

**Date:** July 29, 2019  
**CYF Memo:** # 03 - 19/20  
**To:** CYF Mental Health Treatment Providers (Organizational and FFS)  
**From:** Yael Koenig, CYF Deputy Director  
**Re:** **Therapeutic Behavioral Services Prior Authorization Request & Referral Process Effective 8-1-19**

On May 31, 2019, the Department of Health Care Services (DHCS) issued Information Notice 19-026 outlining specific mental health services requiring prior authorization. Therapeutic Behavioral Services (TBS) is identified as one of the services requiring prior authorization.

The County of San Diego Behavioral Health Services (BHS) worked in partnership with Optum Health to create a process for prior authorization with the least disruption to current workflow. The newly established TBS Prior Authorization Request & Referral Form replaces the current TBS Referral Form adding the required elements outlined by the State.

The new TBS Prior Authorization Request & Referral Form includes:

- TBS Class Criteria
- Medical Necessity Criteria
  - Diagnosis
  - Demonstrated Impairment
  - Intervention Criteria
  - Identification of supporting documentation
  - TBS service request including scope, amount and duration

The new TBS Prior Authorization Request & Referral Form serves as both the authorization request and referral to TBS. The process is the following:

- Specialty Mental Health Provider (SMHP) submits the TBS Prior Authorization Request & Referral Form to Optum via FAX
- Optum reviews and provides authorization determination within five business days of receipt
- Optum sends authorization determination to TBS provider with the approved authorization serving as a referral to the TBS provider

Although TBS referral may be initiated by school staff, CWS, probation, etc., it 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.

Please review the attached TBS Prior Authorization Request & Referral Form and the Explanation Sheet which includes detailed instructions on how to complete the form. Please contact your Contracting Officer Representative (COR) if you have any questions.

**Attachments:** Therapeutic Behavioral Services (TBS) Prior Authorization Request & Referral Form  
Therapeutic Behavioral Services (TBS) Prior Authorization Request & Referral Form Explanation Sheet

**Cc:** Optum Health  
County of San Diego Quality Management