County of San Diego Mental Health Plan

Ancillary Specialty Mental Health Services (SMHS) Request

Submitted by the Day Services Provider to Optum in Coordination with the Ancillary Specialty Mental Health Provider (SMHP)

Please Check: ☐ **Initial Request (within 5 business days of Ancillary Start date)**
☐ **Continuing Request (completed on Day Services UM cycle)**

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

COMPLETED BY DAY SERVICES PROVIDER

CLIENT INFORMATION

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

DAY PROGRAM INFORMATION

Legal Entity: _____ **Program Name:** _____ **Phone**: _____

Fax: _____ **Unit#:** _____ **Day Program Subunit#**: _____

Day Services Authorization Start date: _____ ***Day Services Authorization End Date:** _____

COMPLETED BY ANCILLARY ORGANIZATIONAL PROVIDERS (IF FEE FOR SERVICE PROVIDER LEAVE BLANK)

ORGANIZATIONAL SPECIALTY MENTAL HEALTH SERVICES PROVIDER (SMHP) INFORMATION

Legal Entity: _____ **Program Name:** _____ **Phone**: _____

Fax: _____ **Unit#:** _____ **Program Subunit#**: _____

TO BE COMPLETED BY ANCILLARY FEE FOR SERVICE PROVIDERS (IF ORGANIZATIONAL PROVIDER LEAVE BLANK)

FEE FOR SERVICE (FFS) SMHP INFORMATION

PROVIDER LAST NAME: _____ **PROVIDER FIRST NAME**: _____ **PHONE:** _____ **FAX**: _____

COMPLETED BY ANCILLARY ORGANIZATIONAL OR FFS PROVIDER

AUTHORIZATION REQUEST FOR ANCILLARY SMHS IN ADDITION TO DAY SERVICES

SELECT THE AMOUNT OF ANCILLARY SMHS REQUESTED (Inclusive of all Individual, Collateral, ICC, IHBS, Group, Rehab, Case Management or other covered SMHS provided by the Ancillary SMHP):

Sessions Requested Per Week _____

Ancillary Authorization Start Date: _____

Ancillary Authorization End Date: _____
Matches the Day Services Authorization End Date Listed Above

Ancillary Provider Assignment Start Date: _____

MEDICAL NECESSITY CRITERIA FOR ANCILLARY SMHS

Ancillary Service Necessity Criteria - check all that apply and explain (choose at least one):

☐ Requested service(s) is not available through the day program. Describe why service is not available: _____

☐ Continuity or transition issues make these services necessary for a time limited interval. Describe the need: _____

☐ These concurrent services are essential to coordination of care. Describe why services are essential: _____

Ancillary Organizational/FFS SMHP (Print): _____ **Credentials:** _____

Signature: _____ **Date:** _____

Day Service Provider (Print): _____ **Credentials:** _____

Signature: _____ **Date:** _____

FOR OPTUM USE ONLY

Optum reviews and retains. Optum Authorization Determination is documented on the Prior Authorization Day Services Request (DSR) form and is viewable to the Day Service Provider and SMHP within 5 business days of Optum receipt in the CCBH Clinicians Home Page Authorizations Tab.