

## <u>Inpatient Psychiatric Hospitalization Services Authorizations</u>

Kern County Behavioral Health and Recovery Services:

- 1. Are not able to contract with or enter into One Time Agreements (OTA) or Single Case Agreements (SCA)without prior review and approval by our County Counsel.
- 2. Does not require pre-authorization for emergency services provided to Kern beneficiaries outside of Kern County.
- 3. Is participating in concurrent review as outlined in DHCS BHN 22-017
- 4. If inpatient psychiatric admission is urgent/emergent for a Kern Medi-Cal beneficiary in a facility outside of Kern County, we request the following:
  - a. Facility to offer placement to this individual and provide inpatient psychiatric services as needed/appropriate.
  - b. Facility to submit a 24-hr notification of admission to KernBHRS via secure email at <a href="mailto:authorizations.inpatient@kernbhrs.org">authorizations.inpatient@kernbhrs.org</a> and the following documentation:
    - i. Initial Treatment Authorization Request (TAR)
    - ii. Facility/Hospital facesheet/patient demographic
    - iii. 5150 documentation (if applicable)
    - iv. Medi-Cal printout.
  - c. Name, Title, email address and phone number for the individual communicating for both Utilization Review (UR) issues and Treatment Authorization (TAR) issues (related to technical errors on the final TAR).
  - d. KernBHRS Authorizations Unit will respond to submitted notifications with further information regarding concurrent review process within 48 business hours. KernBHRS 24hr Notification Response letter will further outline Concurrent Review protocol.
  - e. If facility unable to submit this documentation by e-mail, please use listed fax number.

Kern Behavioral Health & Recovery Services will reimburse facility at the states' established Medi-Cal rate for psychiatric bed days, both acute and administrative, so long as medical necessity documentation is included in the medical chart. The Final TAR should be submitted within 14 days of discharge, along with claim for payment and your hospital's contracted rates, via email or to the following address:





For **USPS** mailing:

Kern Behavioral Health and Recovery Services ATTN: Inpatient Authorizations Team P.O. Box 1000 Bakersfield CA, 93302

Please note that FedEx and UPS are typically unable to deliver to a P.O. Box, and as our Team does not have a mailbox on-site, you may need to mail out the TARs using the **United States Postal Service (USPS)**.

Please feel free to contact us should you have any additional questions. KernBHRS Policy 5.1.19 *Treatment Authorization Requests* further outlines this information and can be provided upon request.

Thank you,
Authorizations Team

Authorizations\_Inpatient@kernbhrs.org Phone number: 661-556-7210 Fax number: 661-868-7878

