



SBH-ASO POLICIES AND PROCEDURES

Policy Name: NOTICE REQUIREMENTS

Policy Number: UM802

Effective Date: 1/01/2020

Revision Dates: 2/24/2020; 2/23/2021

Reviewed Date: 7/12/2019

Executive Board Approval Dates: 11/1/2019; 7/30/2021

PURPOSE

To ensure notices regarding Individuals' services are provided in a manner that gives timely, clear, and easily understood information to Individuals seeking and receiving behavioral health services.

DEFINITIONS

Adverse Authorization Determination means the denial or limited authorization of a requested Contracted Service for reasons of medical necessity (see Notice of Action) or any other reason such as lack of available resources.

Notice of Action means a written notice that must be provided to an Individual to communicate denial or limited authorization of a non-Medicaid service offered by Salish Behavioral Health Administrative Services Organization (SBH-ASO) based on medical necessity (a decision not to authorize due to lack of available resources is not considered a medical necessity decision).

POLICY

SBH-ASO has a notice process in place for services. SBH-ASO is responsible for sending notices of authorization and notices of a denial, reduction, termination, or suspension of services based on Level of Care Guidelines for non-Medicaid Individuals. This policy and procedure delineates the timeframes for notices and the information that must be included in the notice.

PROCEDURE

Timeframes for Authorization Decisions

1. SBH-ASO must provide a written Notice of Adverse Authorization

Determination (including Actions) to the Individual, or their legal representative, and the requesting provider, if a denial, reduction, termination, or suspension occurs. SBH-ASO shall adhere to the requirements set forth in this document under Notification of Coverage and Authorization Determination.

2. SBH-ASO is required to acknowledge receipt of a standard authorization request for behavioral health inpatient services within two (2) hours and provide a decision within twelve (12) hours of receipt of the request.
3. SBH-ASO shall provide for the following timeframes for authorization decisions and notices:
 - a. For denial of payment that may result in payment liability for the Individual, at the time of any Action or Adverse Authorization Determination affecting the claim.
 - b. For termination, suspension, or reduction of previously contracted services, ten (10) calendar days prior to such termination, suspension, or reduction, unless the criteria stated in 42 C.F.R § 431.213 and 431.214 are met.
 - c. Standard authorizations for planned or elective service determinations: The authorization decisions are to be made and any required notices of Adverse Authorization Determinations are to be provided as expeditiously as the Individual's condition requires. SBH-ASO will make a decision to approve, deny, or request additional information from the provider within five (5) calendar days of the original receipt of the request. If additional information is required and requested, SBH-ASO will give the provider five (5) calendar days to submit the information and then approve or deny the request within four (4) calendar days of the receipt of the additional information.
 - i. An extension of up to fourteen (14) additional calendar days (not to exceed twenty-eight (28) calendar days total) is allowed under the following circumstances:
 1. The Individual or the provider requests the extension; or
 2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.
 - ii. If SBH-ASO extends the timeframe past fourteen (14) calendar days of the receipt of the request for service:
 1. SBH-ASO will provide the Individual written notice within three (3) business days of the decision to extend the timeframe. The notice shall include the reason for the decision to extend the timeframe and inform the Individual of

- the right to file a grievance if he or she disagrees with that decision.
2. SBH-ASO shall issue and carry out its determination as expeditiously as the Individual's condition requires, and no later than the date the extension expires.
- d. Expedited Authorization Decisions: For timeframes for authorization decisions not described in inpatient authorizations or standard authorizations, or cases in which a provider indicates, or the SBH-ASO determines, that following the timeframe for standard authorization decisions could seriously jeopardize the Individual's life or health, or ability to attain, maintain, or regain maximum function, SBH-ASO will make an expedited authorization decision and provide notice as expeditiously as the Individual's condition requires.
- i. SBH-ASO will make the decision within two (2) calendar days if the information provided is sufficient; or request additional information within one (1) calendar day, if the information provided is not sufficient to approve or deny the request. SBH-ASO or its delegate must give the provider two (2) calendar days to submit the requested information and then approve or deny the request within two (2) calendar days.
 - ii. SBH-ASO may extend the expedited time period by up to ten (10) calendar days under the following circumstances:
 1. The Individual requests the extension; or
 2. SBH-ASO justifies and documents a need for additional information and how the extension is in the Individual's interest.
- e. Concurrent Review Authorizations: SBH-ASO must make its determination within one (1) business day of receipt of the request for authorization.
- i. Requests to extend concurrent care review authorization determinations may be extended to within three (3) business days of the request of the authorization, if SBH-ASO or its delegate has made at least one (1) attempt to obtain needed clinical information within the initial one (1) business day after the request for authorization of additional days or services.
 - ii. Notification of the Concurrent Review determination shall be made within one (1) business day of SBH-ASO decision.
 - iii. Expedited appeal timeframes apply to Concurrent Review requests.

- f. For post-service authorizations, SBH-ASO shall make its determination within thirty (30) calendar days of receipt of the authorization request.
 - i. SBH-ASO shall notify the Individual and the requesting provider within three (3) business days of SBH-ASO's determination.
 - ii. Standard Appeal timeframes apply to post-service denials.
 - iii. When post-service authorizations are approved, they become effective the date the service was first administered.

Notification of Coverage and Authorization Determinations

For all authorization determinations the SBH-ASO will notify the Individual, the requesting facility, and ordering provider in writing. SBH-ASO will notify all parties, other than the Individual, in advance whether notification will be provided by mail, fax, or other means.

- 1. For an authorization determination involving an expedited authorization request, SBH-ASO will notify the Individual in writing of the decision. SBH-ASO may initially provide notice orally to the Individual or the requesting provider. SBH-ASO shall provide written notification of the decision within one (1) business day of the decision.
- 2. For all authorization decisions, the notice will be mailed as expeditiously as the Individual's health condition requires and within three (3) business days of the decision.
- 3. Provide notice at least ten (10) calendar days before the date of Action or Adverse Authorization Determination when the action is a termination, suspension, or reduction of previously authorized services.
- 4. SBH-ASO will notify the Individual, the requesting provider if applicable, and ordering provider in writing of any decision by the SBH-ASO to deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested. This includes, but is not limited to, Adverse Authorization Determinations that occur due to lack of Available Resources, Medicaid payer responsibility, and out of Regional Service Area (RSA) requests. The notice to the Individual and provider shall explain the following:
 - a. The decision the SBH-ASO has taken or intends to take, and effective date if applicable.
 - b. The specific factual basis for the decision, in easily understood language including citation to any SBH-ASO guidelines, protocols, or other criteria that were used to make the decision and how to access the guidelines, protocols, or other criteria.
 - c. Sufficient detail to enable the Individual to learn why the SBH-ASO determination was made, be able to prepare an appropriate

- response, and, if issuing an Action, determine what additional or different information might be provided to appeal the SBH-ASO's determination.
- d. If applicable, the notice must include information about alternative covered services/treatment that may be seen as a viable treatment option in lieu of denied services.
 - e. The individual's and provider's right to request and receive free of charge a copy of the rule, guideline, protocol or other criterion that was the basis for the decision, as well as reasonable access to and copies of all documents, records, and other information relevant to the Adverse Authorization Determination.
 - f. A statement of whether the Individual has any liability for payment.
 - g. A toll-free telephone number to call if the Individual is billed for services.
 - h. Information regarding whether and how the Individual may Appeal the decision, including any deadlines applicable to the process.
 - i. The circumstances under which expedited resolution is available and how to request it.
 - j. The Individual's right to receive the SBH-ASO's Ombuds' assistance in filing a Grievance or Appeal and how to request it.
 - k. The individual's right to equal access to services for Individuals with communication barriers and disabilities.
 - l. When the reason for the Adverse Authorization Determination is that the Individual has Medicaid coverage for the requested service, the notice must redirect to the appropriate payer.
5. SBH-ASO shall provide notification in accordance with the timeframes described in this section except in the following circumstances:
- a. The Individual dies;
 - b. SBH-ASO has a signed statement from the Individual requesting service termination or giving information that makes the Individual ineligible and requiring termination or reduction of services (where the Individual understands that termination, reduction, or suspension of services is the result of supplying this information);

- c. The Individual is admitted to a facility where he or she is ineligible for services.
 - d. The Individual's address is unknown and there is no forwarding address.
 - e. The Individual has moved out of SBH-ASO's service area.
 - f. The Individual requests a change in the level of care.
6. Untimely Service Authorization Decisions: If SBH-ASO does not reach service authorization decisions within the timeframes for either standard or expedited service authorizations it is considered a denial and thus, an Adverse Authorization Determination and must follow notification requirements.