

**County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
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 TFC

COMPLETION REQUIREMENTS:

1. TFC Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 for all clients that will be receiving TFC prior to initial provision of TFC – through TFC provider (Foster Family Agency Stabilization and Treatment Services – FFAST)
2. Continuing request is completed by TFC provider and resubmitted within 12 months before previous authorization expires
3. Prior authorization must be obtained before TFC services are initiated, and a continuing request must be authorized prior to providing services once the initial request expires

DOCUMENTATION STANDARDS:

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

1. Client Information
 - Must include name, DOB and Client ID
2. TFC Program (FFAST) Information
 - Must include Legal Entity, Program Name, Phone, Fax, Unit #, Subunit # and Program Manager Name
3. Medical Necessity (Completion of items #1-5 on the form are required for authorization of TFC)
 - 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 TFC unless receiving ICC)
 - Must indicate client has a CFT in place to guide TFC service provision and include the date of the most recent CFT meeting (not eligible for TFC unless a CFT is in place)
 - Must indicate medical necessity criteria for TFC is documented in the Behavioral Health Assessment (BHA). Include date of BHA and Title 9 included diagnosis
 - Must indicate either of the following Clinical Indicators of Need for TFC services, as set forth by the Medi-Cal Manual 3rd Edition (or most current edition), in Chapter 2 “Target Population”, or indicate if it is not applicable and the need for TFC is based on medical necessity
 - Indicate if the client is at risk of losing their placement and/or being removed from the home as a result of the caregiver’s inability to meet the client’s mental health needs; and either:
 - There is a recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the client’s mental health needs, and the client is immediately at risk of residential, inpatient, or institutional care; or
 - Client is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the client, or support effective rehabilitation; or
 - Not applicable, TFC need is based on meeting criteria #1-4 as outlined on the form

4. TFC Frequency and Duration Request

- Amount requested: TFC intervention will be requested for up to 7 days per week
- Duration requested: TFC will be requested for up to 12 months of intervention

5. Optum Authorization Determination

- Optum will make a determination to approve the request when medical necessity is met and will provide authorization determination within 5 business days of receipt
- When the scope, amount and duration of TFC services are authorized, the start date and end date shall be viewable to the TFC provider in the CCBH Clinician Home Page Authorizations Tab
OR
- Optum will deny, modify, reduce, terminate or suspend the TFC request and an NOABD will be sent to the Medi-Cal beneficiary and requesting provider