



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

COMPLETED BY:

1. Licensed or Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed or Registered Professional Clinical Counselor
4. Physician (Medical Doctor (MD) or Doctor of Osteopathic Medicine (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 or through the [IHBS Prior Authorization Web-Based](#) 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, date of birth and client ID
2. Program Information
 - Must include Legal Entity, Program Name, Phone number, Fax number, SmartCare Program ID 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 IHBS is a documented intervention on the client plan and include date of client plan
 - Must indicate that client is eligible for and receiving ICC Services (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 Diagnostic and Statistical Manual (DSM)/ International Classification of Diseases (ICD) Mental Health 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 Therapeutic Behavioral Health Services (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 a Notice of Adverse Benefit Determination (NOABD) will be sent to Medi-Cal beneficiary and requesting provider