

County of San Diego Mental Health Plan  
**Ancillary Specialty Mental Health Services (SMHS) Request**

**COMPLETED BY: Day Services Provider and Ancillary Specialty Mental Health Services Provider (SMHP) when client is receiving both Day Services and ancillary SMHS**

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

**COMPLETION REQUIREMENTS:**

- ❖ Within 5 business days of a SMHP beginning treatment, a stand-alone “Ancillary SMHS Request” form shall be submitted to Optum to request ancillary SMHS from a separate program/provider in addition to Day Services
  1. The Day Services Provider completes the identified Day Services section (Client Information and Day Program Information) and sends by fax or secure email to the Organizational or Fee For Service (FFS) Provider
  2. In collaboration with the Day Services Provider, the SMHP completes the identified Organizational/FFS Provider sections (Provider Information and Authorization Request for Ancillary SMHS in Addition to Day Services), signs and sends to the Day Services provider by fax or secure email
  3. The Day Services provider reviews the “Ancillary SMHS Request” form, signs, and faxes to Optum
  4. For continuing authorization steps 1-3 are completed on the timeline of the Prior Authorization UM cycle of the Day Services Provider

**DOCUMENTATION STANDARDS:**

*The following elements of the Ancillary SMHS Request form shall be addressed:*

1. **Client Information (completed by Day Services Provider)**
  - Include Name, Client ID and Date of Birth
2. **Day Program Information (completed by Day Services Provider)**
  - Include Legal Entity, Day Program Name, Phone number and Day Services Program Unit and Subunit number, Day Services Authorization Start Date and Day Services Authorization End Date
3. **Organizational Specialty Mental Health Services Program Information (Completed by Organizational Providers only, Fee For Service Providers leave blank)**
  - Include Legal Entity, SMHS Program Name, Phone number and SMHS Program Unit and Subunit number
4. **Fee For Service (FFS) Specialty Mental Health Service Provider Information (Completed by FFS Providers only; Organizational Providers leave blank)**
  - Include Provider Name, Provider ID Number, Phone Number, and Fax Number
5. **Authorization Request for Ancillary SMHS in Addition to Day Services (completed by Organizational or Fee For Service Provider)**
  - Select the total amount of ancillary SMHS requested in addition to Day Services

1. Provide the amount SMHS sessions requested per week
2. Provide the Start Date of the requested authorization period
3. Provide the End Date of the requested Authorization period – shall match the end date for the Day Services Authorization as outlined on the form in Day Program Information section
4. Provide the Start Date of the Ancillary Provider Assignment

**6. Ancillary Service Necessity Criteria (completed by Organizational or Fee For Service Provider)**

- ❖ Check all that apply and explain (choose at least one for Medical Necessity)
  - Requested service(s) is not available through the Day Program. Describe why the service is not available
  - Continuity or transition issues make these services necessary for a time limited interval. Describe the need for services to be available for continuity or transition
  - These concurrent services are essential to coordination of care. Describe why concurrent services are essential

**7. Signature(s)**

- Must include the printed/typed name, credentials, signature and date of the Ancillary SMHP
- Must include the printed/typed name, credentials, signature and date of the Day Services Provider

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**OPTUM AUTHORIZATION**

- Upon receipt from the Day Services provider, Optum reviews and retains the “Ancillary SMHS Request” form
- When the ancillary services are authorized, the start date and end date shall be viewable to the Day Services provider and the SMHP in the CCBH Authorizations Tab on the Clinicians Home Page within 5 days of Optum receipt. Ancillary authorization will be indicated by an “AE” next to the authorization number in the “Authorization #” column (see image below)
- When the 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 inform the Ancillary SMHP of denial within 3 business days

*(Image on next page)*

CLINICIAN'S HOMEPAGE (TEST2) 3.0.0.0

Home Client View

Client Information and Alerts Broadcast Alert New Progress Note New Assessment New Client Plan Prospective Planning Tiers Pharmacy of Choice Medical Refresh Client Panel Close Client Panel Panel Options

SETH WILLIAMS - BH PROGRAM MANAGER

Caseload

Type Name Case#

There are no items to show.

Caseload Services Shortcuts

TEST CLIENT 100038738 Female Born: 01/01/1988

Auth#	From	Good Thru	PaySrc ID	Pay Source	BenPtn ID	Benefit Plan
12345	01/01/2020	06/28/2020	100	MEDI-CAL	908	MEDI-CAL/IT
12345AE	02/02/2020	04/02/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY
12345AI	01/01/2020	06/28/2020	100	MEDI-CAL	9010	MEDI-CAL/OUTPATIENT COUNTY

Face Sheet Pre-Intake Assessments Assignments Diagnoses - Assessed 04/04/2019 Substance Abuse - Assessed 04/06/2019 Client Plans Progress Notes Authorizations Insurance Coverages Services Medical Conditions Medications Client Attachments

Logged on as WILLIAMS, SETH (00037) Environment: Test 2 CHR20111029 Template Loaded Ready CAP\_NUM: SCR1

**Note:** The updated “Ancillary SMHS Request” form shall be utilized beginning 1/1/2020

**References:** DMH LETTER NO.: 02-01 Dated 4/16/2002: [Clarification Regarding Medi-Cal Reimbursement for Day Treatment for Children and Youth in Group Home Programs](#)

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