Intensive Home-Based Services (IHBS) Prior Authorization Request Explanation Sheet

Completed By:

- Licensed or Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed or Registered Professional Clinical Counselor
- Physician (Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO))
- Nurse Practitioner

Note: Child/Youth must be receiving Intensive Care Coordination (ICC) in order to be eligible for IHBS

Completion Requirements:

- *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
- Continuing requests completed by IHBS provider and resubmitted within twelve (12) months before previous authorization expires
- Prior authorization must be obtained before IHBS are initiated

Documentation Standards:

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

- Client Information
  - Must include name, date of birth and client ID
- Program Information
  - Must include Legal Entity, Program Name, Phone number, Fax number, SmartCare Program ID and Program Manager Name
- Medical Necessity (All items required for authorization of IHBS)
  - Must indicate client is under the age of twenty-one (21) (service only available to youth under age twenty-one (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 Mental Health Assessment (MHA).
- Include date of MHA 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 twelve (12) months
- Authorization Determination: Optum will make a determination to approve the request when the five (5) IHBS criteria are met and provides authorization determination within five (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