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POLICY TITLE	Policy No: 200-3
Prior Authorizations for Day Rehabilitation and Day Treatment Intensive	Date of Original Approval: 10/31/2022
	Date(s) of Revision(s):

PURPOSE

This policy addresses the need for prior authorization or Mental Health Plan (MHP) referral for Day Rehabilitation and Day Treatment Intensive services.

AUTHORITY

- California Code of Regulations (CCR), Title 9 §§1810.212, 1810.213, 1830.215, 1840.318, 1840.330, 1840.350, 1840.352, 1840.360
- California Department of Health Care Services (DHCS) Contract: Exhibit A, Attachment 1, Section 8
- DHCS Behavioral Health Information Notice (BHIN) 22-016, Authorization of Outpatient Specialty Mental Health Services
- DHCS BHIN 21-073, Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements

SCOPE

All Alameda County Behavioral Health Services (ACBH) county-operated and contracted providers providing Day Rehabilitation, Day Treatment Intensive services, and ACBH units providing referrals and authorization of services.

POLICY

Prior authorization or MHP referral is required for Day Rehabilitation and Day Treatment Intensive services. For prior authorization, referral by the MHP to a contracted provider is considered to serve the same function as approving a request for authorization submitted by a provider or beneficiary.

PROCEDURE

- I. Day Rehabilitation
 - A. Day Rehabilitation (DR) means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals.
 - B. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral (Title 9, CCR, §1810.212).

II. Day Treatment Intensive

- A. Day Treatment Intensive (DTI) means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals.
- B. Services are available at least three hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral (Title 9, CCR, §1810.213).

III. MHP Requirements

- A. Authorization procedures and utilization management criteria shall be based on Specialty Mental Health Services (SMHS) access criteria defined in DHCS BHIN 21-073, including access criteria for beneficiaries under age 21 pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.
- B. Any decision to deny a service authorization request or to authorize service in an amount, duration, or scope that is less than requested is made by a healthcare professional with appropriate clinical expertise in addressing the beneficiary's behavioral health needs. No individual other than a licensed physician or a licensed mental health professional who is competent to evaluate the specific clinical issues involved in the SMHS requested by a beneficiary or a provider may deny, or modify a request for authorization of SMHS for a beneficiary for reasons related to medical necessity.
- C. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity.
 1. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.
- D. If a MHP modifies or denies an authorization request, the MHP shall notify the beneficiary in writing of the adverse benefit determination. The notice to the beneficiary shall meet the requirements pertaining to notices of adverse benefit determinations. In cases where the MHP terminates, reduces, or suspends a previously authorized service, the MHP must notify the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.

IV. Authorization Timelines

- A. Standard authorizations are completed within five (5) business days from receipt of the request when all reasonably necessary information requested by ACBH to make the determination is received timely.
- B. For cases in which a provider indicates, or ACBH determines, the standard timeframe could seriously jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function, ACBH shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires, but no later than seventy-two (72) hours after receipt of service request. In addition, ACBH may extend the timeframe for making an authorization decision for up to fourteen (14) additional calendar days if the following conditions apply:
 1. The beneficiary, or the provider, requests an extension; or,

2. ACBH clinical reviewer justifies and documents the need for additional information and how the extension is in the beneficiary's interest.
- C. Authorizations for continued DR services are reviewed and authorized every six (6) months, and authorization for continued DTI services every three (3) months.
- V. Claiming for Service Functions on Half Days or Full Days of Time
- A. Day treatment intensive and day rehabilitation shall be billed as half days or full days of service. (Title 9, CCR, § 1840.318)
1. A half-day shall be billed for each day the beneficiary receives face-to-face services in a program with services available for four (4) hours or less per day. Services must be available a minimum of three hours each day the program is open.
 2. A full day shall be billed for each day the beneficiary receives face-to-face services in a program with services available more than four hours per day.
 3. Although the beneficiary must receive face-to-face services on any full day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.
- B. Lockouts for Day Rehabilitation and Day Treatment Intensive are not reimbursable under the following circumstances: (Title 9, CCR, § 1840.360)
1. When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.
 2. Mental Health Services are not reimbursable when provided by Day Rehabilitation or Day Treatment Intensive staff during the same time period that Day Rehabilitation or Day Treatment Intensive is provided.
 3. Two full-day or one full-day and one half-day or two half-day programs may not be provided to the same beneficiary on the same day.

NON-COMPLIANCE

- Non-compliance is defined as the MHP and/or DR/DTI Providers not acting in accordance with the above procedures.
- DR/DTI Providers may utilize the ACBH Provider Problem and Resolution and Appeals process.
- Staff shall not face retribution for filing a notice of non-compliance.
- Staff can notify their immediate supervisor about non-compliance, and the immediate supervisor can report the non-compliance to ACBH as soon as possible. Alternatively, staff can notify the appropriate ACBH staff directly.
- Communication that contains protected health information or otherwise confidential information shall be sent through secure methods such as email with secure encryption.

CONTACT

ACBH Office	Current Date	Email/Phone
Utilization Management	10/10/2022	utilizationmangement@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Juliene Schrick, Division Direction, Utilization Management

Original Date of Approval: 10/31/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition
Day Rehabilitation (DR)	A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals.
Day Treatment Intensive (DTI)	A structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the individual in a community setting, which provides services to a distinct group of individuals.
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Medi-Cal services for clients under the age of 21 that correct or improve mental health problems that a physician or other health care provider finds, even if the health problem will not go away entirely.
Specialty Mental Health Services (SMHS)	SMHS include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.

APPENDICES

None