SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 103 – Authorization for Medicaid Services

I. POLICY

It is the policy of Southern Highlands Community Mental Health Center to comply with all third party payor source regulations in fulfilling the service needs of behavioral health consumers. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal regulations.

II. DISCUSSION

Behavioral health services, in regard to Medicaid regulations, are categorized into the areas of Clinic Services and Rehabilitation Services. All Clinic and Rehabilitation Services are subject to a determination of medical/clinical necessity. For these services, the following five (5) factors will be included as part of this determination as appropriate:

1. Diagnosis (as determined by a physician or licensed psychologist)
2. Level of functioning
3. Evidence of clinical stability
4. Available support system
5. The Service is the appropriate level of care

Consideration of these factors in the service planning process must be documented and re-evaluated at regular service plan updates when the level of care is for a Coordinated Service.

Clinic Services are defined as those preventive, diagnostic, therapeutic, rehabilitative or palliative services provided to outpatients under the direction of a physician. These services must be provided by an organization that is not part of a hospital but provides medical care to outpatients. Clinic Services must be provided at the clinic site with the exception of interventions for the homeless.

Behavioral Health Rehabilitation Services: services that are medical or remedial and are recommended by a physician, physician extender, licensed psychologist, or supervised psychologist for the purpose of reducing a physical or mental disability and restoration of a member to his/her best functional level. These services are designed for all members with conditions associated with mental illness, substance abuse and/or dependence. Behavioral Health Rehabilitation Services may be provided to members in a variety of settings, including in the home, community, or a residential program, but do not include services provided in an inpatient setting.

Medicaid Enrolled providers should give priority to children who have been identified as being in the foster care system. To uphold our responsibility to children in foster care, addressing children's needs must begin at entry and by making these foster children a priority especially with the assessment services stated in Assessment Services and Testing Services of these manuals. Medicaid Enrolled providers should make a good faith effort to complete assessments in a timely manner as well as work with Bureau for Children and Families (BCF) to ensure that information is shared in a timely manner with BCF, court systems, as well as other entities involved in the care and treatment process of the foster child while conforming to state and federal confidentiality requirements.

A physician or physician extender must certify the need for Behavioral Health Coordinated Services by:

Signing the "Behavior Health Clinic/Rehabilitation Services, Authorization for Services" form within 72 hours of the member's admission to the program for services and prior to the start of treatment. This form, which is filled out by the provider initiating/admitting staff, authorizes the provision of all Behavioral Health Clinic/Rehabilitation Services until the development and initiation of the Initial Service Plan. The initial service plan or Master Service Plan must include all information that is required on the 72-hour authorization form.

III. PROCEDURES

An Authorization for Services Form must be completed as follows:

1. The Reception / Information Staff or designated staff person must complete the Authorization for Services form when a consumer is seen for an intake. This form must be sent via the electronic medical record to the assigned Medical Provider to certify the need for Behavioral Health Clinic/Rehabilitation Services within 72 hours of the consumer's admission.

2. All consumers with an open case must have an Authorization for Services form.

3. The initiating staff's signature is how the Medicaid required time line is measured.

4. Each section of the form must be completed, especially the "Type of Service" component. Crisis Intervention, Assessment Services, Community Psychiatric Supportive Treatment and Clinical Evaluations must always be checked. Other services, i.e., Assertive Community Treatment, Case Management, Psychiatric Evaluation, Transportation Services, and Service Planning will be determined based on the presenting problems of the consumer.

5. No service can be billed unless the Authorization for Service form has been fully completed and signed by the physician or licensed psychologist, when appropriate.

6. Any change or extension of services beyond what the Authorization for Services form designates will be supported by diagnostic and standardized instruments (as approved by BMS). The results of these measures must be available as part of the clinical record and as documentation of service need and justification for the level and type of service provided. High end services must also be authorized in an individualized service plan. There is no requirement to update or revise the Authorization for Services form.