DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

Department  _X_ MH  Policy No.  03-02  
  _  MR  Effective Date  July 1, 2003  
  _  Admin  Revision Date  
  _X_ Crisis  Approved  

**Title:** Authorization and referral requirements for the delivery of County funded Mental Health Services

**Policy:** The Dauphin County MH Program requires that County funded mental health services are pre-authorized using established procedures, and the Dauphin County MH Program shall assure compliance with uniform standards for referral, authorization, and re-authorization procedures.

**Definitions:**

**Dauphin County MH Program** – The mental health division of the Dauphin County MH/MR Program office that is responsible to contract for and fund state mandated and ancillary community based mental health services. The office also includes fiscal and administrative support staff.

**CMU** – Case Management Unit – The contracted base service unit (BSU) that is responsible for consumer intake, liability determination, eligibility decisions, service planning, referral and authorization for all County funded mental health services.

**Provider Agency** – Agencies under contract with the Dauphin County MH/MR Program to provide a variety of mental health services.

**Provider Agency Location** – The specific location or address where a mental health provider performs a service under contract with Dauphin County MH/MR.

**Program Referrals** – Referrals made by the CMU on behalf of a consumer requesting that a particular and specified service or program be made available to the consumer.

**Annual Authorization Notifications** – Notifications sent by the County MH Program that specify new authorization numbers for consumers who are authorized for a service for a period of time that spans two fiscal years.


Procedure:

1) The Dauphin County MH Program shall be responsible to identify, update, and maintain a document, Reference Guide to Preparing Authorizations, which describes the parameters and requirements for each service that requires authorization.

2) The Reference Guide to Preparing Authorizations will also identify services that require a completed authorization to accompany a CMU referral for MH services to a provider, and also to identify services that require a referral to be made to MH service providers in advance of and as a separate process than the completed authorization for services.

3) A referral for MH services shall include a minimum of 1) Demographic Information, 2) Intake Assessment, 3) copies of relevant progress notes, treatment histories, 4) summaries such as recent psychiatric evaluations, psychological evaluations, discharge summaries from treatment providers, and social histories, 5) the universal CMU referral form, and 6) required releases of information as specified by PA Code and HIPAA.

4) In the event that a consumer’s record contains intake information, evaluations, or discharge summaries that are all more than two years old, the CMU will provide an updated summary of the consumer’s presenting problems, treatment history, and circumstances that are relevant to the provider of services receiving the referral.

5) Each provider agency shall designate the location and staff person or agency position to which the CMU should direct referrals for services. When a provider specifies more than one location to which referrals should be directed, the provider shall specify which program referrals shall be directed to each location. This information shall be identified using the attached form as a supporting document to the contract materials supplied to the County MH Program as part of the annual contracting process.

6) Each provider agency shall designate a staff person who shall be responsible to disseminate information and be responsible for the organization of processes relating to the MH authorization process. That staff person shall be identified using the attached form as a supporting document to the contract materials supplied to the County MH Program as part of the annual contracting process.

7) The County MH Program will send annual authorization notifications, authorization expiration reports, and notifications regarding liability expiration to the individual or position specified in # 6 above.

8) Each provider agency shall designate the location and staff person or position to which the CMU should send authorizations for services. When a provider specifies more than one location to which authorizations should be directed, the provider shall specify which program authorizations shall be directed to each location. This information shall be identified using the attached form as a supporting document to the contract materials supplied to the County MH Program as part of the annual contracting process.
9) The County MH Program will distribute the *Reference Guide to Preparing Authorizations* on at least an annual basis, or more frequently if substantial changes or revisions are required, and as determined by County MH Program staff, to the designated contact person at each agency specified in #6 above.

10) The County MH Program and the CMU shall maintain a relational computer system that allows a secure data interface for the purpose of conjoint authorization processes.

11) The County MH Program shall be responsible to designate each service that is automatically approved for authorization of services upon data entry into the computer system by CMU staff and to also designate services that require review and approval by MH Program staff in the County Office.

12) For services designated as requiring review and approval by County MH Program staff, the County MH Program shall be responsible to document the reasons and conditions that warrant a denial of a request for authorization of such services.

13) The County MH Program staff will respond to requests for authorizations of services noting approval, denial, or pending of a decision regarding the authorization request within three business days of the date of request for services.

14) The CMU staff shall be responsible for the data entry of all requests for authorizations of MH services utilizing the following process.

   A. Upon completion of an individual’s intake, the Case Management Unit will develop an appropriate service plan with the consumer’s participation.

   B. The assigned CMU staff will complete a referral to each service provider identified in the service plan. The referral will include demographic information and clinical information as required for that level of service.

   C. For County funded mental health services identified in the service plan and defined as requiring an authorization to accompany the referral, the assigned CMU staff will also enter a request for authorization of that service into the CMU computer system in accordance with the requirements and parameters specified in the *Reference Guide to Preparing Authorizations*. Upon approval of the authorization request, the CMU will include a hard copy of the authorization with the referral information and forward to the designated referral contact person at the MH provider agency.

   D. For County funded mental health services identified in the service plan and defined as not requiring an authorization to accompany the referral, the CMU will forward the referral information to the designated referral contact person at the MH provider agency.
E. For services in category D above, the provider of service will notify the assigned CMU staff of the start date of the service and request that the authorization be provided by completing the **Service Re-Authorization / Monthly Review Form** (attached) and forwarding the completed form to the CMU prior to the intended start date of the service.

F. The CMU staff will then enter a request for authorization of that service into the CMU computer system in accordance with the requirements and parameters specified in the *Reference Guide to Preparing Authorizations*, and upon approval of such authorization request the CMU will provide a hard copy of the authorization of the service to the provider.

15) CMU staff and MH service providers shall evaluate each consumer within the timeframe allotted for the authorization of the County funded MH service to determine whether the authorized service should be terminated, continued, or whether additional services may be required. When it is determined that an authorized service continues to be appropriate, the provider will complete and provide a hard copy of a **Service Re-Authorization / Monthly Review Form** to the CMU at least 15 days but no more than 30 days prior to the expiration of the current authorized MH service.

16) The CMU shall be responsible to enter the re-authorization request into the computer system and upon approval of such request, provide a hard copy of the authorization to the designated contact person at the provider agency.

17) Providers shall invoice the County MH Program for authorized MH services using the procedures outlined in Policy # 02-08, “Fee for Service Billing”, or those described in Policy # 02-09, “Program Funded Billing.”

18) The County MH Program fiscal staff process all provider invoices as described in Policy # 02-08, “Fee for Service Billing Rejections or Policy # 02-09, “Program Funded Billing.” As outlined in those Policies, rejected invoices require corrective action and rebilling within 30 days of receipt of the rejection notice.

19) Any agency staff person who identifies that the procedures outlined in this policy are not being followed should attempt to resolve the issue by contacting the designated staff person at the affected agency. Resolution should be sought at the lowest level possible.

20) An agency who has attempted resolution directly with the other affected agency, including efforts to engage management staff of that agency, but who does not feel that resolution has been achieved, may file a complaint with the Deputy MH Administrator that describes the agencies involved, areas of the non-compliance, and measures attempted to resolve the concern.

21) A County MH Program staff person will be assigned within two business days of the receipt of such complaint. The assigned staff person will contact both agencies to
mediate, provide technical assistance, and to assist in developing a resolution of the issues.

22) The County may determine corrective actions that are required by a provider agency, and may require written corrective action plans from providers, or the County may prescribe corrective actions in writing to the provider with time frames for compliance.

23) Failure to comply with corrective action plans may result in sanctions by the County Program, including but not limited to, withholding of payment until compliance is achieved, or other remedies as may be determined with the approval of the County MH/MR Administrator.
**Dauphin County MH/MR Program**

**Referral and Authorization Notification Form**

Provider Name: ________________________________

Name of Person Completing Form: ____________________________ Date: ____________

<table>
<thead>
<tr>
<th>Person responsible to disseminate and organize County Authorization information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
</tr>
<tr>
<td><strong>Fax #</strong></td>
</tr>
</tbody>
</table>

| * Name of Program: |
| **Address:** |

<table>
<thead>
<tr>
<th>Send referrals to:</th>
<th>Send Authorizations to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
<td><strong>Phone #</strong></td>
</tr>
<tr>
<td><strong>Fax #</strong></td>
<td><strong>Fax #</strong></td>
</tr>
</tbody>
</table>

| * Name of Program: |
| **Address:** |

<table>
<thead>
<tr>
<th>Send referrals to:</th>
<th>Send Authorizations to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>Phone #</strong></td>
<td><strong>Phone #</strong></td>
</tr>
<tr>
<td><strong>Fax #</strong></td>
<td><strong>Fax #</strong></td>
</tr>
</tbody>
</table>

* Complete section for each separate physical location or service type  

Dauphin County MH/MR 4/03