

County of San Diego Mental Health Plan
Therapeutic Behavioral Services (TBS)
Prior Authorization Request & Referral Form

2019

COMPLETED BY:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

Note: TBS referral may be initiated by school staff, CWS, probation, etc., but requires that a Specialty Mental Health Provider (SMHP) is serving the youth and billing Medi-Cal; therefore, it is best when SMHP submits the authorization/referral.

COMPLETION REQUIREMENTS:

1. TBS Prior Authorization Request & Referral Form is completed and submitted to Optum for prior authorization for all clients being referred to TBS
2. Continuing request is completed by TBS provider and must be submitted to Optum at least 7 calendar days before previous authorization expires
3. Prior authorization must be obtained before TBS services are initiated
4. Once authorized by Optum, the form is sent by Optum to TBS provider as an authorized referral

DOCUMENTATION STANDARDS:

The following elements of the TBS Prior Authorization & Referral Form must be addressed

1. Youth Information
 - Must include name, DOB, Medi-Cal or SSN, current address, parent/caregiver name and phone number
2. Referring Party/Therapist Information
 - Completed by SMHP including FFS/TERM Therapist who is claiming Medi-Cal services
3. Additional Referring Party Information; when applicable
 - Complete only if referring party is not the SMHP
4. Child Welfare Service or Probation Involvement (*select yes or no*)
 - If 'yes', identify name, phone number, FAX and email of Social Worker or Probation Officer
5. Other Party Involvement; when applicable
 - Identify additional supportive figures; i.e., CASA, Mentor, Big Brother/Sister, Attorney, etc.
6. Specific Request Regarding TBS Coach (*optional*)
 - Identify client's preference regarding language, culture, gender, etc.
7. TBS Class Criteria/Eligibility
 - Must be completed by the SMHP
 - 1) Confirm the youth is under 21 and a full scope Medi-Cal beneficiary
 - 2) Confirm the youth is receiving Specialty Mental Health Services from a Medi-Cal provider
 - 3) Confirm the conditions for eligibility: (*must check a minimum of one*)
 - Youth is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option or has had at least one emergency psychiatric hospitalization within the past 24 months

County of San Diego Mental Health Plan
Therapeutic Behavioral Services (TBS)
Prior Authorization Request & Referral Form

2019

- Youth is placed in or being considered for placement in a group home facility of RCL 12 or above/STRTP or is in a locked treatment facility for the treatment of mental health needs Youth may need out of home placement
- Youth may need out of home placement, a higher level of residential or acute care
- Youth is transitioning to a lower level of care and needs TBS to support the transition
- Youth has previously received TBS while a member of the certified class
- Class membership criteria as listed above has not been established but maximum 30 calendar day unplanned contact is requested due to urgent or emergency conditions that jeopardize child/youth current living arrangement

8. Medical Necessity Criteria

- Must be completed by the SMHP
 - 1) Current diagnosis
 - 2) Identify the impairment (*one must apply*)
 - Impairment in an area life functioning
 - Significant deterioration in an area of life functioning
 - Probability of not progressing developmentally as individually appropriate
 - 3) Intervention criteria met by client (*all three must apply*)
 - TBS intervention will address client's condition/impairment
 - TBS will significantly diminish impairment, prevent significant deterioration or allow client to progress developmentally
 - Condition would not be responsive to physical health care- based treatment
 - 4) Indicate date of Behavioral Health Assessment (BHA), Outpatient Authorization Request (OAR) or Progress Note demonstrating impairment criteria so Optum may review in electronic health record
 - 5) Select the scope, duration and amount of TBS services being requested
- SMHP enters date authorization request form was submitted to Optum

Please note that the Authorization Determination start date is the first day that TBS may be provided. The end date must be no longer than six months from the start date. A continuing authorization may be submitted for an additional duration of service and will be completed when indicated by the TBS provider.

9. Authorization Determination

- Optum will make a determination to approve the request when Class Criteria and Medical Necessity are met
- Optum will send the approved authorization/referral to referring provider and TBS provider which will include:
 - Start and end date for TBS services (scope, amount and duration)
 - Approval of any additional requested hours, when applicable
- or
- Optum will deny, modify, reduce, terminate or suspend TBS request
 - An NOABD will be sent to beneficiary and referring provider

If Optum is unable to confirm SMHP, the referral will be sent to TBS provider to confirm active SMHP claiming Medi-Cal, which may impact the processing time lines for authorization review