



MEMORANDUM

Date: September 12, 2006

To: ALL ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES PROVIDERS

cc: Barbara Majak, PHN, MPH; Peter Alevizos, PhD, MBA; Carolyn Novosel, LCSW; Pat Vengarick, RN, MS; Damon Bennett, LCSW

From: Marye L. Thomas, MD, Director

Re: Non-Hospital Specialty Mental Health Services Authorization

Pursuant to the Alameda County Behavioral Health Plan Utilization Management Policy, Section 11.3, Non-Hospital Specialty Mental health Services (attached), prior authorization practices for Level 1 Organization Providers who claim for outpatient Specialty Mental Health Services (SMHS) has been revised. The revision requires centralized authorization for day treatment, SMHS concurrent to day treatment and therapeutic (TBS) services. The revision does not require authorization for all other level 1 outpatient SMHS.

What this means?

Level 1 Organizations claiming for outpatient SMHS, *excluding day treatment, SMHS delivered concurrent to day treatment and TBS*, do not require payment authorizations or quality review. These services are not to be reviewed through the centralized review or authorizations process.

Although authorization is not required, providers will maintain an internal review process to assure they maintain compliance to any and all contractual requirements. The organizations LPHA supervisor will continue to approve treatment plans, but will not submit them for centralized authorization or CQRT.

For data collection purposes, the staff # to enter into INSYST for authorization will be the organizations LPHA supervisor responsible for approving treatment plans. The INSYST system will continue to notify providers and administration to the status of treatment plans.

Level 1 Organizations claiming for day treatment, SMHS delivered concurrent to day treatment (supplemental authorization) and TBS are required to obtain initial and ongoing payment authorization through the assigned centralized authorization process or CQRT meeting. Although the medical and service necessity review (CQRT Form, page 1) is required, the quality review (CQRT Form, page 2) is not required to obtain payment authorization.

Since authorizations are required, providers will maintain an internal review process to assure they maintain compliance to any and all contractual requirements. The organizations LPHA will approve treatment plans and submit them to the centralized authorization process or CQRT for approval.

For data collection purposes, the staff # to enter into INSYST will continue to be the LPHA county staff reviewer who authorizes services during the CQRT meeting. The INSYST system will notify providers and administration to the status of treatment plans.

All providers are required to maintain full compliance to any and all ACBHCS, County, State and Federal laws, regulations, policies and contractual agreements.

What this *does not* mean?

Level 1 Organizations claiming for outpatient SMHS, *excluding day treatment, SMHS delivered concurrent to day treatment and TBS*, will never be required to attend centralized CQRT meetings. On the contrary, new Level 1 Organization providers, providers with corrective action plans or providers with additional contractual obligations will be required to attend centralized CQRT meetings. The Quality Assurance Office will notify providers if they are required to attend CQRT

Level 1 Organizations will not have their services and claims reviewed by ACBHCS. On the contrary, ACBHCS will review a sample of county operated and contract providers annually. The intention of the review is to support and assures ongoing program quality and compliance.

In addition to the existing claim attestation requirements, providers will be required to submit a compliance attestation beginning in early 2007. The details of the compliance attestation will be provided in a future memorandum.

If you have questions or concerns regarding this policy revision, please direct them to Damon Bennett, LCSW, at bennettd@acbhcs.org or 510-567-8114.