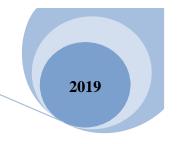
# County of San Diego Mental Health Plan

# Intensive Home-Based Services (IHBS) Prior Authorization Request



#### **COMPLETED BY:**

- 1. Licensed/Waivered Psychologist
- 2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- 3. Licensed/Registered Professional Clinical Counselor
- 4. Physician (MD or DO)
- 5. Nurse Practitioner

Note: Child/Youth must be receiving Intensive Care Coordination (ICC) in order to be eligible for IHBS

### **COMPLETION REQUIREMENTS:**

- 1. IHBS Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 for all clients that will be receiving IHBS prior to initial provision of IHBS
- 2. Continuing request is completed by IHBS provider and resubmitted within 12 months before previous authorization expires
- 3. Prior authorization must be obtained before IHBS are initiated

#### **DOCUMENTATION STANDARDS:**

## The following elements of the IHBS Prior Authorization Request form must be addressed

- 1. Client Information
  - Must include name, DOB and Client ID
- 2. Program Information
  - Must include Legal Entity, Program Name, Phone, Fax, Unit #, Subunit # and Program Manager Name
- 3. Medical Necessity (All items required for authorization of IHBS)
  - Must indicate client is under the age of 21 (service only available to youth under age 21)
  - Must indicate ICC is a documented intervention on the client plan and include date of client plan (Not eligible for IHBS unless receiving ICC)
  - Must indicate medical necessity criteria is documented in the Behavioral Health Assessment (BHA).
     Include date of BHA and Title 9 included diagnosis
  - Amount requested: Must select only one
    - o Up to 15 hours per week
    - o 16-25 hours per week
      - If 16-25 hours of IHBS per week is selected, provider must attach written Contracting Officer Representative (COR) support and documented rationale for not referring to TBS
  - Duration requested: IHBS will be requested for up to 12 months
- 4. Authorization Determination:
  - Optum will make a determination to approve the request when the 5 IHBS criteria are met and provides authorization determination within 5 business days of receipt
  - Optum will send the approved authorization to requesting provider which will include start and end date for IHBS (scope, amount and duration) to be filed in hybrid chart OR
  - Optum will deny, modify, reduce, terminate or suspend IHBS request and an NOABD will be sent to Medi-Cal beneficiary and requesting provider