


County of Marin <b>Behavioral Health and Recovery</b>	POLICY NO. BHRS-77
	Next Review Date: May 1, 2028
POLICY:  <u>SUBSTANCE USE SERVICES RESIDENTIAL AUTHORIZATION</u>  SUPERCEDES: BHRS-SUD-21	Date Approved: May 5, 2025
	By:  Todd Schirmer, PhD, CCHP Director, Behavioral Health and Recovery Services

**POLICY: SUBSTANCE USE SERVICES RESIDENTIAL AUTHORIZATION**

**I. PURPOSE:**

The purpose of this policy is to outline the methods of the Marin County Behavioral Health and Recovery Services (BHRS) Substance Use Services Administration team, Quality Management, and DMC-ODS Behavioral Health Links team utilize when pre-authorizing residential substance use services that are billed to the county contract, including Drug/Medi-Cal and low income/uninsured funding sources.

**II. REFERENCES:**

Drug/Medi-Cal Organized Delivery System Waiver Standard Terms and Conditions (DMC-ODS STCs)  
 State/County Integrated Behavioral Health Plan (BHP) Intergovernmental Agreement, Exhibit A, Attachment 1  
 DMC-ODS Documentation Standards, Drug/Medi-Cal  
 DHCS Certification for Alcohol and Other Drug Programs  
 Policy BHRS-37 Centralized Access to Care  
 DHCS Behavioral Health Information Notice 24-001  
 BHRS Policy Memo – SUD Residential Authorizations

**III. POLICY:**

The Quality Management team is responsible for pre-authorizing residential substance use treatment services for any individual potentially being billed through a contract with the County of Marin, including Marin County Medi-Cal members; Marin County low-income uninsured individuals; and any other populations identified in contracts with the County. Marin County will also only authorize residential treatment services for facilities that have a designation based on the American Society of Addiction Medicine (ASAM) treatment criteria, or an equivalent evidence-based standard accepted by DHCS, as a minimum standard of care.

In compliance with the BHIN 24-001, it is BHRS policy to respond to all submitted Treatment Authorization Requests (TARs) within 24 hours of receipt. Residential providers are required to submit the TAR, ASAM, and documentation supporting medical necessity for treatment to the QM clinical staff for review and authorization.

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TARs can only be reviewed and authorized by LPHAs (Licensed Professional of Healing Arts).

After-hours Authorization

To prevent delays in admissions to treatment, BHRS on-call clinical staff will provide authorization within 24 hours of the request for TARs submitted on a county holiday or weekend. For a TAR to be considered eligible for authorization, the individual must be a Marin County resident, a Marin Medi-Cal member, Marin low- income uninsured individual, or any other population specified in a contract with a Residential provider and meet medical necessity and the ASAM criteria for the proposed level of care. Payment and submission of claims to Medi-Cal are subject to a member’s eligibility and services being rendered and documented in accordance with ASAM diagnostic and dimensional criteria and the DMC-ODS documentation standards and STCs.

Initial Authorization

Requests for initial authorization are to be submitted to BHRS QM on the TAR Initial Authorization form at least 24 hours before the scheduled admission date. Initial authorizations can be granted for up to 30 days for youth and up to 45 days for adults. An approved authorization allows for a member to be admitted to treatment within 7 days, and no more than 30 days of the approval date, pending no significant changes that would yield a different level of care placement recommendation.

Continuing Authorization

Requests for continuing authorizations are to be submitted to BHRS QM on the TAR Continuing and Extension Authorization form at least seven (7) calendar days before the expiration date of the TAR initial authorization. A copy of the re-assessment (CA ASAM or other approved ASAM assessment) shall be submitted in conjunction with the TAR. Continuation authorizations can be granted for up to 30 days for youth and up to 45 days for adults.

Extension authorizations may be granted in 30-day increments for both youth and adults beyond the initial and continuing authorization periods. A Continuing and Extension Authorization form and ASAM assessment must be provided to QM for ongoing residential authorization.

The statewide goal for the average length of stay for residential treatment services provided by counties is 30 days. The goal for a statewide average length of stay for residential services of 30 days is not a quantitative treatment limitation or hard “cap” on individual stays; lengths of stay in residential treatment settings shall be determined by individualized clinical need. However, counties shall ensure that Members receiving

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residential treatment are transitioned to another level of care when clinically appropriate based on treatment progress.

Residential episodes will be billed to Drug/Medi-Cal as outlined in the BHP Intergovernmental Agreement, DMC Billing Manual, and BHIN 24-001. Any additional treatment episode(s) and/or longer length(s) of stay will be authorized based on medical necessity. BHRS substance use administrative staff and/or QM team will be responsible for tracking the overall number and lengths of authorizations granted to Marin County Members/Marin County residents and will enter authorization and preliminary payor of source information into the Electronic Health Record or other approved spreadsheet.

**DMC-ODS Behavioral Health Links:**

As part of the CalAIM Justice Involved Initiative, county Behavioral Health Links clinicians will be conducting ASAM assessments for individuals leaving a carceral setting and making treatment recommendations based on assessed level of care. If the BH Links clinician assesses a client for residential treatment using the ASAM criteria, they will not be required to route the ASAM and TAR to Quality Management and instead will pre-authorize residential treatment by completing and signing the TAR. Both documents and the release of information will then be sent to the BHRS SUD Administration team to ensure the referral is made to the appropriate residential provider. As noted above, all other TARs shall route to Quality Management for review and preauthorization.

**IV. AUTHORITY/RESPONSIBILITY:**

- BHRS Substance Use Contract Managers
- BHRS Quality Management Team
- BHRS On-call Clinical Staff
- BHRS Behavioral Health Links Clinician
- Alcohol and Drug Administrator

**V. PROCEDURE:**

Initial Contact:

Initial contact for substance use services may come through a call to the Access line, a physical walk-in, a DMC-ODS Behavioral Health Link referral, or by request or referral from a provider. Once screened by BHRS or provider staff, the member will be referred to the appropriate level of care. If residential treatment is indicated, the provider will complete a TAR (Initial Authorization) and send the TAR and supporting documentation (CA ASAM Assessment establishing medical necessity) via secure fax (415-223-9647) or

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via encrypted email [BHRSAuthSUS@MarinCounty.gov](mailto:BHRSAuthSUS@MarinCounty.gov) for authorization. The TAR should be submitted to BHRS at least 24 hours prior to the proposed admission to treatment date.

In the event of a BH Link referral, the county BH Link clinician will complete the ASAM, TAR and release of information and submit to the BHRS SUD Administration Team for placement with the appropriate provider.

Review of TAR:

Unless otherwise directed by the BHRS Supervisor, BHRS QM staff will be responsible for checking the email account for submitted TARs and reviewing and responding to Residential treatment authorization requests within 24 hours of the request. The specific procedures are below:

1. The designated BHRS staff will access the TAR and supporting documentation and will note on the TAR the exact date and time it was received.
2. The designated BHRS staff will review the request and determine whether the information provided on and with the TAR demonstrates medical necessity for the requested level of care. Note: any individual seeking Marin County Substance Use Residential Treatment must be reviewed regardless of funding source.
3. Based on the review, BHRS staff complete the applicable fields at the bottom of the TAR form with the authorization determination. The reviewer will sign and date the TAR and send via encrypted email to the requesting agency within 24 hours of TAR submission.
  - a. Approved: If the individual meets medical necessity, including the DMC-ODS STCs and ASAM diagnostic and dimensional criteria for the requested level of care, complete the following fields: Date/Time TAR Review Completed, Approved and Date Authorization Begins/Ends, and any comments, if applicable. QM clinician will enter projected admission and discharge dates to correspond with the number of days authorized. The provider is authorized to admit a member to residential treatment within 7 days of the authorized TAR, though the BHRS Residential Contract Manager may approve admissions up to 30 days from the approved TAR date on a case-by-case basis and presuming there are no significant changes that would yield a different level of care placement recommendation.
  - b. Pending: If additional information is needed to make an authorization decision, complete the following fields: Date/Time TAR Review Completed, Pending, and an explanation as to the additional information needed. If the requesting provider does not respond within 24 hours, the QM clinician on duty will submit a Notice of Adverse Benefit Determination (NOABD) denying residential services due to

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lack of established Medical Necessity to the provider and the member. A new TAR can be submitted at any time following a denial for residential treatment.

- c. Denied: If the TAR is denied (e.g. does not meet medical necessity/ASAM Criteria for the requested level of care; authorization request is not applicable as the member is not a Marin Medi-Cal member or low-income uninsured individual, etc.), complete the following fields: Date/Time TAR Review Completed, Denied, and an explanation as to why the TAR was denied.

For Medi-Cal members that are denied, BHRS QM staff will document and issue a NOABD in accordance with the County of Marin's BHRS-33 Notice of Adverse Benefit Determination (NOABD) to Medi-Cal members.

Notice of Adverse Benefit Determination (NOABD):

The BHRS QM Team will issue a NOABD under the following circumstances: A Denial NOABD will be provided in the event that a member does meet specified LOC criteria or does not have an identified substance use disorder; A Modify NOABD will be provided if the member does not meet the ASAM criteria for residential treatment but is eligible for other services under the plan; A Delay NOABD will be issued if the provider fails to submit documentation needed to establish a level of care or the County fails to respond within the plan's mandated timeframes. A NOABD will need to be issued to the member and provider immediately upon service denial/modification. The specific procedures are outlined in BHRS-33, Notice of Adverse Benefit Determination to Medi-Cal members.

1. Upon initiation of a residential treatment TAR, the provider will have the member consent to receive an NOABD from the county in the event that residential treatment is denied.
2. The designated BHRS QM staff will complete the NOABD, specifying why the NOABD is being issued and the assessed ASAM level of care, then send to the member, provider and BHRS Residential Contract Manager as outlined in 42 CFR section 438. If optional treatment information is provided, BHRS staff should indicate on the NOABD.
3. BHRS QM staff will log the NOABD as outlined in BHRS-33.

Residential Facility Designation:

1. Prior to contract execution, Marin Substance Use Administrative staff will review a copy of the Residential provider's license, which indicates a level of care designation, as well as review the DHCS Level of Care Designation database to ensure that the facility has a current and valid designation.

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2. Marin Substance Use Administrative staff will add the names of approved facilities to the TAR form.
3. Marin Substance Use Administrative staff will review licenses and the DHCS database annually at contract renewal and at mid-year during the Self-Audit/Site Visit processes.

Documentation and Workflow:

1. BHRS QM will complete all of the applicable fields at the bottom of the TAR form.
2. Within 24 hours of TAR review, BHRS QM will enter the following into the, EHR, or other designated database: date and time TAR received; date and time TAR review completed; authorization decision; if appropriate, NOABD information including, date, member, and provider specifics; and any follow up inquiries between BHRS QM and the requesting provider.
3. Within 24 hours of TAR review, BHRS QM will securely email the completed TAR to Substance Use Services Administration, who will then enter the authorization in the Residential Excel spreadsheet.
4. When residential treatment is identified by the county BH Links clinician, the assessing clinician will complete the ASAM, TAR and release of information and email to the BHRS SUD Administration team to ensure the client is referred to the appropriate residential provider.