

### CHILDREN, YOUTH AND FAMILIES MEMO



**Date:** August 16, 2019

**CYF Memo:** # 08 - 19/20

To: CYF Mental Health Treatment Organizational Providers

From: Yael Koenig, CYF Deputy Director

Re: Intensive Home-Based Services (IHBS) Prior Authorization Request Process

Effective 9/1/19

On May 31, 2019, the Department of Health Care Services (DHCS) issued Information Notice 19-026 outlining specific mental health services requiring prior authorization. IHBS is identified as one of the services requiring prior authorization. IHBS are mental health rehabilitative services that are aimed at helping the child/youth build skills for successful functioning in the home and community, as well as improving the family's ability to help the child/youth successfully function in the home and in the community.

The County of San Diego Behavioral Health Services (BHS) worked in partnership with Optum Health to create a process for prior authorization with the least disruption to current workflow and continued provision of service. The newly established IHBS Prior Authorization Request Form meets the required elements outlined by the State.

As of **September 1, 2019**, the attached form must be completed and approved by Optum prior to the provision of IHBS and resubmitted prior to the expiration of the previous authorization, which is generally 12 months, if requesting continuing services.

The new IHBS Prior Authorization Request Form requires a notation on:

- IHBS Scope of Service entails the definition of IHBS
- Intensive Care Coordination (ICC) to receive IHBS, ICC must be provided and documented in the Client Plan
- Medical Necessity Criteria as documented in the current Behavioral Health Assessment
- Amount requested
  - Up to 15 hours of IHBS intervention per week
  - 16-25 hours of IHBS intervention per week; requires written Contracting Officer Representative (COR) support and documented rationale for not referring to Therapeutic Behavioral Services (TBS)
- <u>Duration</u> requested
  - Up to 12 months of IHBS intervention; with ability to request additional cycles of IHBS as needed

### The new IHBS Prior Authorization Request form process is the following:

- CYF Mental Health Organizational Treatment Provider submits the IHBS Prior Authorization Request form to Optum via FAX (866) 220-4495
- Optum reviews and provides authorization determination within 5 business days of receipt
- Authorization will be forwarded to the requesting provider to be filed in the client's hybrid medical record
- Optum will issue an NOABD to provider and MediCal beneficiary if IHBS request is denied, modified, reduced, terminated, or suspended.

Please review the attached IHBS Prior Authorization Request Form and the Explanation Sheet which includes detailed instructions on how to complete the form. Please contact your COR if you have any questions.

Attachments: Intensive Home-Based Services (IHBS) Prior Authorization Request Form

Intensive Home-Based Services (IHBS) Prior Authorization Request Form Explanation Sheet

CC: Optum San Diego

County of San Diego BHS Quality Management

FAX TO: Optum Public Sector San Diego Fax: (866) 220 – 4495 Phone: (800) 798-2254, Option 3, then Option 4

## County of San Diego Mental Health Plan Intensive Home-Based Services (IHBS) Prior Authorization Request

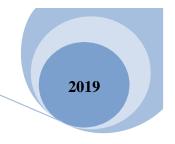
	Prior Authorization (Prior to provision of IHE	•	<ul><li>Continuing Request</li><li>(After initial authorization of up to 12 months)</li></ul>		
Client Information					
Client Name:	Date of	Date of Birth:		Client ID:	
Program Information					
Legal Entity:		Progran	Program Name:		
Phone:		Fax:	Fax:		
Unit #:	Subunit #:	Program Manager Name:			
as well as beneficiaries under 21 w Coordination. A Child and Family T client in building skills necessary fo impairment. These services are pri  MEDICAL NECESSITY: (All S  1.	cho are eligible for the full scope eam must be identified in order or successful functioning in the homarily delivered in the home, so items are required for a the age of 21  Coordination (ICC) is a dilense receiving ICC) in	e of Medi-Cal services and to provide IHBS. IHBS a nome and community. Il-chool or community and authorization of IHB documented intervented intervented:	d meet medical necessine individualized, streng the sign of the clients outside an office setting the	ent Plan dated:s s as documented in the referring to TBS and attach	
☐ OPTUM Reviewed BHA, 0	Client Plan and/or Progress	Notes			
<ul><li>☐ IHBS scope, amount and</li><li>☐ IHBS request is ☐ denied</li><li>Reason:</li></ul>				END DATE:	
NOABD was issued to the Optum Clinician Signatu		l provider on the foll	lowing date:		





### 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