# Service Authorization in the Solano County MHP

Authorization is required for any program in the Mental Health Plan (MHP) to bill services to Med-Cal. When a client opens to a Reporting Unit (RU), the PSC is responsible to make sure that the RU receives appropriate authorization for services that will be provided.

### **Service Authorization Process**

#### Step 1: Clinical Documentation in Place

For a program to be authorized there must be a current Assessment and current Client Service Plan (CSP) in place. The tables below indicate what forms are necessary at the Intake and Annual marks for authorization to occur. For an authorization outside of the Initial or Annual periods, the appropriate documentation for that point in the cycle must be in place.

For County programs\* and Contractor programs that complete clinical documents in Avatar, the following forms must be completed in Avatar for authorization to occur:

Form Name	At Intake	At Annual
Intake Assessment – Adult	Yes	No
Intake or Child Brief & SPHA		
Client Service Plan (CSP)	Yes	Yes
Diagnosis	Yes	Yes
(RU and Coordinating)		
CANS/ANSA Update	No	Yes
Medical Necessity Update	No	Yes
MHP Service Authorization	Yes	Yes

\* For ICCs, please see specific chart in Medication Only Workflows for clarification of what documentation is needed at the 1 and 3 year marks

For Contractor programs using their own EHR or paper forms, the following documentation must be completed for authorization to occur:

Form Type	At Intake	At Annual
Intake Assessment	Yes	No
Client Service Plan (CSP)	Yes	Yes
Diagnosis in Avatar	Yes	Yes
(RU and Coordinating)		
CANS/ANSA	Yes	Yes
Assessment Update/	No	Yes
Medical Necessity Update		
Service Authorization	Yes	Yes

*Please note*: The completion date of assessment forms is indicated by provider electronic or handwritten signature/credential/date. For the CSP, provider signature/credential/date AND client/authorized person signature and/or collaboration indicates completion.

The CSP must include each intervention to be provided by all programs serving a client, all with identified modality/focus, frequency, and duration. When new services or programs are added for a client that is not already included on the current CSP, a CSP Addendum must be completed by the PSC program. The added services will not be authorized until they are included on a CSP that is collaborated on or signed by the client/authorized person and is signed by the provider.

If there is an increase in level of care (LOC), all necessary documentation for the PSC program must be in place. This may require a receiving program to complete a CANS/ANSA, Medical Necessity Update, and/or a CSP Addendum to assure that all documentation requirements regarding authorization for their program are met.

### Step 2: Submitting the Request

When all appropriate clinical documentation is in place, authorization for an RU is requested by the PSC completing the *MHP Service Authorization* form. The PSC is responsible to complete the Service Authorization form for all RUs working with a client. The PSC program supervisor or manager can complete the form in cases where the PSC is unable. Any supporting documentation, outlined in the accompanying workflows, must be submitted in final and the PSC will then route the Service Authorization to the PSC's QI Liaison for review and authorization. If necessary documentation is not completed upon submission of this form in Avatar, it may be returned to you for resubmission when documentation is completed.

For County programs and Contractor programs using Avatar for clinical documents, the MHP Service Authorization form is completed in Avatar. For Contractor programs using their own EHR or completing clinical work on paper, the Service Authorization is a paper form that had previously been printed on pink paper. The form will no longer be ordered from Quality Improvement, but will now be posted on the Network of Care for programs to print as needed – pink paper is optional.

## **Completing the MHP Service Authorization Form**

*Report 376 MHP Service Authorization* in Avatar will show each service authorization requested and will look and print like the paper version of the form, as seen below. The information entered into the *MHP Service Authorization* in Avatar will auto-populate onto the report (please see the WebEx video tutorial for further details about completing the *MHP Service Authorization* form).

All MHP programs that require authorization must be listed on the form under the appropriate sections – Mental Health Services, Targeted Case Management, and/or Medication Management. See table below for what information goes in each section.

× MENTAI	HEALTH	SERVICES			
Date PSC Approves/d Effective	Reporting Unit	Identify P5C or Ancillar Name (as listed		PSC Name, Credentials	*Date of Admission to New RU
7/15/2017	48752	XPSC Ancillary 48752 - SCMH YOUTH FSI	P VALLEJO	MARY K TSCHIDA LMFT	
1	2	PSC Ancillary		4	5
		PSC Ancillary			
× TARGET	ED CASE M	IANAGEMENT			
Date PSC Approves/d Effective	Reporting Unit	Identify PSC or Ancillar Name (as listed		PSC Name, Credentials	*Date of Admission to New RU
7/15/2017	48752		P VALLEJO	MARY K TSCHIDA LMFT	
		PSC Ancillary			
		PSC Ancillary			
		PSC Ancillary			
	TION MAN	JAGEMENT			
Date PSC Approves/d Effective	Reporting Unit	Identify PSC or Ancillary Status & Program Name (as listed in Avatar)		PSC Name, Credentials	*Date of Admission to New RU
		PSC Ancillary			
		PSC Ancillary			
Electronicall	y signed on_	by	Y <u>K TSCHIDA LMFT</u>	*to be complete	d by new RI
SI	ERVICE AUTI onfidential Pati	TAL HEALTH DIVISION HORIZATION ient Information	CLIENT NAME	TEST,MHPSERVICEAUTH	
		ons Code Section 5328 and Health bility Act Privacy and Security Rules	MEDICAL RECORD	#:	

Section	Paper Form	Avatar Form
1	Start Date of Authorization for RU	Start Date of Authorization for RU
2	RU that is being authorized	RU that is being authorized
3	Program name and box checked to	Program name and box checked to
	indicate if that RU is PSC or Ancillary	indicate if that RU is PSC or Ancillary
4	PSC signs, credentials, and	PSC's name and credential will auto-
	dates each line	populate on each line. Date will show at
		the bottom of form with electronic
		signature and credential
5	The episode opening date for	This field cannot be completed
	the specific RU	electronically. If printed, the episode
		opening date for the specific RU can be
		written in

# **Authorization Start Dates**

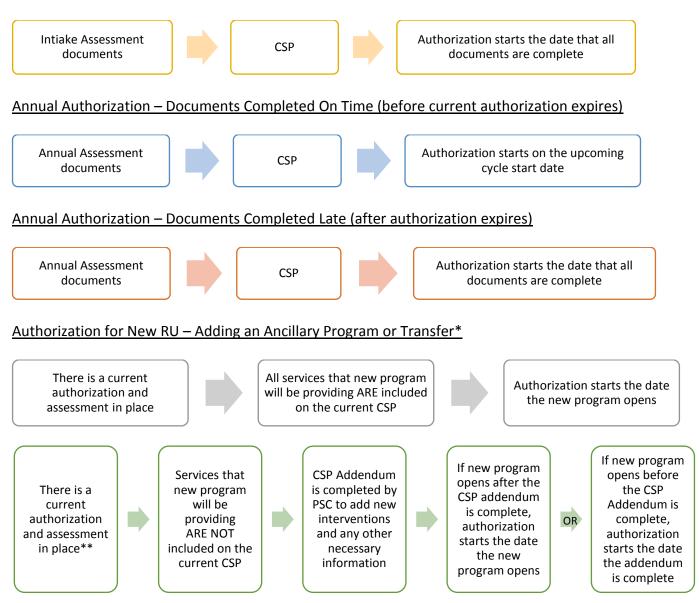
The Service Authorization start date is determined differently depending upon the status of the case and the cycle dates of the client. The "cycle dates" for a client are established with the opening date of the RU that completed the initial intake to the MHP. The cycle start date is reflected as the opening date of the current Coordinating Episode and the cycle dates can be found on the *Report 171 Authorization Listing*. The MHP operates on a 364-day cycle, ending the date before the start date the following year. These cycle dates are followed by all RUs working with a client until the client has been fully closed to all programs in the MHP for more than 3 months.

Cycle Start Date – Based Upon	Cycle End Date – Last Day of	
Current Initial Opening to the MHP	Authorization Period	
May 1, 2017	April 30, 2018	
June 6, 2017	June 5, 2018	

Below are directives on how to determine the start date for authorization, which reference items being "complete." Assessment documentation, as listed in the above charts, is considered "complete" when all clinical information is entered and the provider signs, credentials, and dates the form(s), whether electronically or handwritten if not using an EHR. The CSP is considered complete when all clinical information is entered and there are BOTH:

- 1. Provider signature, credential, and date AND
- Client/authorized person signature and date or clearly documented collaboration on the plan with the client/authorized person in a progress note, the date of which is referenced in the "If No Client Signature Box" on the CSP

#### Initial Authorization for Intake to the MHP

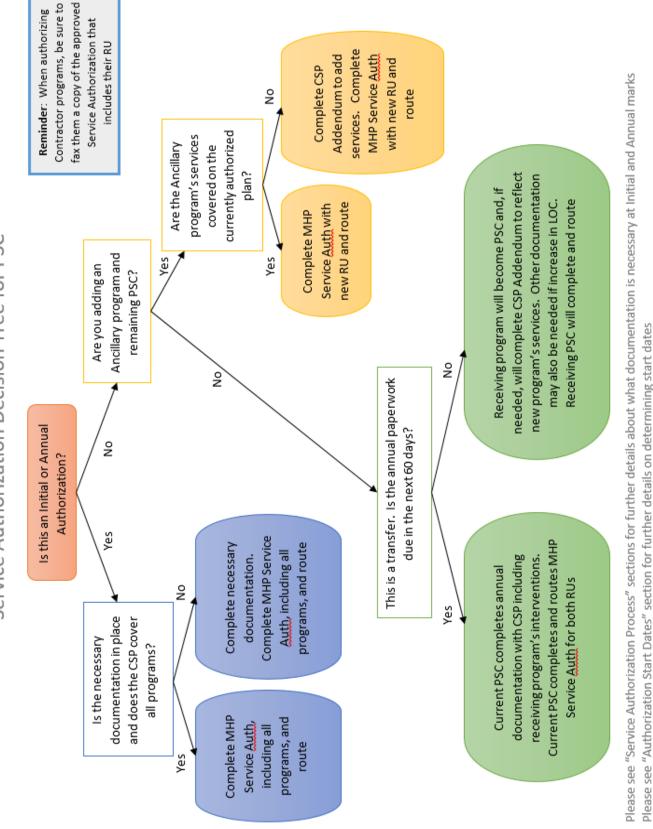


\* Coordination between programs is required anytime a case is shared or transferred. When authorizing Contractor programs, be sure to fax them a copy of the approved Service Authorization that includes their RU

\*\*When adding another type of service request within an already authorized RU, follow this process

#### Please note for transfer cases:

- If transfer is to occur within 60 days of an Annual Update being due, the original PSC should complete all Annual documentation before transferring to the new program
- If there is a transfer at any other time when there is a current authorization and assessment in place, it is the receiving PSC's responsibility to review the current documentation. Receiving PSC will complete a CSP Addendum if needed and submit Service Authorization for new RU to the PSC's assigned QI Liaison



Service Authorization Decision Tree for PSC

Please see chapters a. and b. of the Process Manual for more specific details on Service Authorization Workflows