



## **7.2.7 SERVICE AUTHORIZATION REQUEST FOR ADOPTED YOUTH**

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References: 42 CFR 438.210; Title 9 CCR 1830.220(b)(3)(4)(A); W&IC 11376; 14716; 14717.1(f); 16125; DMH Information Notice 09-06; 17-032; 18-027; 19-041; and 19-026; MHP Contract, Exhibit A, Attachment 7.

Policy Owner: Quality Assessment and Performance Improvement (QAPI) QA Manager

Director Signature: **Signature on File**

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### **I. Policy Statement**

This policy sets forth formal processes to ensure timely access to outpatient, medically necessary, specialty mental health services (SMHS) for youth, as required by the Early Periodic Screening and Diagnostic Treatment (EPSDT) program standards. Additional processes outlined in this policy serve to ensure compliance with service authorization requirements for adopted youth. Identified processes are consistent with the Sonoma County Mental Health Plan (MHP) service agreement with the California State Department of Health Care Services (DHCS), applicable DHCS Information Notices, as well as applicable state and federal regulations.

### **II. Scope**

This policy applies to all Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) staff who are responsible for processing, reviewing, tracking, and monitoring service authorization requests (SAR) for adopted youth who are Medi-Cal beneficiaries and require SMHS.

### **III. Definitions**

- A. Adoption Assistance Program (AAP): An entitlement program to provide financial and medical coverage to facilitate the adoption of youth who otherwise would remain in long-term foster care.

- B. County of Original Jurisdiction (county of origin): The county that establishes dependency or wardship of a youth and retains Medi-Cal authorization responsibilities.
- C. County of Residence: The county in which the youth presently resides.
- D. Eligibility Group: Individuals with an AAP Medi-Cal code.
- E. Kinship Guardianship Assistance Payment Program (KinGap): A permanency option for youth in long-term placement with relatives, which provides a monthly payment to the relative guardian.
- F. Service Authorization Request (SAR): A request for initial or continuing provision of Specialty Mental Health Services (SMHS).
- G. Youth: Includes individuals under the age of 18, non-minor dependents, and non-minor former dependents.

#### **IV. Policy**

- A. The Sonoma County DHS-BHD Mental Health Plan (MHP) has developed specific procedures to ensure timely access to medically necessary SMHS for any youth with an Adoption Assistance Program (AAP) Medi-Cal code (hereafter referred to collectively as Eligibility Group) who resides outside their county of origin.
- B. The MHP shall be responsible for authorization and reauthorization of services for youth associated with an AAP code and residing out of county with their adoptive parents; or for youth associated with a Kin-GAP code residing out of county with their legal guardian when: 1) The MHP is listed as the county of responsibility in the Medi-Cal Eligibility Data Systems (MEDS); and, 2) The MHP is the county of origin for the youth.
- C. As the county of origin, DHS-BHD MHP is responsible for conducting timely review and determination of the SAR. When appropriate DHS-BHD MHP will utilize an expedited service authorization. All service authorization processes will be performed consistent with current authorization requirements.
- D. As the county of residence, DHS-BHD MHP ensures provision of SMHS to this Eligibility Group is performed in the same manner as those services provided to any other youth. When treatment authorization requests are required, DHS-BHD MHP shall submit treatment authorization requests to the MHP in the youth's county of origin in a timely manner.
- E. Procedures outlined in this policy will describe processes for provision, authorization, and reimbursement of SMHS for this Eligibility Group when DHS-BHD MHP is the county of origin, or the county of residence.

## **V. Procedures**

### **A. Medi-Cal Eligible Youth in an Aid to Adoptive Parents Aid Code.**

1. The MHP in the youth's adoptive parents' county of residence must provide medically necessary SMHS to a youth in an AAP aid code residing outside of their county of origin in the same way that it would provide services to any other youth for whom the MHP is listed as the county of responsibility on MEDS.
2. When an MHP receives a request for SMHS for a youth in an AAP aid code, the MHP must determine if the youth's adoptive parents reside in the county that the MHP serves. If the youth's adoptive parents are residents of the county that the MHP serves, the MHP must provide services to that youth.
3. The MHP in the youth's adoptive parents' county of residence shall submit a Service Authorization Request (SAR) (whether for an initial assessment, initial treatment, or ongoing services), prepared by the provider and submitted to the MHP in the youth's county of origin.
4. The MHP in the youth's county of origin must make an authorization decision (approve or deny services) within (3) business days following the date of receipt of the SAR.
5. The MHP in the youth's county of origin must notify the MHP in the youth's adoptive parents' county of residence and the requesting provider of the decision to approve or deny services within (3) business days following the date of receipt of the request for services.
6. If the MHP in the youth's county of origin needs additional information not submitted with the initial request, the authorization decision must be made within (3) business days from the date the additional information is received, or (14) calendar days from the receipt of the original SAR, whichever is less.
7. The MHP in the youth's county of origin does not need to make payment arrangements with the MHP in the youth's adoptive parents' county of residence because funds for claims submitted for the youth in an AAP aid code will be sent to the MHP submitting the claim.
8. The MHP in the youth's county of origin may make payment arrangements with the requesting provider within (30) days of the date that the MHP authorized services.
9. DHS-BHD staff will issue Notice of Adverse Benefit Determinations (NOABD) in accordance with current issuance requirements.
10. Reasons for payment authorization denials, service modifications, denials or deferrals (beyond the timeframe) shall be clearly communicated to member

and provider (if applicable), using a Notice of Adverse Benefit Determination form.

11. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include:
  - a. A clear and concise explanation of the reasons for DHS-BHD decision;
  - b. A description of the criteria or guidelines used and the clinical reasons; for the decision regarding medical necessity; and,
12. The name and direct telephone number of the professional who made the authorization decision and offer to treating provider(s) the opportunity to consult with the professional who made the authorization decision.
  - a. Ensure compliance with all requirements necessary for Medi-Cal reimbursement.
  - b. To avoid situations where a youth in an AAP aid code living outside their county of origin is denied services solely on the basis that the youth has out of county Medi-Cal, MHPs shall ensure their providers are aware that a youth in an AAP aid code living outside their county of origin shall be served in the same way as a youth living in their county of origin.

**B. Medi-Cal Eligible Youth in a KinGAP Aid Code:**

1. The MHP in the youth's legal guardians' county of residence must provide medically necessary SMHS to a youth in a KinGAP aid code residing outside their county of origin in the same way that it would provide services to any other youth for whom the MHP is listed as the county of responsibility on MEDS.
2. When an MHP receives a request for SMHS for a youth in a KinGAP aid code, the MHP must determine if the youth's legal guardians reside in the county that the MHP serves.
3. If the youth's legal guardians are residents of the county that the MHP serves, the MHP must provide services to that youth as it would provide services for any other Medi-Cal eligible youth.
4. The MHP in the youth's legal guardians' county of residence shall submit a SAR (whether for an initial assessment, initial or ongoing treatment), prepared by the provider, to the MHP in the youth's county of origin.
5. The MHP in the youth's legal guardians' county of residence must complete the authorization process (including authorization by the MHP in the county of

origin) within the MHP's established authorization timelines for in-county beneficiaries.

6. The MHP in the youth's county of origin must make an authorization decision (approve or deny services) within (3) business days following the date of receipt of the request for services.
7. The MHP in the youth's county of origin must notify the MHP in the youth's legal guardians' county of residence and the requesting provider of the decision to approve or deny services within (3) business days following the date of receipt of the request for services.
8. If the MHP in the youth's county of origin needs additional information not submitted with the initial request, the authorization decision must be made within (3) business days from the date the additional information is received, or (14) calendar days from the receipt of the original authorization request, whichever is less.
9. The MHP in the youth's county of origin must make payment arrangements with the MHP in the youth's legal guardians' county of residence or with the requesting provider within (30) days of the date that the MHP authorized services.
10. DHS-BHD staff will issue Notice of Adverse Benefit Determinations in accordance with current issuance requirements.
11. Reasons for payment authorization denials, service modifications, denials or deferrals (beyond the timeframe) shall be clearly communicated to member and provider (if applicable), using a Notice of Adverse Benefit Determination form.
12. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include:
  - a. A clear and concise explanation of the reasons for DHS-BHD decision;
  - b. A description of the criteria or guidelines used and the clinical reasons; for the decision regarding medical necessity; and,
13. The name and direct telephone number of the professional who made the authorization decision and offer to treating provider(s) the opportunity to consult with the professional who made the authorization decision. Ensure compliance with all requirements necessary for Medi-Cal reimbursement.
14. Effective with the implementation of the Short-Doyle II claiming system, the MHP submitting the claim for services will receive the State and Federal funds.

15. To avoid situations where a youth in a KinGAP aid code living outside their county of origin is denied services solely on the basis that the youth has out of county Medi-Cal, MHPs shall ensure their providers are aware that a youth in a KinGAP aid code living outside their county of origin shall be served in the same way as a youth living in their county of origin.

C. The MHP in the county of residence shall be responsible for preparing and submitting the SAR to DHS-BHD, when Sonoma County is the county of origin for this Eligibility Group.

D. As the county of origin, DHS-BHD shall evaluate a SAR from the MHP of the county of residence to ensure SMHS services are provided in a timely, consistent manner and reimbursement of services are appropriately paid.

## **VI. Forms**

A. MC 5157 (04/15) Service Authorization Request

## **VII. Attachments**

#1: AB1299 Presumptive Transfer (PT) and Service Authorization Request (SAR) Procedure

#2: Presumptive Transfer Flow Chart and Description

#3: Waiver Scenarios Flow Chart and Description