2009-2010 Appointment and Authorization Standards for Medicaid

	Calendar Days																																								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Appointment Standards (7.2.1)																																									
Intake Evaluation (per CFR)	Available and offered within 10 working / 14 calendar days[1]																																								
Intake Evaluation (per WAC 388-865-0420)															Completed within 14 days of admission to service																										
1st Routine Appointment[3]	Must be offered no later than 28 days from date of request for mental health services[2]																																								
Authorization Standards (7.2.3)																																									
Authorization Decision[3]															Within 14 days of when intake evaluation is initiated														Up to 14 additional days upon request of enrollee or CMHA[4, 5]													
Notice of Determination																													Within 14 days of authorization decision (services authorized, no additional services requested by CMHA due to lack of medical necessity, right to 2nd opinion, availability of other EPSDT services)													
Notice of Action																													Within 14 days of decision to deny or authorize services in an amount, duration, or scope that is less than requested													
Continuation of Routine Services (7.2.3.3)																																									
Authorization of Additional Routine MH Services	Within 14 days of the date request is received from CMHA																																								
Notice of Determination															Within 14 days of authorization decision (services authorized, no additional services requested by CMHA due to lack of medical necessity, right to 2nd opinion, availability of other EPSDT services)																										
Notice of Action															Within 14 days of decision to deny or authorize services in an amount, duration, or scope that is less than requested																										

[1]Unelss both of the following conditions are met: 1) an intake has been provided in the previous 12 months that establishes medical necessity and 2) the PIHP agrees to use the previous intake evaluation as the basis for authorization decisions.

[2]Contractor must document reasons for any delays, including when the consumer declines an appointment offered within 28 days and must monitor the frequency of appointments that occur after 28 days and apply corrective action where needed.

[3]May occur before the completion of the intake evaluation once medical necessity has been established.

[4]Should all include, "or the Contractor justifies (to MHD upon request) a need for additional information and how the extension is in the enrollee's interest."

[5]Must have P&P to ensure consistent application of extensions within the service area must monitor use and pattern of extensions apply corrective action where necessary.