amount, duration, or scope that is less than requested, they will notify the requesting provider and give the individual a written Notice of Action in sufficient time to ensure state-established timeframes are met.

Request for Denial

1. If, upon completion of the assessment, the provider believes ACS and medical necessity are not met, they will send the assessment and any other available documentation or medical records reviewed in the assessment process to North Sound BHO staff with the completed North Sound BHO Denial Review Request form (http://nsmha.org/Forms/index.asp) within 10 business days (standard) or within three business days (expedited) from the initial request for service.

2. North Sound BHO staff will review the documentation and determine whether or not to authorize services.

    a. If services are authorized, North Sound BHO staff will notify the individual and provider of the decision to authorize services. The provider shall submit an electronic authorization request as outlined previously and the individual will be notified of their benefit package.
    b. If no services are authorized, North Sound BHO will notify the requesting provider and give the individual a written Notice of Action in sufficient time to ensure state-established timeframes are met.

Reauthorization

While the provider and individual review progress toward the individual's Recovery/Resiliency Plan (RPP) goals routinely throughout the course of treatment, for individuals whose current authorization is about to expire and for whom reauthorization will be requested, the provider must ensure the RRP review is conducted within 45 days of the current authorization's end date. Based upon this review, the provider shall determine reauthorization of services is warranted or determine transition to discharge should begin if it hasn't already. If an individual appears to be ready to transition to discharge, but does not agree with the plan to discharge (i.e., the individual indicates they want to stay in services), the BHA shall make every attempt to resolve this issue and shall clearly explain the individual's grievance rights.

Unless specified below, the procedures for Reauthorization are the same as those for Authorization.

Request for Reauthorization

1. If, upon completion of the RRP review, the provider believes Continued Stay Criteria are met, they will transmit a completed electronic request for reauthorization within required timelines and per North Sound BHO's Data Dictionary. If necessary, North Sound BHO staff will request additional clinical information to justify the reauthorization.

    a. Timelines

        i. Reauthorization requests shall be sent to North Sound BHO within the two (2) week period prior to the expiration of the current authorization.

            1) For reauthorization decisions that are submitted late, the RRP review must be completed within 45 days of the reauthorization request.

    b. Provisional diagnosis – see Authorization section
    c. State- and SABG-funded authorizations – see Authorization section
    d. Reauthorization requests for individuals under four (4) years of age need the following additional information to be submitted at the time of the request:

        i. Recovery/Resiliency Plan
        ii. Recovery/Resiliency Plan Review or documentation that reflects individual's progress on RRP (e.g., progress notes)

e. Transactions per North Sound BHO Data Dictionary

i. Authorization Request 278 HIPAA transaction

1) The requested authorization start date may not precede the first day of the month prior to the month the reauthorization request is received. Any requests received with an earlier start date shall be modified by North Sound BHO.

ii. Additional Authorization Information transaction

1) Mental Health transaction 951
2) Substance Use transaction 952

iii. The following information must be up-to-date with North Sound BHO:

1) Level of Care

a) LOCUS (Level of Care Utilization System) transaction 845 for mental health authorization for individuals 18 and up
b) CALOCUS (Child & Adolescent Level of Care Utilization System) transaction for mental health authorization for individuals up to age 18; may also be used for individuals up to age 20 (see North Sound BHO Policy #1565)
c) ASAM transaction 909

2) Recovery/Resiliency Plan Review (transaction 930)
3) Episode of Care (transaction 902) remains open

2. All individuals who meet financial criteria, Continued Stay Criteria, and medical necessity are authorized by North Sound BHO within state-established timelines (Timelines and notification –see Authorization section).
3. If, upon review of the reauthorization request, it appears the individual does not meet Continued Stay Criteria, North Sound BHO reviewers will contact the provider to request additional information to make a final determination. If North Sound BHO reviewers deny a service reauthorization request or reauthorize a service in an amount, duration, or scope that is less than requested, they will notify the requesting provider and give the individual a written Notice of Action in sufficient time to ensure that state-established timeframes are met.

Discharge from Treatment

If, upon completion of the RRP review, the provider believes Continued Stay Criteria are not met, the provider shall transition the individual toward planned discharge per North Sound BHO Policy 1540 Discharge from Treatment.

Change in Behavioral Health Coverage

Attainment of Coverage

For individuals who become North sound BHO-eligible while already in treatment with a provider agency, a current diagnostic justification must be present in the clinical record. The current assessment and RRP must meet or be updated to meet DSHS and North Sound BHO standards. Authorization for services will be submitted to North Sound BHO within 14 days of the time the provider becomes aware of the change in payer/North Sound BHO eligibility. Providers are responsible for ensuring the appropriate funding source is charged for services depending upon the individual's financial eligibility.

Loss of Coverage or Change in Payer

For individuals for whom North Sound BHO is no longer the payer*, the BHA must request termination of North Sound BHO authorization by the 10th of the month following the discontinuation of North SBHO as payer. In addition, the BHA shall not submit encounters' to North Sound BHO from the date the BHA determines North sound BHO is no longer the payer.

1. To request a termination of a current North Sound BHO authorization, the BHA sends a 278 Authorization Request transaction. Upon receipt of this request, North Sound BHO shall terminate the authorization and send a Notice of Action to the individual.

*North Sound BHO is the no longer the payer when any of the following occurs:

1. North Sound BHO is no longer the assigned BHO as identified in ProviderOne.
2. An individual is no longer eligible for use of North Sound BHO State and SABG funds (see North Sound BHO Policy 1574).
3. An episode of care is ended for an individual covered by State and/or SABG funds.

ATTACHMENTS

None