

**Date:** August 16, 2019  
**CYF Memo:** # 08 - 19/20  
**To:** CYF Mental Health Treatment Organizational Providers  
**From:** Yael Koenig, CYF Deputy Director  
**Re:** **Intensive Home-Based Services (IHBS) Prior Authorization Request Process Effective 9/1/19**

On May 31, 2019, the Department of Health Care Services (DHCS) issued Information Notice 19-026 outlining specific mental health services requiring prior authorization. IHBS is identified as one of the services requiring prior authorization. IHBS are mental health rehabilitative services that are aimed at helping the child/youth build skills for successful functioning in the home and community, as well as improving the family's ability to help the child/youth successfully function in the home and in the community.

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 and continued provision of service. The newly established IHBS Prior Authorization Request Form meets the required elements outlined by the State.

As of **September 1, 2019**, the attached form must be completed and approved by Optum prior to the provision of IHBS and resubmitted prior to the expiration of the previous authorization, which is generally 12 months, if requesting continuing services.

The new IHBS Prior Authorization Request Form requires a notation on:

- **IHBS Scope of Service** – entails the definition of IHBS
- **Intensive Care Coordination (ICC)** – to receive IHBS, ICC must be provided and documented in the Client Plan
- **Medical Necessity Criteria** – as documented in the current Behavioral Health Assessment
- **Amount requested**
  - Up to 15 hours of IHBS intervention per week
  - 16-25 hours of IHBS intervention per week; requires written Contracting Officer Representative (COR) support and documented rationale for not referring to Therapeutic Behavioral Services (TBS)
- **Duration requested**
  - Up to 12 months of IHBS intervention; with ability to request additional cycles of IHBS as needed

**The new IHBS Prior Authorization Request form process is the following:**

- CYF Mental Health Organizational Treatment Provider submits the IHBS Prior Authorization Request form to Optum via FAX (866) 220-4495
- Optum reviews and provides authorization determination within 5 business days of receipt
- Authorization will be forwarded to the requesting provider to be filed in the client's hybrid medical record
- Optum will issue an NOABD to provider and MediCal beneficiary if IHBS request is denied, modified, reduced, terminated, or suspended.

Please review the attached IHBS Prior Authorization Request Form and the Explanation Sheet which includes detailed instructions on how to complete the form. Please contact your COR if you have any questions.

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

CC: Optum San Diego  
County of San Diego BHS Quality Management