



Policy & Procedure Number: BHSD #UMR-005

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> MSA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE APPROVAL REQUEST

I. BHSD P&P INFORMATION

Assigned Policy Name: Crisis Residential Authorization and Concurrent Review

Assigned Policy Number: UMR- 005

Policy Owner: Utilization Management Division

Impacted Managed Care Policy Area(s): Mark All That Apply

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|--|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input checked="" type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input checked="" type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input checked="" type="checkbox"/> Fiscal (FIS) | <input checked="" type="checkbox"/> General Operations (GEO) |
| <input type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input checked="" type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input type="checkbox"/> Service Delivery (SDM) |
| <input checked="" type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Council

HHS Compliance: _____ **Date:** _____

County Council: _____ **Date:** _____

Section B: BHSD Director

BHSD Director: _____ **Date:** _____

Approved/Issue Date: 1/22/25	Last Review/Revision Date:	Next Review Date: 1/21/28	Inactive Date:
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III. REPLACES

- NEW

IV. REFERENCES:

- CFR § 438.210 Coverage and Authorization of Services
- WIC §§14184.100- 14184.800. California Advancing and Innovating Medi-Cal Act
- Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the Cal AIM initiatives.
- APL18-008. Continuity of Care requirements for Medi-Cal beneficiaries
- APL 19-010. Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Beneficiaries Under the Age of 21
- APL 19-014. Responsibilities for Behavioral Health Treatment Coverage for Beneficiaries under the Age of 21
- APL 22-005. No Wrong Door for Mental Health Services Policy
- APL 22-006. Medi-Cal Managed Care Health Plan Responsibilities for Non Specialty Mental Health Services, or subsequent updates.
- BHIN 19-010. County Responsibility to Pay for Crisis Residential Treatment Services and Room and Board in Children’s Crisis Residential Programs for Medi-Cal Beneficiaries.
- BHIN 20-002. Mental Health Plan Claiming for Specialty Mental Health Services Provided by Medi-Cal Certified Children’s Crisis Residential Programs.
- BHIN 22-016. Authorization of Outpatient Specialty Mental Health Services.

V. PURPOSE:

The purpose of this policy is to outline the Santa Clara County Behavioral Health Services Department (the Plan) referral, authorization, and concurrent review process for Crisis Residential Treatment (CRT) to ensure that Santa Clara County Medi-Cal beneficiaries, or unsponsored beneficiaries with a Santa Clara County physical address, have access to appropriate CRT treatment when deemed medically necessary. In alignment with BHIN 22-016, the policy provides an overview of the referral process, the initial authorization process, and the concurrent review process to justify the length of stay and any extension requests.

VI. POLICY:

This policy outlines access, authorization, and concurrent review process for Crisis residential Treatment (CRT) as detailed in BHIN-22-16. The Plan’s Utilization Management (UM) Division will collaborate with the system of care, including referring parties and CRT providers to ensure that CRT services are easily accessible to provide an alternative to acute psychiatric hospital services for beneficiaries who otherwise would require hospitalization.

In alignment with BHIN 22-16, the referral to CRT may serve as the initial authorization for a period of seven (7) days. CRT providers shall complete a full assessment and submit adequate documentation to UM for concurrent review to justify continued need for services.

The BHSD Plan is responsible for certifying that claims for covered SMHS meet federal and state requirements:

- The Plan may place appropriate limits on a service based on medical necessity, provided that the services furnished are sufficient in amount, duration, or scope to reasonably achieve their purpose.
- The Plan will not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of diagnosis, type of illness, or condition of the beneficiary.
- Be consistent with current evidence-based clinical practice guidelines, principles, and

processes.

- The Plan shall ensure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a health care professional who has appropriate clinical expertise in addressing the beneficiary's behavioral health needs.
- Disclose to DHCS, the participating providers, beneficiaries, and members of the public, upon request, the UM or utilization review policies.
- Provide written notification regarding authorization decisions in accordance with the established timeframes for the type of authorization.
- Conduct concurrent review of crisis residential treatment services.

VII. DEFINITIONS:

Beneficiary. A person seeking or receiving behavioral health services from the Plan that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

Referring Party. An entity, on behalf of a beneficiary, who determines that an individual needs additional services and submits a referral or authorization for review and decision.

Clinical Consultation. The review of a beneficiary plan of care or collaborative discussion of specific aspects of a beneficiary's risks, needs, and functioning, between a clinical supervisor and other clinical staff of a service, another licensed professional, or both.

Licensed Practitioner of the Healing Arts (LPHA). Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include:

1. Nurse Practitioners
2. Physician Assistants
3. Registered Nurses
4. Registered Pharmacists
5. Licensed Clinical Psychologist (LCP)
6. Licensed Clinical Social Worker (LCSW)
7. Licensed Professional Clinical Counselor (LPCC)
8. Licensed Marriage and Family Therapist (LMFT)
9. Licensed-eligible practitioners working under the supervision of licensed clinicians

Notice of Adverse Benefit Determination (NOABD). An Adverse Benefit Determination is defined to mean any of the following actions taken by the Plan: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit; 2) The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or in part, of a payment for service; 4) The failure to provide services in a timely manner; 5) The failure to act within the required timeframes for standard resolution of grievances and appeals; or 6) The denial of a beneficiary's request to dispute financial liability.

Participating Provider. A County, Individual Provider or Contracted Certified Provider (CCP) that has agreed to contract with the Plan to provide eligible services to Beneficiaries covered by its plan.

Practitioner. Workforce Members that provide direct beneficiary care services, and are licensed, registered, waived, certified or meet criteria as a paraprofessional.

The Plan. Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Behavioral Health Services Act (BHSA) and Santa Clara County programs reliant on General Funds.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Initiating Authorization and Concurrent Review	<ol style="list-style-type: none"> 1. The referring party must complete the Supplemental Service Application (SSA) Form 2. Urgent admissions outside normal office hours will be retroactively processed from the first day of admission to a facility through discharge. Urgent admission payments will be honored by the Plan. 3. If additional days are required to further stabilize the individual, the CRT participating provider must submit updated re-authorization form with written clinical justification demonstrating medical necessity. <ol style="list-style-type: none"> a. Days will be approved by UM Division in alignment with the submitted clinical information outlining the continued need for this level of care. 4. In the event that additional days are not approved, the expectation is that the beneficiary will be discharged to a more appropriate level of care, prior to the expiration of the CRT authorized period. 5. If concurrent review results in denial of services, the program may not discontinue treatment until an appropriate care plan for the beneficiary has been identified and agreed upon with the UM Division.
Timelines	<ol style="list-style-type: none"> 1. The UM Division will review and coordinate placement within 24 hours of receipt of a complete form. 2. Upon admission, the participating provider has three (3) days to complete the full initial assessment. 3. CRT Services will be authorized for an initial seven (7) days.
Appeals	<ol style="list-style-type: none"> 1. UM Division practitioners cross train to build inter-rater reliability within the team. 2. In the event that the Plan and the participating provider disagree on medical necessity criteria being met, the participating provider may appeal the decision. 3. The Plan will initiate a physician, or delegate with credentials above the initial decision maker, to consult and resolve the authorization dispute.

IX. WORKFLOW PROCEDURE	
Responsible Party	Action Required
Referring Party	<ol style="list-style-type: none"> 1. Will complete the Santa Clara County Behavioral Health Services Department's Supplemental Service Application (SSA) form and submit it to BHSD-SSA@hhs.sccgov.org for review and placement. 2. May work directly with the CRT participating provider to prevent any delays or obstacles for urgent admissions prior to sending the SSA form. <ol style="list-style-type: none"> a. However, an SSA form shall still be completed for retroactive review 3. Will collaborate with the CRT participating provider to gather necessary admission documents.
Provider Relations Network Oversight and Management (NOM)	<ol style="list-style-type: none"> 1. Manages the overall contract of the Crisis Residential Treatment (CRT) provider, including boiler plate language, ensuring timely access, and managing any contractual disputes.
Utilization Management	<ol style="list-style-type: none"> 1. Reviews all Crisis Residential Treatment (CRT) requests within twenty-four (24) hours of receipt. <ol style="list-style-type: none"> a. Upon reviewing the SSA, will respond via email, phone, or fax of placement disposition. b. When approved, a copy of the referral will be sent to the CRT Program and the referring agency. c. If a referral is denied, a copy of the referral will be sent to the referring agency with indications as to the reason of the denial. <ol style="list-style-type: none"> i. A denial may happen if an individual does not meet medical necessity, is too medically acute or needs different types of services such as substance use services. ii. Should a denial happen, the UM Division shall be available to offer consultation for different discharge options, such as residential care facilities, substance use residential services, or skilled nursing facilities. 2. For CRT extension requests, will review the uploaded assessment to re-authorize for additional CRT stays. Beneficiaries who require further stabilization beyond the initial seven (7) days may have their stay extended for an additional twenty-one (21) days under the following circumstances: <ol style="list-style-type: none"> a. Beneficiary still meets medical necessity for CRT services and symptoms and behaviors cannot be managed in a lower level of care. 3. A request for extension will be denied if a beneficiary is no longer meeting medical necessity for CRT, such as symptoms and behaviors no longer require medication adjustment or close supervision by psychiatrist, denies suicidal ideation and/or homicidal ideation, may present with psychiatric symptoms but is able to manage daily functions with minimal to no staff supervision, adheres to current medication regimen, and carries out basic daily

	<p>functions, as well as follows instructions with staff prompts and supervision.</p> <p>4. Will issue the appropriate Notice of Adverse Benefit Determination (NOABD) that outlines a clear appeal and grievance procedure.</p>
Quality Assurance	<p>1. Receives and addresses any grievances or appeals of services being delivered at the Crisis Residential Treatment (CRT) provider.</p> <p>2. Coordinate with the CRT provider, beneficiary, the UM division, and all necessary parties to resolve an appeal.</p>
Crisis Residential Treatment Provider	<p>1. Will accept referrals from the Santa Clara County Behavioral Health Services Department's (the Plan) Utilization Management (UM) Division.</p> <p style="padding-left: 40px;">a. To prevent any delays or obstacles, the CRT provider may also accept referrals directly from the Referring Party.</p> <p>2. Will acknowledge and triage all referrals within twenty-four (24) hours of receipt, which may include, but not limited to, coordinating with outpatient teams, screening beneficiaries at Emergency Psychiatric Services (EPS), locked psychiatric treatment facilities, or locked custody settings, and transporting beneficiaries to the facilities.</p> <p style="padding-left: 40px;">a. The CRT provider shall notify the Plan's UM Division or referring party of denials and provide rationale within three (3) calendar days of referral. The Plan reserves the right to request a case conference to discuss referral decisions.</p> <p style="padding-left: 40px;">b. The CRT provider shall prioritize referrals for beneficiaries discharging from County's inpatient psychiatric facilities, locked custody settings, and contracted subacute facilities.</p> <p style="padding-left: 40px;">c. Upon confirmation of move in date by the CRT provider to the referring team, services shall be authorized for their expected seven (7) day length of stay.</p> <p>3. Will submit needed assessment and clinical documentation to the UM Division if an extension is needed for review.</p> <p>4. Must ensure that medical necessity is clearly noted in the written documentation. If the beneficiary, is on voluntary status, they must meet the criteria noted below.</p> <p style="padding-left: 40px;">a. Have an included diagnosis; and</p> <p style="padding-left: 40px;">b. As a result of a behavioral health condition, the beneficiary is at risk of the following if not stabilized:</p> <p style="padding-left: 80px;">i. A danger to self; or</p> <p style="padding-left: 80px;">ii. A danger to others; or</p> <p style="padding-left: 80px;">iii. Unable to make use of clothing, shelter, or food despite having access to these resources; and</p> <p style="padding-left: 80px;">iv. Cannot be safely treated at a lower level of care.</p> <p>5. Will accept referrals for beneficiaries with Santa Clara County Medi-Cal or who are unsponsored and have proof of Santa Clara County residency. If the CRT provider admits a</p>

	<p>beneficiary who does not have Santa Clara County Medi-Cal or does not have proof of residence, the provider shall be responsible for coordination authorization and payment with the county of responsibility, unless prior approval is received from the UM Division.</p> <p>6. Will be responsible for admissions of other primary insurance, and coordinate authorization and payment with the primary insurer, as Medi-Cal is the payer of last resource unless prior approval is received from the UM Division. The UM Division may retroactively review these cases for medical necessity and payment, requiring a copy of the Evidence of Benefit (EOB) from the primary insurance.</p>
X. ATTACHMENTS	N/A

XI. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes