IOP & PHP Prior Authorization Day Services Request (DSR) Explanation Sheet

Completed By:

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

Co- Signature: Prior Authorization Day Service Requests must be completed by or co-signed by a Licensed Mental Health Professional (LMHP) indicating they have reviewed and agree with the findings of the request.

Completion Requirements:

- The *Prior Authorization Day Services Request* form is completed by the Day Services provider and submitted to Optum via FAX (866) 220-4495 for all clients prior to the initial provision of Day Services. Prior authorization shall be obtained before Day Services are initiated. For hybrid programs, Outpatient Services may be provided prior to the authorization of Day Services.

- Continuing Prior Authorization Day Services Requests are completed by the Day Services provider and submitted prior to expiration of the initial authorization period (within twelve (12) weeks for Intensive Outpatient Program [IOP] and four (4) weeks for Partial Hospitalization Program [PHP])

- Continuing Prior Authorization Day Services Requests shall be submitted at least five (5) business days prior to the expiration of Day Services Authorization, and can be submitted up to ten (10) business days prior to the expiration

Documentation Standards:

The following elements of the Prior Authorization Day Services Request form shall be addressed:

1. **Client Information -** Include Name, Client ID and Date of Birth

2. **Day Program Information -** Include Legal Entity, Program Name, Phone number and Fax number.

3. **Scope, Amount and Duration of Day Services Request**

    - Identify the scope and duration of Day Services to be provided:
        - IOP – Day Intensive Half [DIH] for eight (8) to twelve (12) weeks
        - PHP – Day Intensive Full [DIF] –two (2) to four (4) weeks

- Include the amount of services requested (select up to three (3) days per week, up to five (5) days per week or up to six (6) days per week) which shall not exceed the Day Program schedule that has been approved by BHS QA.

4. Medical Necessity Criteria for Day Services

- **Diagnosis -** Provide the ICD 10 mental health diagnoses that are the focus of mental health treatment

- **Medical Necessity Criteria (BHIN 26-002)**

1. Select and explain the client's condition that places them at high risk for a mental health disorder due to experiencing trauma **OR**

2. The client meets one (1) of the following:

    - Significant impairment or probability of significant deterioration in an important area of life function

    - Reasonable probability of not progressing developmentally as appropriate

    - Need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

AND

3. The client's condition is due to one (1) of the following:

    - A diagnosed mental health disorder

    - A suspected mental health disorder not yet diagnosed

    - A significant trauma putting the client at risk for a future mental health diagnosis

5. Ancillary Services Request (Internal)

- IOP must complete the "Ancillary Request" section in order to provide Day Services and Outpatient Specialty Mental Health Services (SMHS) during the course of treatment

- IOP shall only provide Outpatient SMHS outside of scheduled Day Service hours, or during scheduled Day Service hours if the youth is unable to attend the Day Program that day.

- The following Outpatient SMHS is never allowed to be claimed on the same day that Day Services have been claimed: Targeted Case Management

- Additionally, the following SMHS are never allowed to be claimed as Outpatient Services at any time a client is enrolled in Day Services, as they are bundled with Day Services: Assessment LPHA / Assessment Contribution

- Select the amount of Outpatient SMHS requested per day (up to eight (8) hours)

- Select and describe at least one (1) reason Outpatient SMHS are medically necessary in addition to Day Services:

    1. Requested service(s) is not available during day program hours
    2. Continuity or transition issues make these services necessary for a limited time
    3. Concurrent services are essential for coordination of care

Note: if the client is receiving ancillary SMHS from **another program or provider**, the Day Services Provider shall coordinate with the separate Outpatient Provider to **complete a stand-alone *Ancillary SMHS Request Form***

6. Signature(s)

- Must include the printed/typed name, credentials, signature and date of the Program Clinician completing the request - if the Program Clinician completing the request is **not** a Licensed Mental Health Professional, the request must include the printed/typed name, credentials, signature and date of a Licensed Mental Health Professional.

OPTUM Authorization Section:

- Optum will review and retain the Prior Authorization Day Services Request (DSR) form

- Within five (5) business days of Optum receiving the DSR, authorization(s) will be viewable in the SmartCare Authorization Report- Expiry, Exhaustion and Utilization % (My Office)

The following sections are completed by Optum upon receipt from the Day Services provider:

- **Day Services Prior Authorization Determination**
    - When the scope, amount and duration of services are authorized, the start date and end date shall be viewable to the requesting provider in the Authorization Report- Expiry, Exhaustion and Utilization % (My Office). Day Services authorizations will be indicated by the applicable selected authorization code.

- When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting provider

- **Ancillary Services Determination (Internal)**

  - When the Internal Ancillary Outpatient Services are authorized, the start date and end date shall be viewable to the requesting provider in the Authorization Report-Expiry, Exhaustion and Utilization % (My Office). Internal Ancillary Services will be indicated by the applicable selected authorization code.

  - When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting Day Service provider

- **Ancillary Services Determination (External)**

  - When an ancillary Specialty Mental Health Provider (SMHP) begins treatment, a stand-alone *Ancillary SMHS Request* form must be submitted to Optum by the Day Service provider to request ancillary SMHS from a separate program/provider in addition to Day Services.

  - When external ancillary services are authorized, the start date and end date shall be viewable to the requesting provider and the ancillary SMHP in the Authorization Report-Expiry, Exhaustion and Utilization % (My Office). External ancillary services will be indicated by the applicable selected authorization code.

  - When the External Ancillary Services Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and the requesting Day Service Provider, who shall communicate with the ancillary SMHP within 3 business days

References:

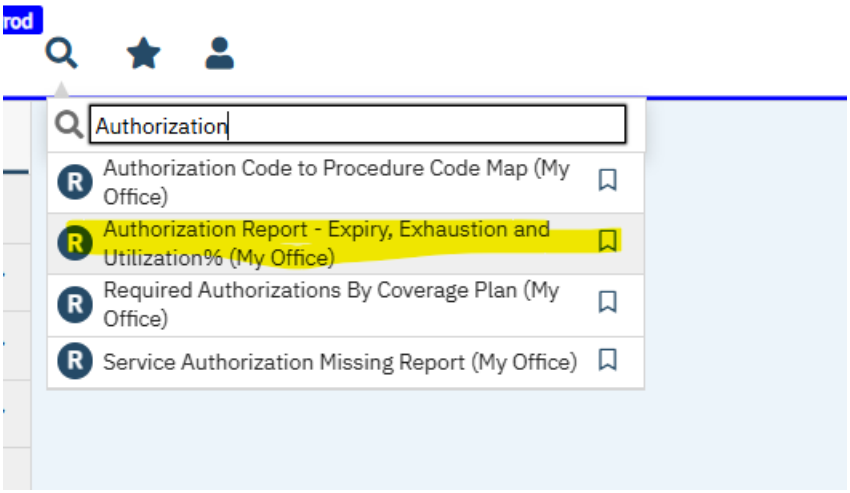
- Behavioral Health Information Notice (BHIN) No: 26-002 Dated 12/12/2021 : Criteria for Medi-Cal member access to the Specialty Mental Health Services (SMHS) delivery system, medical necessity, and other coverage requirements.

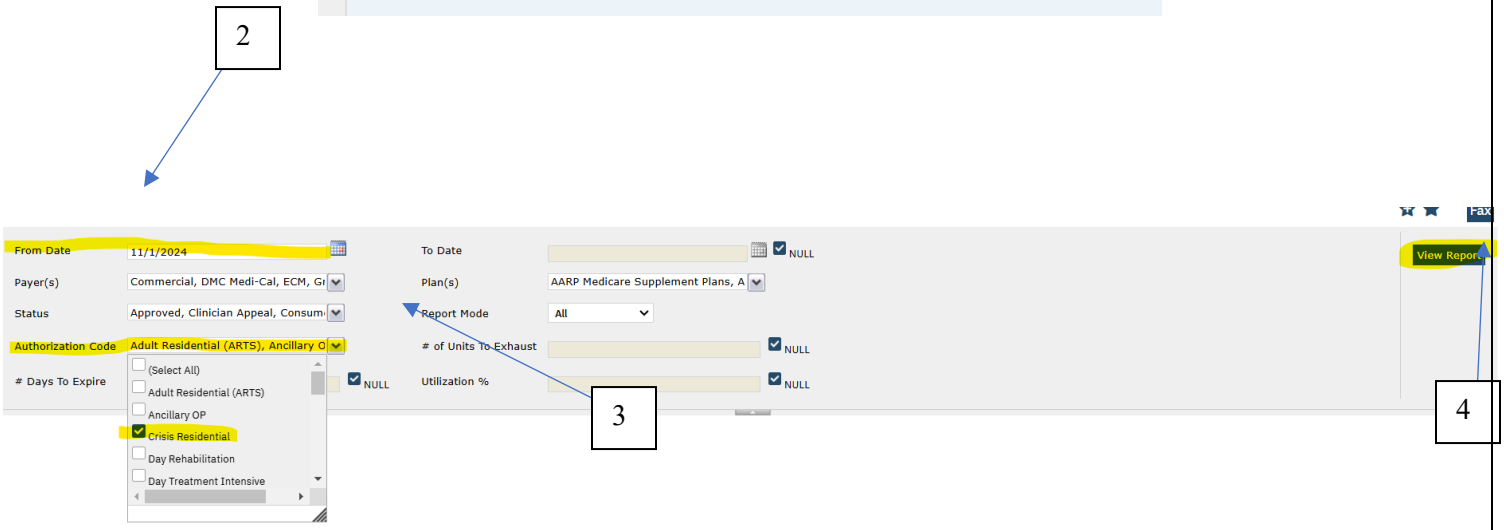
- DHCS MHSUDS INFORMATION NOTICE NO.: 19-026 Dated 5/31/19: Authorization of Specialty Mental Health Services

- DMH INFORMATION NOTICE NO.: 02-06 Dated 10/1/02: Changes in Medi-Cal Requirements for Day Treatment Intensive and Day Rehabilitation

Authorization Report- Expiry, Exhaustion and Utilization % (My Office) in SmartCare Export Instructions:

1. Search in SmartCare search field and type in Authorization and select Authorization Report – Expiry, Exhaustion and Utilization% (My Office)





2. Select your 'From Date' which will be the date your review period begins.
3. Select your type of program from the 'Authorization Code' drop down.
4. Select **View Report**
5. Export to Excel