Medi-Cal Funded CWS Services-Authorization Process Changes:
Effective November 1, 2016
Frequently Asked Questions

1. Who does this process change affect?

The revised process affects all TERM Providers who render services to CWS clients with Medi-Cal coverage.

2. What is changing with the Medi-Cal authorization process for CWS services?

As of 11/1/16, Providers will no longer need to complete the Medi-Cal Outpatient Authorization Request (OAR) form for CWS clients that are receiving Medi-Cal Funded Services. The streamlined process will allow for the authorization process to occur through the submission of Initial Treatment Plans and Treatment Plan Updates.

3. If a client has Medi-Cal funding and is receiving a Medi-Cal covered service do I need to utilize the Medi-Cal funding or can I choose to use CWS funds?

Providers should utilize Medi-Cal funding when it is available and the service is covered by Medi-Cal. This includes individual therapy and conjoint therapy (except DV Conjoint). CWS funded services include group therapy modalities, DV Conjoint Treatment, other services not covered by Medi-Cal, or services provided to clients that don't have Medi-Cal coverage.

4. What is the process for how Optum will conduct authorization and quality review?

When an Initial Treatment Plan or Treatment Plan Update has been submitted to Optum it will be concurrently reviewed by the TERM team for the quality review of the work product and the Utilization Management Team for authorization determination. There are no changes to how the quality review process will be conducted. The work product will now be reviewed by a separate clinician for the authorization determination. We will do our best to minimize providers receiving outreach from both departments by coordinating internally before we outreach to you when needed. Please see the workflow we have developed for further clarification of the process.

5. When are the Initial Treatment Plan and Treatment Plan Updates to be submitted?

Initial Treatment Plans must be submitted within 14 calendar days of the authorization start date. If there is a delay in initiating services, the provider should contact Optum at 877-824-8376 so that the due date for the ITP can be adjusted. Treatment Plan Updates are due every 12 weeks after the ITP due date until the client is discharged.

6. What is the turnaround time for providing Medi-Cal authorization decisions?

Initial authorization decisions will be verbally communicated to providers within 4 business days and in writing within 14 calendar days of receipt of the Initial Treatment Plan. Concurrent authorization decisions will be provided within 14 calendar days of receipt of the Treatment Plan Update. Submitting the treatment plans timely will be crucial to ensuring continuity of authorization.

7. What will be authorized under Medi-Cal funding?

One assessment session (if not previously authorized) and 12 weekly, follow-up sessions will be authorized. The start date of the authorization will be based on receipt of the work product. If additional services are being

requested please notate that on a cover page when submitting. Continued authorizations will be 12 sessions based on Title 9 Medical Necessity.

8. What if my authorization is denied by Medi-Cal, What do I need to do?

If your authorization is denied Medi-Cal funding, Optum will send the standard notice of denial to the provider and client. Providers and clients do have the right to appeal the decision based on standard Title 9 appeal procedures. In addition, Optum will request CWS funding and will issue a CWS authorization letter if CWS funding will be utilized. If CWS funding is denied, the PSW and Provider should connect to determine appropriate next steps.

9. What happens if a client has other funding (i.e. VOC) and then it is switched to Medi-Cal?

The provider should contact the client's PSW to initiate the CWS referral paperwork being submitted to Optum.

10. What happens if a client's case is closed, but they still want to continue with treatment?

If the client has Medi-Cal you can request an authorization by submitting an Outpatient Authorization Request Form for covered Medi-Cal services. If the client does not have Medi-Cal or it is not a Medi-Cal covered service you are providing you would need to make arrangements with the client for reimbursement.

11. Where can I find the tools referenced to assist me with the process changes?

The FAQ document and Workflow documents can be found on the Optum website at www.optumsandiego.com :

- Select "County and Staff Providers"
- Then, select "TERM Providers"
- Click on Quick Reference

For additional questions and assistance please contact the Utilization Management Team at 800-798-2254 option 4 for authorization related questions or the TERM Team at 877-824-8376 option 4 for questions related to the TERM Quality Review process.