



## POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

### I. P&P INFORMATION

Assigned Policy Name: Residential Placement and Authorization

Assigned Policy Number: BHSD 7710

Policy Area(s): Mark All That Apply

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|--|--|
| <input type="checkbox"/> Plan Administration and Organization  | <input type="checkbox"/> Provider Network                    |
| <input type="checkbox"/> Scope of Services                     | <input type="checkbox"/> Documentation Requirements          |
| <input type="checkbox"/> Financial Reporting Requirements      | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems        | <input type="checkbox"/> Beneficiary Rights                  |
| <input checked="" type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution      |
| <input type="checkbox"/> Utilization Management Program        | <input type="checkbox"/> Program Integrity                   |
| <input type="checkbox"/> Access and Availability of Services   | <input type="checkbox"/> Reporting Requirements              |

Submitted by: victor Ibabao Date: 9/24/2019

Policy developed by: Tianna Nelson and BHSD SUTS Team

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]



### II. APPROVAL

#### Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: victoria plan Date: 9/24/2019

County Counsel: 3527B4B4F12742C... DocuSigned by: Emily Fedman Date: 9/24/2019

#### Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 9/25/2019

Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit



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<input checked="" type="checkbox"/>	<b>Contract Providers</b>
<input type="checkbox"/>	<b>Specialty Mental Health</b>
<input checked="" type="checkbox"/>	<b>Specialty Substance Use Treatment Services</b>

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<b>Approved/Issue Date:</b>	<b>Behavioral Health Services Director:</b>	
<b>Last Review/Revision Date:</b>	<b>Next Review Date:</b>	<b>Inactive Date:</b>

<p><b><u>REFERENCE</u></b></p> <p>Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement for Substance Use Disorder Services for Fiscal Years 2019-20 through 2021-22, Contract #19-96220, Exhibit A, Attachment I, Section II.E.4., Section III.H., Section V.J.</p> <p>42 Code of Federal Regulations § 438.3</p> <p>42 Code of Federal Regulations § 438.210</p> <p>22 Code of California Regulations § 51341.1</p> <p>Behavioral Health Service Department Policy #11200.2 - Beneficiary Request for a Second Opinion for Medical Necessity for Substance Use Treatment Services</p> <p>The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, <i>American Society of Addiction Medicine, Third Edition, 2013</i></p>
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<p><b><u>POLICY</u></b></p> <p>The Behavioral Health Services Department (BHSD) Substance Use Treatment Services (SUTS) Managed Care Plan (MCP) manages residential capacity and placements for beneficiaries in Santa Clara County in accordance with State and Federal requirements. All referrals to residential programs must meet the eligibility for medical necessity, based on the DSM 5 criteria for a substance use disorder, ASAM (American Society for Addiction Medicine) level of care (LOC) criteria, and be authorized by the BHSD SUTS MCP.</p> <p>BHSD SUTS MCP incorporates three levels of care for residential treatment. Residential 3.1 is the lowest level of residential treatment and is considered appropriate for beneficiaries who require 24-hour stabilization services. Residential 3.3 is recommended for beneficiaries</p>
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who have cognitive impairments and need an individually paced program while receiving high intensity treatment. Residential 3.5 is recommended for beneficiaries who, because of their functional limitations, need a safe and stable living environment so they do not immediately relapse or continue to use in an imminently dangerous manner.

**DEFINITIONS**

**3.1: ASAM LOC for Clinically Managed Low-Intensity Residential Services.** Up to 20 hours of DMC approved services and activities per week. May include services such as individual, group, family therapy, psychoeducation. For individuals who need time and structure to practice and integrate recovery and coping skills in a supportive environment. *(ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions. American Society of Addiction Medicine, Third Edition, 2013.)*

**3.3: ASAM LOC for Clinically Managed Population-Specific High-Intensity Residential Services.** For those who have functional limitations which are primarily cognitive and requires a program that allows sufficient time to integrate the treatment into their daily lives. *(ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions. American Society of Addiction Medicine, Third Edition, 2013.)*

**3.5: ASAM LOC for Clinically Managed High-Intensity Residential Services.** For beneficiaries who may have multiple limitations which may include addictive disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. *(ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions. American Society of Addiction Medicine, Third Edition, 2013.)*

**ALOC form:** Assessment and Authorization for Level of Care Placement. This form is completed by clinicians and establishes the ASAM criteria for level of care placement; the ALOC is sent to BHSD SUTS MCP for authorization of residential treatment.

**Authorization:** Residential treatment must be authorized by BHSD SUTS MCP prior to the provision of treatment services in order to submit a claim for reimbursement to Drug Medi-Cal.

**Adolescent:** Youth through age 21 years.



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<p><b>Bed census:</b> Electronic tracking of actual bed capacity in real time, through Profiler.</p> <p><b>Capacity Management Unit:</b> A unit within BHSD SUTS MCP which tracks utilization management of SUTS residential and Recovery Residence capacity, places authorized beneficiaries into residential settings and supportive Recovery Residence housing.</p> <p><b>Drug Medi-Cal (DMC):</b> A type of health insurance that pays for substance use treatment services for Medi-Cal beneficiaries.</p> <p><b>Gateway:</b> The centralized access call center for substance use treatment services.</p> <p><b>Intake:</b> The first face-to-face interview between a clinician and a beneficiary.</p> <p><b>Imminent Danger:</b> The <b>combination</b> of three components: (a) a strong probability that certain behaviors (such as continued alcohol or drug use or relapse) will occur, (b) the likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual or others (as in a consistent pattern of driving while intoxicated), and (c) the likelihood that such adverse events will occur within hours and days, not weeks or months. (<i>ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions. American Society of Addiction Medicine, Third Edition, 2013.</i>)</p> <p><b>Medical Necessity:</b> adult beneficiaries must have one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM 5) for Substance-Related and Addictive Disorders with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders and must meet the ASAM Criteria for level of care placement; youth under 21 must meet the ASAM adolescent treatment criteria. Beneficiaries under age 21 are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health.</p> <p><b>Notice of Adverse Benefit Determination (NOABD or NOA):</b> A document given to a beneficiary that explains why an authorization was not approved due to lack of medical necessity or medical ineligibility.</p> <p><b>Second Opinion Protocol:</b> If an authorization is declined due to lack of medical necessity or medical ineligibility, the beneficiary will receive an NOABD. The beneficiary may then</p>
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request a second opinion. BHSD SUTS MCP will arrange the second opinion with another provider.

**Stabilization:** Gaining sufficient skills to safely continue treatment at a lower intensity level of care without the immediate risk of relapse, continued use, or other continued problems, and are no longer in imminent danger of harm to themselves or others. *(ASAM Criteria 2013)*

<b><u>PROCEDURE</u></b>	
<b>Responsible Party</b>	<b>Action Required</b>
BHSD SUTS MCP Department	<ol style="list-style-type: none"> <li>1. Ensures that residential services are provided in a licensed residential facility approved by Department of Social Services (DSS) and DHCS Drug Medi-Cal Certified site that has been designated by DHCS as being capable of delivering care consistent with ASAM treatment criteria.</li> <li>2. Ensures that the length of residential services is as follow:                             <ol style="list-style-type: none"> <li>A. <b>Adult</b>, ages 21 and over, may receive up to two 90-day residential regimens per 365-day period. An adult beneficiary may receive one 30 day extension, if that extension is medically necessary, per 365-day period.</li> <li>B. <b>Adolescent</b>, under the age of 21, may receive up to two 30-day residential regimens per 365-day period. The length of stay may be extended to up to thirty (30 days) if it is determined to be medically necessary. Adolescent beneficiaries are limited to one extension per year.</li> <li>C. Adolescent beneficiaries receiving residential treatment shall be stabilized as soon as possible and moved down to a less intensive level of treatment. Nothing in the DMC-ODS or in this paragraph overrides any EPSDT requirements. Adolescent beneficiaries may receive a longer length of stay based on medical necessity.</li> </ol> </li> </ol>



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	<p>D. If determined to be medically necessary, perinatal beneficiaries may receive longer length of stay than those described above. Placements into residential LOCs 3.1, 3.3 and 3.5 are authorized by the BHSD SUTS MCP. 3.7 and 4.0 may be care coordinated through the BHSD SUTS MCP.</p> <p>3. Enumerate the mechanisms that the Contractor has in effect that ensure the consistent application of review criteria for authorization decisions, and require consultation with the requesting provider when appropriate.</p> <p>4. Require written notice to the beneficiary of any decision to deny a service authorization request or to authorize 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 beneficiary's condition or disease.</p>
<p>BHSD Gateway Call Center</p>	<p>1. <b>Adults:</b> Beneficiaries are screened at the Gateway Call Center for a preliminary level of care referral.</p> <p>2. Clients who are screened for a residential level of care (LOC) may be placed immediately if there is an open bed available at a residential treatment provider.</p> <p>3. Gateway transfers the beneficiary directly to the assigned residential provider to schedule an intake. If a bed is not available for immediate placement, Gateway transfers the referral information to the BHSD Capacity Management Unit for placement when a bed becomes available.</p> <p>4. <b>Adolescents:</b> If the beneficiary is a youth (through age 21), Gateway refers the beneficiary to the BHSD SUTS youth coordinator for screening. Clients are given a face-to-face assessment appointment with a BHSD youth services clinician within <b>48 hours</b>.</p>



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BHSD – SUTS Youth Coordinator	<ol style="list-style-type: none"> <li>1. The youth services clinician must complete the ALOC and send it to BHSD SUTS MCP for authorization.</li> <li>2. In addition to the ALOC, clinicians must also complete the <i>Adolescent Residential Demographic (ARD)</i> form (Attachment A). This form is used to collect required information related to parental/legal guardianship, insurance, education and health.</li> <li>3. Authorization for residential treatment occurs within 24 hours or 1 business day of receipt of the ALOC and ARD. If the service is authorized, the BHSD Capacity Management Unit must place the individual in a residential bed as soon as possible.</li> </ol>
Outpatient Services (OS), Intensive Outpatient Services (IOS), Partial Hospitalization Services (PHS)	<ol style="list-style-type: none"> <li>1. OS, IOS and PHS may refer a beneficiary who needs higher level of care to residential treatment if they are no longer able to meet a client’s needs at the lower level of care.</li> <li>2. OS providers are expected to first increase intensity of care or make adjustments to the treatment plan within the OS setting, if appropriate, prior to requesting authorization for increased level of care.</li> <li>3. OS providers can increase the frequency of groups and individual appointments per week in order to assist the beneficiary to gain stability.</li> <li>4. A counselor may request that BHSD SUTS MCP transfer a beneficiary to a higher level of care if it is clinically determined that the beneficiary is in imminent danger defined in the ASAM Criteria manual. In this case, the counselor must complete an ALOC to request authorization from the BHSD SUTS MCP to a residential level of care.</li> </ol>
Other Sources of Referral to Residential	BHSD will accept referrals from other agencies such as Dependency Wellness Court, Juvenile Hall, Criminal Justice courts or other entities that have contact with beneficiaries within BHSD’s system of care.
BHSD SUTS MCP and Capacity	<ol style="list-style-type: none"> <li>1. BHSD SUTS MCP reviews ALOC assessments for authorization to all residential level of care services and provides determination within 24 hours of receipt of the request. When an authorization</li> </ol>





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<p>Management Unit (CMU)</p>	<p>is approved, BHSD SUTS MCP notifies the referring and receiving parties by email.</p> <ol style="list-style-type: none"> <li>2. BHSD SUTS MCP also notifies the CMU, which is responsible for placing a beneficiary in a residential bed.</li> <li>3. In the event that an ALOC assessment does not meet the medical necessity or ASAM criteria for a residential level of care, the referring provider should link the beneficiary to an appropriate and compatible level of care and assist in coordinating the transfer.</li> <li>4. If the beneficiary does not agree with BHSD’s determination, BHSD will explain the protocol for a second opinion.</li> <li>5. BHSD is responsible for making referrals to the appropriate level of care and coordinating beneficiaries’ care within the network.</li> </ol>
<p>BHSD Capacity Management Unit (CMU)</p>	<ol style="list-style-type: none"> <li>1. The Capacity Management Unit tracks current residential capacity in real time.</li> <li>2. Once an ALOC is approved by the BHSD SUTS MCP, CMU gives placement information to the beneficiary, and notifies the referring and the receiving programs.</li> </ol>
<p>Contracted Residential Providers</p>	<ol style="list-style-type: none"> <li>1. <b>Referred Beneficiaries:</b> If the beneficiary does not have an authorization at the time of intake, the counselor must complete the ALOC and email it to BHSD SUTS MCP for authorization. If the current authorization was approved over 30 days before the intake, counselors are advised to immediately review the ALOC to confirm that the beneficiary meets medical necessity and medical eligibility criteria for residential treatment. In the case a beneficiary no longer meets the criteria for medical necessity, providers are to follow the second opinion policy, provide an NOABD to the beneficiary, and offer all appropriate linkages to follow up care or ancillary services.</li> </ol>





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	<p><b>2. Self-Referrals/Walk-ins:</b> There may be instances in which beneficiaries self-refer to a residential provider outside of the normal business operational hours of the Gateway Call Center and BHSD SUTS MCP. In these situations, the residential provider should assess the beneficiary and determine if the beneficiary’s needs meet the ASAM criteria and medical necessity for residential level of care placement. For those who meet the criteria, the residential provider should complete the ALOC and send it to BHSD SUTS MCP for authorization by the next business day. For beneficiaries that do not meet the ASAM criteria for residential level of care, the provider is expected to refer the beneficiary to appropriate services and coordinate with the beneficiary to make the necessary linkages. The residential provider should offer and facilitate the second opinion protocol if the beneficiary chooses this option.</p> <p><b>3. Length of Stay:</b> Length of stay in residential treatment services is individualized and depends upon the immediate needs of the beneficiary. The goal of residential treatment services is <b>stabilization</b>. Once the beneficiary has reached stabilization and no longer meets the criteria for residential level of care services, the residential provider should complete the ALOC and discharge plan, and refer the beneficiary to the appropriate level of care. The residential treatment provider is expected to coordinate the transfer to another level of care after a beneficiary is discharged from their program.</p> <p><b>4.</b> Residential providers are responsible for ongoing interval assessment of beneficiaries in their care. The clinical guidelines for ASAM fidelity in residential settings necessitate <b>weekly</b> review (or more frequently, if essential) to determine if the beneficiary continues to meets medical necessity for residential treatment.</p>
<b>Attachments</b>	<b>Attachment A:</b> Adolescent Residential Demographic form (ARD)