

BHS Policies and Procedures




City and County of San Francisco
 Department of Public Health
 San Francisco Health Network
 BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Utilization Management Policy and Procedures for San Francisco County Children, Youth, & Families System of Care for *Intensive Care Coordination/ Intensive Home-Based Services and Therapeutic Foster Care*

Issued By:

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Director of Systems of Care

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References: *DHCS Behavioral Health Information Notice No.: 22-016*

DHCS Behavioral Health Information Notice No.: 22-019

Substantive Revision of 3.03-18 issued March 2, 2020

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our client's needs and lived experiences.

Purpose: San Francisco County Children, Youth & Families System of Care (CYF SOC) is required to operate a Utilization Management (UM) Program that ensures Medi-Cal beneficiaries have appropriate access to specialty mental health services (SMHS). The UM program must evaluate medical necessity, appropriateness, and efficiency of services provided to beneficiaries prospectively, such as through prior or concurrent authorization procedures, or retrospectively, such as through retrospective authorization procedures. This policy focuses on authorization practices for specific SMHS, Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC)

This policy serves to establish requirements for prior authorization of specific outpatient Specialty Mental Health Services as specified in Behavioral Health Information Notice No: 22-016.

Scope: The following procedures are applicable to all BHS civil service and contracted providers of Intensive Home-Based Services (IHBS) and Therapeutic Foster Care (TFC). Staff who authorize and/or refer for these services are required to follow the requisite procedures.

Policy: Eligible clients will receive Intensive Home-Based Services (IHBS) and Therapeutic Foster Care (TFC) as medically necessary and guided by the client's Child and Family Team (CFT). San Francisco Behavioral Health Services providers are required to obtain prior authorization for specific SMHS, including IHBS and TFC. Authorization decisions for IHBS and TFC will be made by the CYF UM Committee based upon: medical necessity and access criteria **and** on current DHCS regulations regarding clinical review and timeliness requirements for standard and expedited authorization requests. Please note that as of April 15, 2022, Intensive Care Coordination (ICC) no longer requires prior authorization. IHBS and TFC do include Intensive Care Coordination (ICC) services.

Procedures:

The procedures below provide operational guidance to the SF BHS CYF providers and staff related to prior authorization for TFC and IHBS in accordance with the California Department of Health Care Services (DHCS) Behavioral Health Notice No: 22-016.

Eligibility Criteria for IHBS and TFC:

The client must meet the following criteria to be eligible for IHBS or TFC:

- Have full scope Medi-Cal
- Be under the age of 21 years
- Be involved with multiple agencies such that intensive coordination is required
- Be engaging in ICC Services
- Have an established Child and Family Team (CFT)
- Have a situation/condition which supports the need for IHBS/TFC

Utilization Management Procedures and Monitoring:

The Utilization Management authorization procedure consists of the following components:

- I. Making an IHBS or TFC service authorization request (**Please note that standalone ICC services do not require prior authorization. Please refer to Documentation BHIN 22-019 for compliance with Federal rules.**)
- II. Notifying requesting provider of the decision on the Service Authorization Request (SAR)
- III. Providing beneficiaries written notice of denial/reduction of services
- IV. Ensuring quality of utilization management program

Details involved with the above components are as follows:

AUTHORIZATION TYPES

Authorization Type	Authorization Requirement
Standard Authorization Request	The CYF UM Committee shall notify the treating provider in writing within five (5) business days of a decision and provide the client written notice of any decision by CYF to deny a service authorization or request, or to authorize a service in an amount, duration, or scope that is less than required. The notice to the client shall meet the requirements pertaining to the notices of adverse benefit determination.
Expedited Authorization Request	<p>For cases in which the provider indicates, or the CYF UM Committee determines, that the standard timeframe could seriously jeopardize the client's life, health, or ability to attain, maintain, or regain maximum function, the CYF UM Committee shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires, but no later than 72 hours after the receipt of the request for service.</p> <p>CYF SOC UM may extend the 72-hour time frame for making an authorization decision for up to 14 additional calendar days, if the following conditions are met: The beneficiary or the provider requests an extension; or if CYF SOC UM justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest</p>
Retroactive Authorization	<p>IHBS and TFC Service Authorization Request Forms may receive retrospective authorization of SMHS under the following limited circumstances:</p> <ul style="list-style-type: none"> ▪ Retroactive Medi-Cal eligibility determinations ▪ Inaccuracies in the Medi-Cal Eligibility Data System. ▪ Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries; and/or, ▪ Beneficiary's failure to identify payer (e.g., for inpatient psychiatric hospital services). <p>In cases where the review is retrospective, CYFUM's authorization decision shall be communicated to the provider in a manner that is consistent with state requirements and to beneficiary who received services, or to the beneficiary's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination.</p>

PRIOR AUTHORIZATION STEPS TO INITIATE INTENSIVE HOME-BASED SERVICES

A request for Intensive Home-Based Services should be made as soon as it is determined that the client meets access criteria and requires more intensive services to meet their needs. The Table below outlines the pathways to refer and obtain authorization for IHBS services.

Step	Action	Details
1	Initial Referral for IHBS	<p>There are several pathways to initiate IHBS services, including:</p> <ol style="list-style-type: none"> 1. Referral Approval by CYF Risk Committee: <ol style="list-style-type: none"> i. A provider may present and request a referral for IHBS at the CYF SOC Risk Committee. ii. If the referral is approved, the Risk Chair will submit the <i>Initial Authorization Form</i> and the <i>Risk Packet</i> directly to the CYF UM Committee to make an authorization determination for IHBS services. iii. The CYF UM Committee will make an authorization determination and notify the IHBS provider. The timelines for authorization are as follows: <ol style="list-style-type: none"> a. For IHBS providers without a CANS Assessment and Care Plan for the referred client: Services will be authorized for 60 days. b. For IHBS providers with a completed CANS Assessment and Care Plan: Services may be authorized for a maximum of 6-months. 2. Approval by AIIM Higher Program in coordination with SF Juvenile Probation Department (SFJPD) <ol style="list-style-type: none"> i. Following a CANS Screen, if it is determined that a client meets criteria for more intensive services, The AIIM Higher Lead Clinician may approve the initial referral for IHBS services for an Intensive Services Clinical Supervision (ISCS) provider. ii. The AIIM Higher Lead Clinician will submit the <i>Initial Authorization Form for Intensive Services</i> with the <i>CANS Screen</i> to the CYF UM Committee. iii. The CYF UM Committee will review and make an authorization determination for IHBS services for the ISCS provider for 60 days. 3. Short-Term Residential Treatment Placement (STRTP) Providers may submit a Service Authorization Request (SAR) for IHBS directly to the CYF UM Committee with supporting documentation (e.g., Assessment, Care Plan, ICC services) for clients placed in their STRTP facility. <ol style="list-style-type: none"> i. The UM Committee will review and make an authorization determination using the UM Decision Tool.

Step	Action	Details
2	Notification of Approval to IHBS Provider	If the Risk Committee or the AIIM Higher Lead Clinician approves the referral for services, they will notify the CYF UM Committee and approved provider within 24-hours of approving the referral. The CYF UM Committee will determine authorization timeline and finalize the <i>Initial Authorization Form for Intensive Services</i> and forward to the provider within 5-Business Days.
4	Initial Authorization for IHBS by the CYF UM Committee	The CYF UM Committee shall review and log the IHBS <i>Initial Authorization Form for Intensive Services</i> and return a confirmation of the authorization period for providing services, indicating the start and end date to the provider.

PRIOR AUTHORIZATION STEPS TO INITIATE THERAPEUTIC FOSTER CARE (TFC)

A request for TFC services may be made when a client is placed in an Intensive Services Foster Care (ISFC) home OR with caregivers who provides TFC, and it is determined that the services are medically necessary to meet the client’s needs. The following steps outline the authorization process for TFC Services:

Step	Action	Details
1	Initial Referral for TFC	The TFC provider may submit the <i>Service Authorization Request (SAR)</i> for Intensive Services directly to the CYF UM Committee. The SAR shall be submitted to the following secure email or fax with the subject “IHBS and TFC Referral and Authorization Form”. <ul style="list-style-type: none"> • Secure email: cyfum@sfdph.org. • Secure fax: (415) 255-3567. Faxes should be sent to the attention of Elyssa Marangco with an accompanying email to Elyssa.marangco@sfdph.org and cyfum@sfdph.org to ensure that your faxed SAR is retrieved and sent to the UM Committee.
2	CYF UM Committee Review	The CYF UM Committee will review the SAR to make an authorization determination and notify the TFC provider. The timelines for authorization are as follows: <ol style="list-style-type: none"> a. For TFC providers without a CANS Assessment and Care Plan for the referred client: Services will be authorized for 60 days. b. For TFC providers with a completed CANS Assessment and Care Plan: Services may be authorized for a maximum of 6-months.

Step	Action	Details
3	Notification of Authorization Decision	CYF UM Committee shall notify the provider of the authorization decision (approved or denied) via a returned signed copy of the submitted SAR using the method that the SAR was received (e.g., if the SAR was sent to the CYF UM Committee via email, the UM Committee decision shall be returned to the provider via email).

RE-AUTHORIZATION STEPS FOR ICC, IHBS AND TFC

The table below outlines the steps required to obtain ongoing authorization for IHBS and TFC services. To avoid gaps in services, providers must submit the Service Authorization Request (SAR) before the current authorization expires.

Step	Task	Details
1	Request Continuation of client's IHBS, and/or TFC services	<p>Based on clinical need, services may be requested by the provider through the continued SAR for up to an additional six months. The following steps are required for ongoing authorization:</p> <ol style="list-style-type: none"> i. IHBS/TFC providers shall submit to CYF UM Committee a SAR form 10 business days prior to expiration of the authorization period. ii. Authorization determinations will be issued via email or fax as outlined below. iii. Please note: the service request shall not exceed 6 months of duration. iv. The client must continue to meet criteria listed above to be eligible for ongoing authorization. <p>The SAR shall be submitted to the following secure email or fax with the subject "IHBS and TFC Referral and Authorization Form".</p> <ul style="list-style-type: none"> • Secure email: cyfum@sfdph.org. • Secure fax: (415) 255-3567. Faxes should be sent to the attention of Elyssa Marangco with an accompanying email to Elyssa.marangco@sfdph.org and cyfum@sfdph.org to ensure that your faxed SAR is retrieved and sent to the UM Committee.
2	CYF UM Committee Review	The CYF UM Committee will review the SAR from the referring provider. Additionally, the committee will review the most recent Assessment and Care Plan to ensure the client meets access and medical necessity criteria for the requested services. CYF UM Committee shall use the Utilization Management Review Decision Support Tool to make its decision.

Step	Task	Details
3	Notification of Authorization Decision	CYF UM Committee shall notify the provider of the authorization decision (approved or denied) via a returned signed copy of the submitted SAR using the method that the SAR was received (e.g., if the SAR was sent to the CYF UM Committee via email, the UM Committee decision shall be returned to the provider via email).

ADDITIONAL INFORMATION

Modification to Authorizations

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 clear and concise explanation of the reasons for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization

Providing Beneficiaries Written Notice of Denial/Reduction of Services

- CYF UM Committee shall notify beneficiaries of the authorization decision (approved or denied) within (2) business days of the decision/action.
- Beneficiaries have the right to appeal UM Committee decisions as set forth in **Policy 3.11-01**, <https://www.sfdph.org/dph/files/CBHSPolProcMnl/3.11-01.pdf>.

Ensuring Quality of Utilization Management Program

- CYF SOC shall perform inter-reviewer reliability audits on a regular basis to evaluate the consistency with which CYF UM Committee members objectively apply decision making criteria and guidelines in determining initial and concurrent authorizations.
- Results of the audits shall be provided to BHS Quality Management department for review and recommendations for improvement to the UM Authorization process.
- CYF SOC UM team will be composed of licensed MH professionals.

Claiming of ICC, IHBS, and TFC

DHCS is aware that MHPs are providing ICC, and IHBS, but claiming the services as Targeted Case Management (TCM), and/or Mental Health Services (MHS), respectively. MHPs providing ICC and IHBS and TFC must submit claims using the appropriate modifier to properly identify

the services as ICC and IHBS and TFC. Properly identifying the services will assist the county and DHCS with tracking the use and availability of these services as well as ensure that the services are available to children and youth as needed. Please refer to the Behavioral Health Information Notice No: 21-058.

Beneficiaries who have Presumptive Transfer or Waivered Status: Beneficiaries residing in San Francisco with Presumptive Transfer of Medi-Cal shall be linked to providers accordingly.

Definitions:

Intensive Home-Based Services (IHBS): Intensive Home-Based Services (IHBS) are mental health rehabilitation services provided to Medi-Cal clients as medically necessary. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a client's functioning and are aimed at helping the client build skills necessary for successful functioning in the home and community and improving the client's family ability to help the client successfully function in the home and community. Service activities may include, but are not limited to:

- Medically necessary, skills-based interventions for the remediation of behaviors or improvement of symptoms, including but not limited to the implementation of a positive behavioral plan and/or modeling interventions for the client's family and/or significant others to assist them in implementing the strategies
- Development of functional skills to improve self-care, self-regulation, or other functional impairments by intervening to decrease or replace nonfunctional behavior that interferes with daily living tasks or the avoidance of exploitation by others
- Development of skills or replacement behaviors that allow the client to fully participate in the Child and Family Team (CFT) and service plans, including, but not limited to, the plan and/or child welfare service plan; Improvement of self-management of symptoms, including self-administration of medications as appropriate
- Education of the client and/or their family or caregiver(s) about, and how to manage the client's mental health disorder or symptoms
- Support of the development, maintenance and use of social networks including the use of natural and community resources
- Support to address behaviors that interfere with the achievement of a stable and permanent family life
- Support to address behaviors that interfere with seeking and maintaining a job
- Support to address behaviors that interfere with a client's success in achieving educational objectives in an academic program in the community
- Support to address behaviors that interfere with transitional independent living objectives such as seeking and maintaining housing and living independently.

Therapeutic Foster Care (TFC): TFC is a short-term, trauma-informed, individualized, highly coordinated SMHS provided by a specially trained and intensely supported TFC parent. TFC is

available as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to children and youth under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria. Services include plan development, rehabilitation, and collateral. In TFC, children are placed with trained, intensely supervised, and supported TFC parents.

- TFC is intended for children and youth who have complex emotional and behavioral needs and require intensive and frequent mental health support in a family environment.
- There must be a CFT in place to guide and plan TFC service provision.
- Children and youth receiving TFC also must receive ICC and other medically necessary SMHS, as set forth in the client plan.

Intensive Care Coordination: Intensive Care Coordination (ICC) is a targeted case management service that facilitates assessment of care planning for, coordination of services to other child serving systems, and urgent services for beneficiaries with intensive needs.

- Ensure that medically necessary services are accessed, coordinated and delivered in a strength-based, individualized, family/youth driven and culturally and linguistically relevant manner and that services and supports are guided by the needs of the child or youth
- Facilitate a collaborative relationship among the child or youth, his/her family and involved child-serving systems
- Support the parent/caregiver in meeting their child or youth's needs
- Help establish the Child and Family Team (CFT) and provide ongoing support
- Organize and match care across providers and child serving systems to allow the child or youth to be served in his/her home community.

ICC may be provided to clients living and receiving services in the community (including in a TFC home), as well as to clients who are currently in the hospital, group home, Short Term Residential Therapeutic Program (STRTP), or other congregate or institutional placement. When ICC is provided in a hospital, psychiatric health facility, community treatment facility, or psychiatric nursing facility, it solely will be used for the purpose of coordinating placement of the client on discharge from those facilities and may be provided during the 30 calendar days immediately prior to the day of discharge, for a maximum of three, nonconsecutive periods of 30 calendar days or less per continuous stay in the facility, as part of discharge planning.

All clients should be assessed for ICC using the following standards:

- Have full scope Medi-Cal
- Be under the age of 21 years
- Be involved with multiple agencies such that intensive coordination is required
- Either have an established Child and Family Team (CFT) or considered for one

Please note: standalone ICC services do not require authorization. If the child is receiving ICC services, they are eligible for IHBS.

Attachments:

- Initial Authorization Form: [Initial Authorization Form for Intensive Services.pdf](#)
- Service Authorization Request (SAR) Form: [Service Authorization Request \(SAR\) For Intensive Services.pdf](#)
- Behavioral Health Information Notice No.: 22-016
- Behavioral Health Information Notice No.: 22-019

Contact Person: Director of Children, Youth and Families System of Care, 415-255-3639

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