

# Authorizations

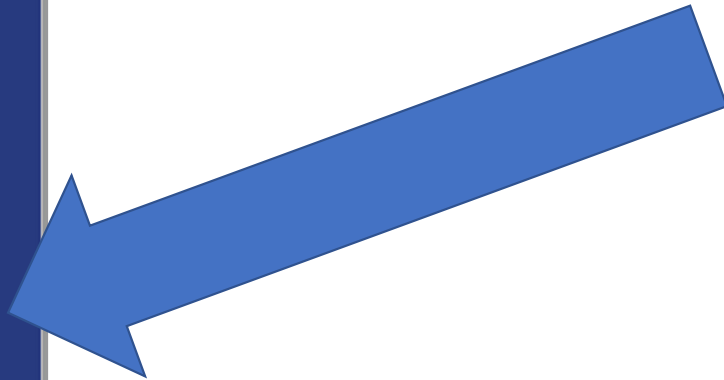
Multi-County EHR Session 4



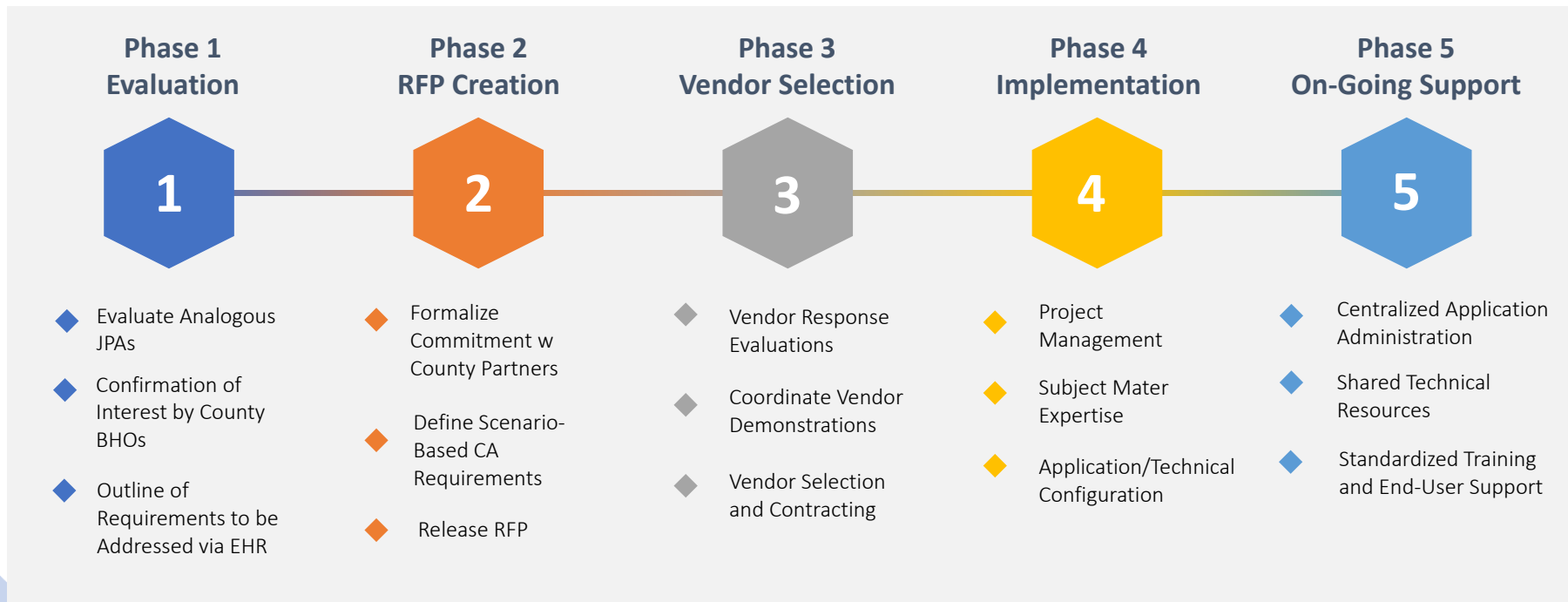
## Attend our EHR Sessions

- 01 EHR Workgroup Orientation**  
May 19, 2021 12:00 PM – Zoom Link [Here](#)
- 02 Pre-Admission Activities: Client Contact/Screening/Referral**  
May 26, 2021 12:00 PM – Zoom Link [Here](#)
- 03 Assessments and other Measures/Questionnaires**  
Jun 2, 2021 12:00 PM – Zoom Link [Here](#)
- 04 Authorization Processes: Prior, Concurrent and Retrospective**  
Jun 9, 2021 12:00 PM – Zoom Link [Here](#)
- 05 Caseload Management**  
Jun 16, 2021 12:00 PM – Zoom Link [Here](#)
- 06 Consent Management**  
Jun 23, 2021 12:00 PM – Zoom Link [Here](#)
- 07 Progress Notes**  
Jun 30, 2021 12:00 PM – Zoom Link [Here](#)

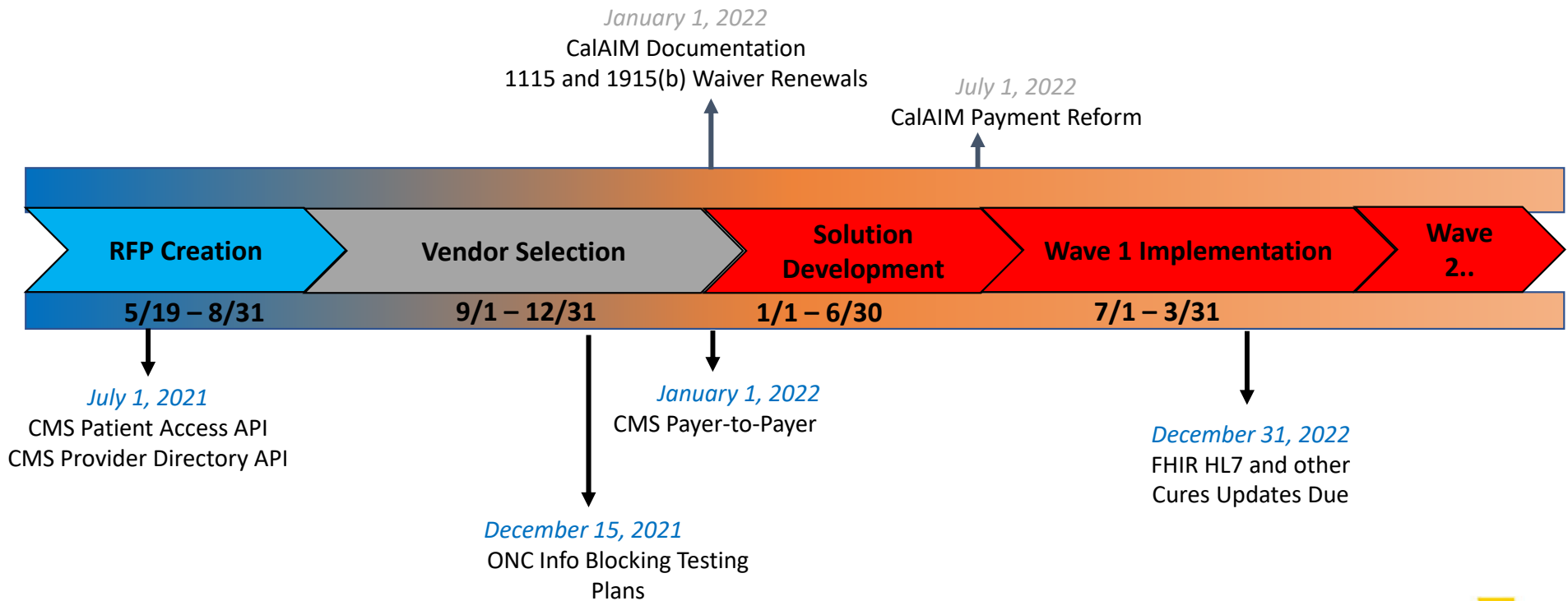
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# CaMHSAs' EHR Project – Phases



# CaMHSA's EHR Project – Timeline





# Four Core Project Aims:

# Enterprise Health Record



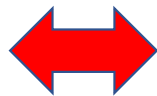
- Dynamic - Role Based User Interface
  - Rational Data Collection/One Time Right Place



- Data – Optimal Accessibility
  - Consistent "Joins" Between Tables
  - Data Meta-Tagging



- Developed for Complex CA Needs Beyond Medi-Cal



- Designed for - Interoperability



# California Authorization Requirements



# Authorizations:

## What we know:



- CA Authorization requirements is one of the functions that most EHRs do not support well



- Authorization requirements span SUD and MH



- Required for some service types:
  - SU Residential
  - Inpatient Psychiatry
  - Adult and Crisis Residential
  - Day Treatment
  - Intensive Home Based Services
  - Therapeutic Behavioral Services
  - Therapeutic Foster Care



- Three authorization types that need to be supported:
  - Prior: before treatment starts
  - Concurrent: during treatment
  - Retrospective: after treatment completion



- Required Processing Time
  - Standard: not to exceed 14 days
  - Expedited: within 72 hours of receipt based on beneficiary health condition

# Authorizations:

## What we are proposing:



- Authorization functionality needs to be part of the core solution to support:
  - Auth Request Process
  - Store Clinical Data
  - Support Timeliness Data
  - Drive Auth Adherence Logic



- Authorization functions will require strict adherence to the proposed workflow



- Authorization and Referral logic need to be tightly integrated



- Referrals will initiate workflow. Based upon service type being requested/referred, logic will dictate whether Authorizations are needed



- Integration for Contract Providers not on County EHR will be necessary (Referral as the entry point)



# Authorizations:

## What we are proposing:



- EHR requirements will include a workflow whereby County UR team will adjudicate Authorizations:

- Approve, Deny, Pend, Modify
- Notice of Adverse Beneficiary Determination
- Support Appeals Workflow



- Referrals requiring Prior Authorization will be pended until Authorization Approved



- Referrals not requiring Authorizations or requiring Concurrent or Retrospective Authorizations will not be pended

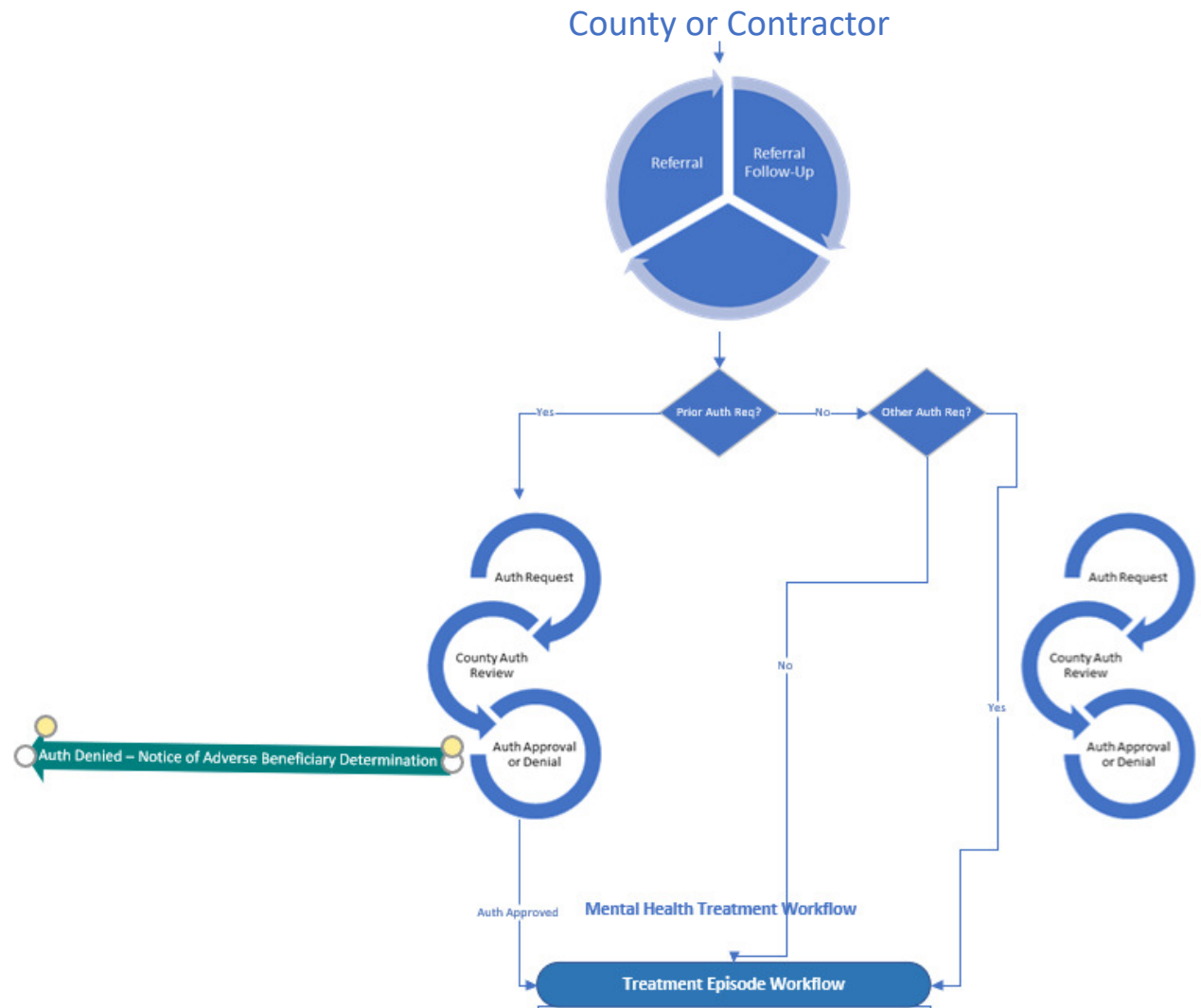


- Authorizations will need to integrate with subsequent/associated episodes of care:

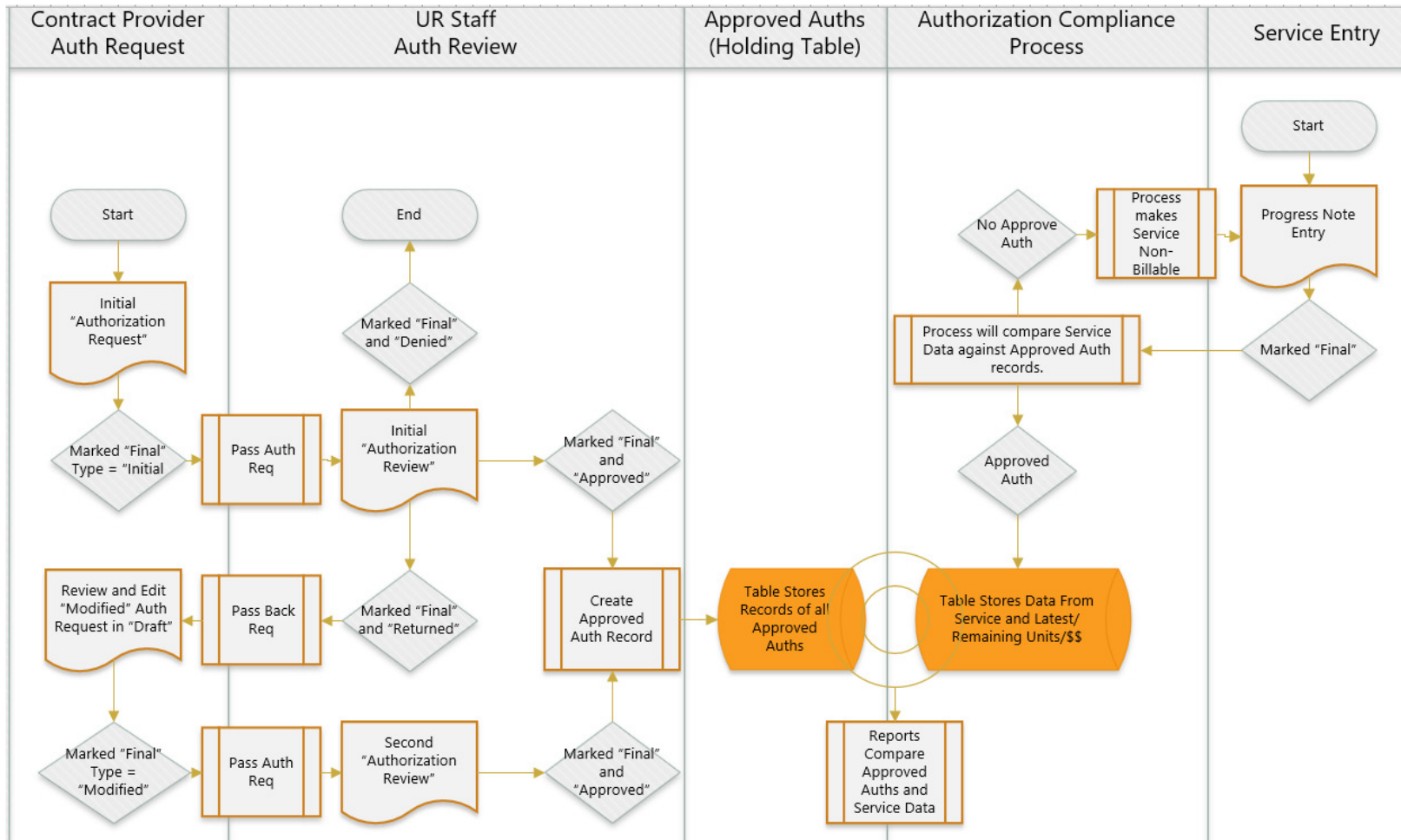
- Restrict Admissions
- Establish Service Unit Limitations
- Support Retrospective Authorizations

# Authorization Workflow

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# Adjudication Workflow



Authorizations:

What we do  
NOT know:



### Unique Workflows?

- Authorized and awaiting treatment slot?
- Retrospective authorization?



### Requirements not identified?

- How current and future CMS Integration requirements will compliment the process

# Thank You!

- All materials posted to our website
- Feel free to reach out, share ideas:
  - [info@calmhsa.org](mailto:info@calmhsa.org)
  - Next session (6/16) is on Caseload Management