

Non-Residential - Eligibility Verification & Service Authorizations

1. Members must have Eligibility Verification (EV) period to cover all requested/approved service authorization dates with the exception of Recovery Bridge Housing (RBH)
2. If an authorization is submitted more than 30 days **before** service re-authorization start date, UM will automatically deny and rescind service authorization request
3. Service Authorization Requests and EV process:
 - a. For all non-residential services, the length of the Service Authorization should align with the current EV period
 - b. **If there is no current EV period:**
 - i. For OTP services: EV period and the length of the Service Authorization will both be to the last date of the 12th month
 - ii. For outpatient services: EV period and the length of the Service Authorization will both be to the last day of the 6th month
 - c. **If there is an existing EV period:**
 - i. For Service Authorization request start date that is **more than** 30 days prior to expiration of existing EV:
 - Service Authorization will be approved to the end date of current EV period*
 - Provider will need to submit a service re-authorization to extend the EV period*
 - ii. For Service Authorization request start date that is **less than** 30 days from expiration of existing EV:
 - A new EV period will be established and align with start date of service authorization

NON-OTP EXAMPLE:

- Current EV for member is 10/16/21 - 4/30/22 (6 months)
- The member is being enrolled in 2.1 level of care on 4/16/22
- Service Authorization start date on 4/16/22 is less than 30 days from 4/30/22
- SAPC will issue new EV for another 6 months
- New EV 4/16/2022 - 10/31/2022
- EV will have a slight overlap from 4/16/22- 4/30/22
- Authorization dates will be 4/16/22 - 10/31/2022

OTP EXAMPLE:

- Current EV for member is 5/12/22 - 5/31/23 (12 months)
- The member is admitted to a new OTP provider on 9/8/22
- Service Authorization start date 9/8/22 is more than 30 days from end of current EV
- SAPC will approve Service Authorization through the end of the current EV period
- Authorization dates will be 9/8/22 - 5/31/23 for a total of 8 months
- A new EV is not required

Residential Eligibility Verification & Member Authorizations

1. Members must have Eligibility Verification (EV) period to cover all requested/approved service authorization dates with the exception of Recovery Bridge Housing (RBH)
2. Service Authorization Requests and EV process:
 - a. Given residential services are approved in 30/60-day time frames, requests may extend beyond the current EV period
 - b. SAPC will establish a new EV period starting at the end of the current EV period and not end date the authorization to match current EV (even if the authorization start date is more than 30 days from the expiration of current EV period)

RESIDENTIAL EXAMPLE:

- Current EV for member is 1/4/21 - 7/31/21
- The member is admitted to a Residential facility on 6/14/21
- Service Authorization start date on 6/14/21 - 8/12/2021
- This request extends beyond the end of the current EV period (ending on 7/31/21)
- SAPC will approve authorization for 60-days of Residential treatment and establish a new EV
- In this case, the new EV starts on 8/1/21 and extends for 6-months*

Eligibility Dates Reference Tool

Authorization Start Date	6 months End Date (Non-OTP)	12 Months End Date (OTP)
January (1-31)	07/31	01/31
February (1-28)	08/31	02/28
March (1-31)	09/30	03/31
April (1-30)	10/31	04/30
May (1-31)	11/30	05/31
June (1-30)	12/31	06/30
July (1-31)	01/31	07/31
August (1-31)	02/28	08/31
September (1-30)	03/31	09/30
October (1-31)	04/30	10/31
November (1-30)	05/31	11/30
December (1-31)	06/30	12/31

Non-Residential - Initial Engagement Authorization

1. Providers can request for Initial Engagement Authorization(s) **prior** to the establishment of medical necessity
2. To receive an Initial Engagement Authorization, providers need to submit a Service Authorization request with a provisional level of care (ex. ASAM .5, 1.0, 2.1 or OTP)
3. Providers need to document in medical necessity justification miscellaneous note that the request is for Initial Engagement Authorization
 - a. For adults 21 and over, providers should indicate whether the client is a person who is experiencing homelessness
4. These requests can be approved according to the following timeframes based on clients' age, homelessness status, and insurance status:
 - a. A 30-day Initial Engagement Authorization can be given for adults 21 and over, who are not experiencing homelessness
 - b. A 60-day Initial Engagement Authorization can be given to:
 - i. Adults 21 and over who are experiencing homelessness (PEH)
 - ii. Youth and young adults (ages 12-20)
 - c. Authorization will be limited to 30 days for those utilizing the applying for Medi-Cal benefit, regardless of member's age and/or homelessness status
 - i. For members who are eligible for a 60-day Initial Engagement period, provider could submit service authorization for remaining 30 days if:
 - Member has secondary non-DMC funding
 - Medi-Cal is approved for covered services within the requested timeframe
 - d. If there is no existing Eligibility Verification (EV) period, a new EV period will be established and will align with the start date of the Initial Engagement Authorization
 - e. In cases where EV period does not cover the entire Initial engagement authorization, a new EV will be established
5. **Medical necessity authorization must be submitted after initial engagement authorization**
 - a. To receive continued services following initial engagement period, a new authorization must be submitted by the provider that received initial engagement authorization
 - b. A completed and finalized ASAM by LPHA (within 7 days for young adults 18-20 and adults 21 and over or 14 days for youth 12-17 of medical necessity authorization start date), medical necessity justification note, and diagnosis all within established time frames
 - i. See [Checklist of Required Documentation](#) for more information
 - c. Verify Medi-Cal &/or non-DMC funding
 - d. If member meets medical necessity, authorization will be approved for remainder of current eligibility period
6. The Initial Engagement process can restart if member leaves treatment prior to the establishment of medical necessity
7. **Initial Engagement precedes but does not replace medical necessity**
 - a. If the provider is able to complete all medical necessity documentation and member has valid financial eligibility coverage, providers are encouraged to **skip** this type of authorization and submit a standard authorization for the requested level of care
 - b. Initial Engagement Authorizations are not available for residential and/or withdrawal management levels of care