

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL	Chapter: 2.7.1
Title: MANAGED CARE SERVICES	Page: 1 of 3
	Date Effective: October 25, 2005
Subject: SERVICE AUTHORIZATION	Date Revised: April 16, 2007
	Authorizing Signature:

AUTHORITY: 42CFR438.207(a)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: To ensure that services are authorized by a qualified mental health professional based on medical necessity and the Access to Care Standards.

DEFINITIONS: Medical Necessity: A term used to describe a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service.

Access to Care Standards: Standards established by the mental health division that the CDRSN/PIHP Network adopted in 2003, for the purposes of determining minimum eligibility for Medicaid enrollees seeking entrance into mental health outpatient services.

Qualified mental health professional: As defined in WAC 388-865-0150:

- (1) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;
- (2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
- (3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.

(4) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or

(5) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

PROCEDURE:

- 1) Service Authorization Following an Intake:
 - a) Each intake will be reviewed by a qualified mental health professional (MHP) who has the appropriate clinical expertise to determine if the consumer's current condition/diagnosis meets medical necessity criteria.
 - b) Standard authorization decisions will be made by the CDRSN/PIHP or its contracted provider as expeditiously as the consumer's mental health condition requires and within state established timelines but not to exceed 14 calendar days following receipt of the request for services. An extension of an additional 14 days may be granted upon request of the enrollee or the MHCP or if the CDRSN/PIHP justifies to MHD upon request, a need for additional information and how the extension is in the enrollee's interest.
 - c) An expedited authorization may be made in cases when following the standard time frame could seriously jeopardize the consumer's life, health or ability to attain, maintain, or regain maximum function. An expedited decision must be made as expeditiously as the consumer's condition requires. The timeline for an expedited decision for authorization is no longer than three working days after the receipt of the request for service. The CDRSN/PIHP may extend the three days for up to 14 days if the enrollee or the MHCP request an extension or if the CDRSN/PIHP justifies to MHD upon request, a need for additional information and how the extension is in the enrollee's interest.
 - d) Authorizations will meet the Access to Care Standards.
- 2) Concurrent Review
 - a) A concurrent review is completed by CDRSN staff or its contracted provider (a MHP) to ensure that authorizations are clinically and fiscally sound.
- 3) Notice of Action:
 - a) In the event services are denied by a MHP, a notice of action will be mailed to the consumer at the consumer's last known address. A copy of the notice of action is also sent to the network provider.
 - b) The notice of action will include an explanation of the consumer's right to appeal and must:
 - Be in writing.
 - Be in the consumer's primary language and be easily understood

- Explain the action CDRSN or its contracted provider has taken or intends to take.
- Explain the reasons for the action.
- Explain the consumer's or community mental health agency's right to file an appeal.
- Explain the procedures for exercising the consumer's rights.
- Explain the circumstances under which expedited resolution is available and how to request it.
- Explain the consumer's right to have services continue pending a resolution of an appeal, how to request that services be continued, and the circumstances under which the consumer may be required to pay the costs of these services.
- Be mailed as expeditiously as the consumer's mental health condition requires.

2) Reports:

- a) Denials will be tracked and reported to the MHD on a monthly basis using the template provided.