

# Monterey County Behavioral Health, Quality Improvement

## Monterey County Behavioral Health Quality Improvement Memo

**DATE:** October 24, 2018

**SUBJECT:** Monterey County Policy 730 DMC-ODS Residential Authorization

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### **Topic**

The purpose of this memo is to provide additional clarification on Monterey County Behavioral Health (MCBH) [Policy 730](#). Substance Use Disorder (SUD) residential treatment services require **prior** authorization by MCBH prior to rendering services. SUD services, including residential treatment, are based on medical necessity criteria utilizing the American Society of Addiction Medicine (ASAM) assessment. Monterey County Behavioral Health Policy 730 specifies length of stay for SUD residential treatment programs and timeframes for initial authorization requests, continuation of services, and extension of services.

### **Procedures**

All SUD providers must submit an authorization for initial, continuing, and/or extension of services per MCBH Policy 730 and all other contractual agreements. An authorization for treatment permits the Provider to receive reimbursement for medically necessary services during the authorized timeframe. Services rendered outside of the authorization period are not subject to reimbursement and shall be denied. Additionally, a Provider may not charge a Medical beneficiary for services rendered.

After initial authorization has been approved, the Provider shall adhere to timeliness requirements for continuation and extension requests for residential treatment services. Providers shall submit adequate information establishing medical necessity, per documentation standards and shall follow timeliness requirements to avoid denial of payment and/or disruption in client care.

MCBH shall review documentation for medical necessity and make a decision on authorizations for residential treatment services (initial, continuation, and extension requests). Please refer to the detailed information on Notice of Adverse Benefit Determination ([NOABD](#)) (see "protocol" section). The following are the most common examples when an NOABD may be issued, however, it is not limited to the following examples:

1. No Medical Necessity has been met (Provider Authorization Request-Denied)

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2. No Medical Necessity for requested level of care, but client meets criteria for a different level of care (Provider Authorization Request-Modified)
3. Timeliness was not met by Provider when requesting continuation of services or extension request for residential treatment services (Payment Denial)

Sincerely,

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Quality Improvement Manager