

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.