



Intensive Home-Based Services (IHBS) Prior Authorization Request Web Based Electronic Form-Submission Instructions

As an alternative to faxing requests to (866) 220-4495, Optum is now also accepting IHBS Prior Authorization Requests by web based electronic form submission. Below is the link and instructions to utilize this option.

1. Access the IHBS Prior Authorization Request web based electronic form here: [IHBS Prior Authorization Request-Web Based](#)
2. Complete all required information, including:
 - a. **Prior Authorization Request or Continuing Request check box**
 - b. **Client Name, Date of Birth, and Client ID**
 - c. **Program Information (ensure Unit and Subunit are correct)**
 - d. **IHBS Criteria (items 1-6)**, check boxes and include date of BHA or Progress/CFT Note, and DSM/ICD Diagnosis.

FAX TO: Optum Public Sector San Diego
Fax: (866) 220 - 4495
Phone: (800) 798-2254, Option 3, then Option 4
IHBS Prior Authorization Request web based electronic form: [IHBS Prior Authorization Request-Web Based](#)

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
IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child's or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided in alignment with the care plan for the client, and as referenced in the Integrated Core Practice Model (ICPM), informed by the Child and Family Team (CFT). IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet access criteria.

IHBS Criteria: (All 6 items are required for authorization of IHBS)

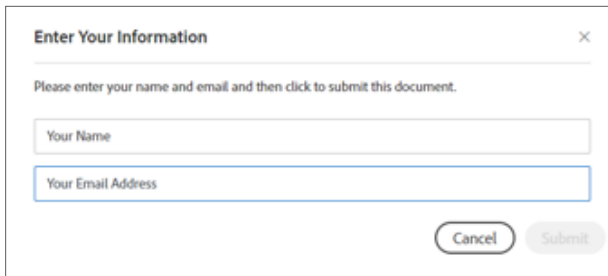
1. Client is under the age of 21
2. Intensive Home-Based Services (IHBS) has been identified as a beneficial component for the clinical care of the youth
3. Intensive Care Coordination (ICC): Client is eligible for and receiving ICC services.
(Not eligible for IHBS unless receiving ICC)
4. Client meets medical necessity criteria for Specialty Mental Health Services [BHIN 21-073](#) as documented in (select all that apply)
 Behavioral Health Assessment (BHA) dated: _____
 DSM/ICD Mental Health diagnosis: _____
 Progress/CFT Note dated: _____
 Other: _____
5. 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: _____
6. Duration Requested: (Select one)
 Up to 12 months of IHBS intervention

3. Once complete, select "Submit" at the bottom of the screen. If applicable, the form may redirect back to areas that are incomplete or need format corrections.

By form filling, I agree to this agreement, the [Consumer Disclosure](#) and to do business electronically with Optum eSignature.

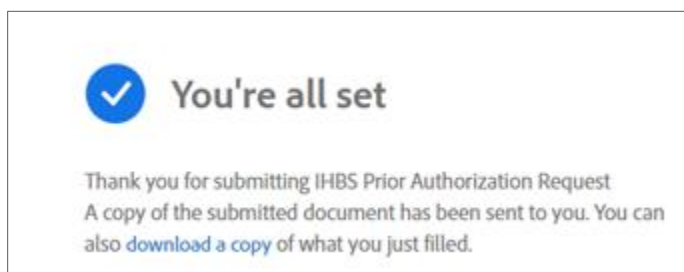
Submit

4. If prompted, enter a name and an email address associated with the authorization request. *Note:* If email confirmation of submission is received, this is not the final authorization determination. No emails will disclose any PHI, nor include a copy of your submission.



The screenshot shows a web form titled "Enter Your Information" with a close button (X) in the top right corner. Below the title is a instruction: "Please enter your name and email and then click to submit this document." There are two input fields: "Your Name" and "Your Email Address". At the bottom right, there are two buttons: "Cancel" and "Submit".

5. Next, you will see the below message. A copy of the submitted request may be downloaded at this time; we highly recommend you keep record of the submission.



6. Authorization determination will be sent from Optum to provider via fax within **5 business days** of receipt of complete requests.
 - a. If determination is not received within 5 business days of submission, please contact Optum via telephone Monday-Friday, 8am to 5pm, at (800) 798-2254, Option 3, then Option 4.
 - b. If request is approved, you will receive confirmation via fax.
 - c. If request is denied or modified, you will receive a phone call and a fax with determination and all applicable NOABD paperwork.
7. If the need for corrections should arise, Optum will contact the program via phone/fax. A new form will need to be submitted with applicable corrections.
8. Please contact Optum Public Sector San Diego via phone at (800) 798-2254, Option 3, then Option 4 Monday-Friday, 8am to 5pm, with any questions.