

**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)
- **Duration 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

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

Prior Authorization Request  
 (Prior to provision of IHBS)

Continuing Request  
 (After initial authorization of up to 12 months)

**Client Information**

Client Name: _____	Date of Birth: _____	Client ID: _____
--------------------	----------------------	------------------

**Program Information**

Legal Entity: _____	Program Name: _____
Phone: _____	Fax: _____
Unit #: _____	Subunit #: _____
Program Manager Name: _____	

**SCOPE OF SERVICE**

Intensive Home-Based Services (IHBS), billable as Service Code 83, are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.

**MEDICAL NECESSITY:** (All 5 items are required for authorization of IHBS)

- Client is under the age of 21**
- Intensive Care Coordination (ICC) is a documented intervention on the Client Plan dated: \_\_\_\_\_**  
 (Not eligible for IHBS unless receiving ICC)
- Client meets medical necessity criteria for Specialty Mental Health Services as documented in the Behavioral Health Assessment (BHA) dated: \_\_\_\_\_**  
 Title 9 included diagnosis: \_\_\_\_\_
- Amount Requested:** (Select one)  
 **Up to 15 hours of IHBS intervention per week;**  
 **16-25 hours of IHBS intervention per week; must provide rationale for not referring to TBS and attach written COR support: \_\_\_\_\_**
- Duration Requested:** (Select one)  
 **Up to 12 months of IHBS intervention**

**FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION**

- OPTUM Reviewed BHA, Client Plan and/or Progress Notes**
- IHBS scope, amount and duration authorized as requested: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_**
- IHBS request is  denied;  modified;  reduced;  terminated; or  suspended**  
 Reason: \_\_\_\_\_  
**NOABD was issued to the Medi-Cal beneficiary and provider on the following date: \_\_\_\_\_**  
 Optum Clinician Signature/Date/Licensure: \_\_\_\_\_

*Within five business days of Optum receipt, authorization will be forwarded to the requesting provider*

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



2019

**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
    - Up to 15 hours per week
    - 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