Provider Alert

Initial Issue Date: October 01, 2025 **FFS Acute Psychiatric Inpatient Facilities**

Alert No: 2025-02: ELECTRONIC SUBMISSION OF DOCUMENTS

A Publication of the Local Mental Health Plan (LMHP) of the County of Los Angeles Department of Mental Health

IN THIS ISSUE

The purpose of this Provider Alert is to reiterate previously published information to contracted and non-contracted Fee for Service hospitals regarding federal requirements related to authorization of Specialty Mental Health Services (SMHS), in particular, the Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services regarding electronic submissions of documentation.

Background

On May 6, 2016, the Center for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule, aimed at aligning the Medicaid (Medi-Cal in California) managed care regulations with requirements for other major sources of coverage. The Final Rule requirements for authorization became effective July 1, 2017. The Department of Health Care Services (DHCS) published two Behavioral Health Information Notices (BHIN) Numbers 19-026 and No. 22-017 respectively.

Pursuant to BHIN No. 19-026, DHCS required all Local Mental Health Plans (LMHPs) to conduct concurrent review and treatment authorization following the first day of admission. The Health, Access and Integration Division (HAI) Treatment Authorization Unit (TAR Unit) of Los Angeles County Department of Mental Health (LACDMH) operates Monday through Friday and closed on the weekends and holidays. The hospital Providers were instructed to notify the TAR Unit of the inpatient admission on the first working day following the weekend and/or holiday admission. MHPs may elect to initially authorize multiple days, but each day of treatment must meet medical necessity for admission and/or continued stay criteria. Medical necessity criteria are found in California Code of Regulations (CCR), Title 9, Chapter 11, Section 1820.205. The diagnoses to be used shall conform to the diagnoses found in DSM 5 and a crosswalk to ICD 10 TR. The administrative day documentation requirements are found in BHIN No. 22-017.

Implementation

Beginning **October 01, 2025**, all concurrent and retrospective documentation must be **submitted electronically**.

Retrospective authorization of inpatient stays may be authorized in accordance with BHIN No. 22-017 under the following circumstances:

- Retroactive Medi-Cal eligibility determinations;
- Inaccuracies in the Medi-Cal Eligibility Data System;
- Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries; and/or,
- Beneficiary's failure to identify payer.

Electronic Submittal Process

For all **CONTRACTED** facilities with LACDMH:

- Direct upload into Avatar/ProviderConnect NX portal
  - Send a **[SECURE]** email to TARUNIT@dmh.lacounty.gov and in the body of your email please indicate the Unique Identifier (UI) information and the type of upload:
    - Admission
    - Continued Stay
    - Discharge
    - Retrospective, if applicable

For all **NON-CONTRACTED** facilities with LACDMH:

- Please send a **[SECURE]** email using our email system: TARNCP@dmh.lacounty.gov
  - Attach your scanned documents
  - In the body of your email please indicate the Unique Identifier (UI) information
  - Following the concurrent review process, please indicate the type of upload:
    - Admission
    - Continued Stay
    - Discharge
    - Retrospective, if applicable

Should you have any questions or need further support with electronic submissions, please contact TARUNIT@dmh.lacounty.gov

We thank you for your work and collaboration with LACDMH TAR Unit.