



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Care and Treatment
	Sub Section:	Referral
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	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>11/2/17</u>

SUBJECT: Services Authorization Requests for Out-of-County Medi-Cal Beneficiaries (SB 785)

PURPOSE:

To establish a procedure for approving and requesting approval for Specialty Mental Health Services (SMHS) for Medi-Cal eligible children/youth with an Adoptions Assistance Program (AAP) or Kinship Guardianship Assistance Payment Program (KinGAP) aid code who do not reside in their county of original jurisdiction.

POLICY:

Medi-Cal eligible children or youth with AAP and KinGAP aid codes who meet medical necessity will be provided timely access to mental health services even though they may not reside in their county of original jurisdiction at the time they are in need of specialty mental health services.

SCOPE:

All providers, volunteers, and interns working at County and County Contract clinics providing SMHS for the Orange County Health Care Agency (HCA) Children, Youth and Behavioral Health (CYBH) outpatient clinics.

REFERENCES:

Senate Bill (SB) 785 (added to Welfare and Institutions Code (W&I) Section 5777.7, 11376, and 16125)

Senate Bill (SB) 745 (added to Welfare and Institutions Code (W&I) Section 5777.6)

Title 9, CCR Section 1830.220(b) (4)

HCA Behavioral Health Services (BHS) P&P [01.01.01 Access to Specialty Mental Health Services for Out-of-County Beneficiaries](#)

FORMS:

State of California: Department of Health Care Services:

SB 785 Client Assessment – MH 5120 (rev.: 3/09)

SB 785 Client Assessment Update – MH 5121 (rev.: 3/09)

SB 785 Client Plan – MH 5122 (rev.: 3/09)

SB 785 Service Authorization Request – MH 5125 (rev.: 3/09)

Forms available at: <http://www.ochealthinfo.com/bhs/about/cys/support/sb785>

DEFINITIONS:

AAP: This is an aid code assigned by Child Welfare to youth who qualify for the Adoption Assistance Program.

Aid Code: Aid Codes were developed to assist providers in identifying the types of services for which Medi-Cal and Public Health Program recipients are eligible.

County of Original Jurisdiction: The County responsible for the child or youth is the county of original jurisdiction where the juvenile dependency court supervision was initiated.

County of Residence: In the case of AAP and KinGAP, the county of residence is the county where the child or youth and/or legal guardian resides and the juvenile dependency court supervision has been terminated by the county of original jurisdiction.

KinGAP: This is a foster youth aid code assigned by Child Welfare to identify youth exiting the Juvenile Court system to live with a relative legal guardian.

Service Authorization Request (SAR): A service authorization request is the State authorized procedure by which the county of residence requests approval from the county of original jurisdiction to provide specialty mental health services for AAP and KinGAP children or youth residing within the county of residence.

PROCEDURE:

- I. Ensuring Access for AAP and KinGAP Children or Youth
 - A. Orange County (OC) AAP and KinGAP children or youth placed in Non-OC placements that require SMHS wherein OC is the county of jurisdiction:
 1. For OC AAP and KinGAP children or youth placed outside of Orange County and in need of SMHS, the mental health provider in the county of residence can fax the Service Authorization Request (SAR) to the HCA Out-of-County Coordinator at (714) 834-4595.
 - B. Non-Orange County Children or Youth with KinGAP Aid Codes 4F, 4G, 4S, 4T and 4W:
 1. The Mental Health Plan (MHP) in the legal guardian’s county of residence is responsible for the provision of medically-necessary mental health services for KinGAP children or youth in the same way that it would

provide services to any other children or youth for whom the MHP is listed as the county of original jurisdiction on the Medi-Cal Eligibility Data System (MEDS).

2. The MHP in the legal guardian's county of residence is responsible for submitting a SAR to the county of original jurisdiction (see Section II).
3. The county of original jurisdiction is required to make an authorization decision (approve or deny services) within three working days following the date of receipt of the SAR from the public or private provider (See Section II).

C. Non-Orange County Children or Youth with AAP Aid Codes of 03, 04, 4A, 07 (and potentially 06 for Out-of-State Adopted Children or Youth):

1. The MHP in the adoptive parent's county of residence is responsible for the provision of medically necessary mental health services for adopted children or youth in the same way that it would provide services to any other children or youth for which the MHP is listed as the county of original jurisdiction on the Medi-Cal Eligibility Data System (MEDS).
2. The MHP in the adoptive parent's county of residence is responsible for submitting a SAR to the county of original jurisdiction (See Section II).
3. The county of original jurisdiction is required to make an authorization decision (approve or deny services) within three working days following the date of receipt of the SAR from the public or private provider (See Section II).

II. Authorization Procedures for AAP and KinGAP Children or Youth

A. Requesting Authorization from the County of Original Jurisdiction:

1. Upon receiving a request for SMHS from a Medi-Cal beneficiary with an AAP or KinGAP aid code, verify both the residence of legal guardian and the Medi-Cal aid code. Complete the Contact/Access Information sheet to record the information gathered.
2. Schedule an appointment according to the routine, urgent, or emergent nature of the call.
3. Immediately complete the State-developed SAR by downloading it from the IRIS shared folder (for County programs see shared folder: CYS\CYS County\CYS ADMIN\CYS Documentation Forms\County\SB 785; for contract programs, see the SB 785 folder in your agencies' folder in the "CYS Contract" folder on the IRIS shared drive).

- a) When requesting authorization for the *initial assessment*, check the appropriate boxes on the SAR and provide as much information as possible. The diagnosis can be deferred when requesting authorization for assessment. The *authorizing county* (county of original jurisdiction) signs under the “Authorized by” line on page three. The form is not signed by the submitting provider/agency.
 - b) For initial authorization of *treatment*, check the appropriate boxes on the SAR (include diagnoses) and complete the State-developed “Client Assessment” form and the “Client Plan” form.
 - c) “Re-authorization” is used when *more services* are needed. Check the appropriate boxes on the SAR (include diagnoses) and complete the State developed “Client Assessment Update” form and the “Client Plan” form.
 - d) For annual re-authorizations, check the appropriate boxes on the SAR (include diagnoses) and complete the State developed “Client Assessment Update” form and the “Client Plan” form.
4. Submit the SAR and associated paperwork to the county of original jurisdiction’s Out-of-County SAR contact.
 - a) The county of original jurisdiction has three working days to respond to the request (approve or deny services). The *authorizing county* signs under the “Authorized by” line on page three.
 5. The county of original jurisdiction may request additional information to make a determination for authorization. If so, the county of original jurisdiction must decide and notify the county of residence of a decision within three working days of receipt of the additional information, or 14 working days from the original SAR, whichever is less.
 6. If the county of original jurisdiction does not respond within three working days from the submission of the SAR by the county of residence, then document the efforts to contact the county of original jurisdiction and begin the assessment for SMHS (or continue providing services) after 14 working days from the first contact (or from the date the SAR was submitted).
 7. If the county of original jurisdiction denies your request, contact the county of original jurisdiction’s Out-of-County SAR contact and obtain an explanation for the denial and determine if modification(s) of the request can be made that would allow the authorization to be approved (if desired). If the explanation for denial is reasonable and you agree, inform the client/guardian. The county of original jurisdiction should provide a Notice of Action – Assessment (NOA-A) to the client that services have been denied. If you disagree with the denial of services, collect the

pertinent information and speak to the HCA Out-of-County Coordinator at (714) 834-5015.

- B. Requesting Authorization When Three Counties are Involved:
 - 1. When Orange County is the county of residence for a KinGAP or AAP child or youth that is placed residentially in a non-Orange County/non-county of origin placement, then the county of residence and the county of original jurisdiction retain their respective obligations to ensure access for the child/youth to SMHS. The county of residence provides and arranges for SMHS and submits the SAR to the county of original jurisdiction. The county of jurisdiction authorizes the SMHS.