

County of San Diego Behavioral Health Plan  
**Intensive Home-Based Services (IHBS) Prior Authorization Request**



BHS  
UCRM

**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: Child/Youth must be receiving Intensive Care Coordination (ICC) in order to be eligible for IHBS*

**Completion Requirements:**

- IHBS Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 or through the [IHBS Prior Authorization Web-Based](#) for all clients that will be receiving IHBS prior to initial provision of IHBS
- Continuing request is completed by IHBS provider and resubmitted within 12 months before previous authorization expires
- Prior authorization must be obtained before IHBS are initiated

**Documentation Standards:**

*The following elements of the IHBS Prior Authorization Request form must be addressed*

- Client Information: Must include name, DOB and Client ID
- Program Information: Must include Legal Entity, Program Name, Phone, Fax, Unit # and Program Manager Name
- IHBS Criteria (All items required for authorization of IHBS)
  - Must indicate client is under the age of 21
    - (Service only available to youth under age 21)
  - Must indicate that Client is eligible for and receiving ICC Services
    - (Not eligible for IHBS unless receiving ICC)
  - Must indicate medical necessity criteria
    - [BHIN 21-073](#) is documented in the CalAIM Assessment or Progress/CFT Note.
    - Include date of Assessment or Progress/CFT (TCM/ICC) Note and DSM/ICD Mental Health diagnosis
    - Amount requested:
  - Must select only one
    - Up to 15 hours per week
    - 16-25 hours per week- If 16-25 hours of IHBS per week is selected, provider must attach

- written Contracting Officer Representative (COR) support and documented rationale for not referring to TBS

- Duration requested: IHBS will be requested for up to 12 months

**Authorization Determination:**

- Optum will make a determination to approve the request when the 6 IHBS criteria are met and provides authorization determination within 5 business days of receipt
- Optum will send the approved authorization to requesting provider which will include start and end date for IHBS (scope, amount and duration) to be filed in hybrid chart

OR

- Optum will deny, modify, reduce, terminate or suspend IHBS request and an NOABD will be sent to Medi-Cal beneficiary and requesting provider