

County of San Diego Mental Health Plan  
**IOP & PHP Prior Authorization Day Services Request (DSR)**

2024

**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

**CO-SIGNATURE:**

- Prior Authorization Day Service Requests must be completed by or co-signed by a Licensed Mental Health Professional
- Co-signature from Licensed Mental Health Professional indicates they have reviewed and agree with the findings of the request

**COMPLETION REQUIREMENTS:**

1. Prior Authorization Day Services Request form is completed by the Day Services provider and submitted to Optum via FAX (866) 220-4495 for all clients prior to the initial provision of Day Services
2. Continuing Prior Authorization Day Services Requests are completed by the Day Services provider and submitted prior to expiration of the initial authorization period (within 12 weeks for Intensive Outpatient Program [IOP] and 4 weeks for Partial Hospitalization Program [PHP])
3. Continuing Prior Authorization Day Services Requests shall be submitted at least 5 business days prior to the expiration of Day Services Authorization, and can be submitted up to 10 business days prior to the expiration
4. Prior authorization shall be obtained before Day Services are initiated. For hybrid programs, Outpatient Services may be provided prior to the authorization of Day Services

**DOCUMENTATION STANDARDS:**

*The following elements of the Prior Authorization Day Services Request form shall be addressed:*

**1. Client Information**

- Include Name, Client ID and Date of Birth

**2. Day Program Information**

- Include Legal Entity, Program Name, Phone number, Fax number, Unit number, and Day Services Program Subunit number

**3. Scope, Amount and Duration of Day Services Request**

- Identify the scope and duration of Day Services to be provided (IOP – Day Intensive Half [DIH] for 8-12 weeks, PHP – Day Intensive Full [DIF] –2-4 weeks)
- Include the amount of services requested (select Up to 3 Days Per Week, Up to 5 Days Per Week or Up to 6 Days Per Week) which shall not exceed the Day Program schedule that has been approved by BHS QM

**4. Medical Necessity Criteria for Day Services**

- **Diagnosis** - Provide the ICD 10 mental health diagnoses that are the focus of mental health treatment
- **Medical Necessity Criteria (BHN 21-073)**
  1. Select and explain the client's condition that places them at high risk for a mental health disorder due to experiencing trauma  
OR
  2. The client meets one of the following:
    - Significant impairment or probability of significant deterioration in an important area of life function

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- Reasonable probability of not progressing developmentally as appropriate
- Need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

AND

3. The client's condition is due to one of the following:
  - A diagnosed mental health disorder
  - A suspected mental health disorder not yet diagnosed
  - A significant trauma putting the client at risk for a future mental health diagnosis

### 5. Ancillary Services Request (Internal)

- IOP must complete the Ancillary Request section in order to provide Day Services and Outpatient Specialty Mental Health Services (SMHS) during the course of treatment
- IOP shall only provide Outpatient SMHS outside of scheduled Day Service hours, or during scheduled Day Service hours if the youth is unable to attend the Day Program that day

The following Outpatient SMHS are never allowed to be claimed on the same day that Day Services have been claimed:

- Collateral
- Case Management

Additionally, the following SMHS are never allowed to be claimed as Outpatient Services at any time while a client is enrolled in Day Services, as they are bundled with Day Services

- Assessment
- Client Plan
- Provide the Day Program Outpatient Subunit number
- Select the amount of Outpatient SMHS requested per day (up to 8 hours)
- Select and describe at least one reason Outpatient SMHS are medically necessary in addition to Day Services
  1. Reason why; requested service(s) is not available during day program hours
  2. Reason why; continuity or transition issues make these services necessary for a limited time
  3. Reason why; these concurrent services are essential for coordination of care
- Note; if the client is receiving ancillary SMHS from **another program or provider**, the Day Services Provider shall coordinate with the separate Outpatient Provider to **complete a stand-alone Ancillary SMHS Request Form**

### 7. Signature(s)

- Must include the printed/typed name, credentials, signature and date of the Program Clinician completing the request
- Must include the printed/typed name, credentials, signature and date of a Licensed Mental Health Professional if the Program Clinician completing the request is not a Licensed Mental Health Professional

### ----- OPTUM AUTHORIZATION SECTION

- ❖ The following sections are completed by Optum upon receipt from the Day Services provider
- ❖ Optum will review and retain the Prior Authorization Day Services Request (DSR) form
- ❖ Within 5 business days of Optum receiving the DSR, authorization(s) will be viewable in the CCBH Clinician Home Page Authorizations Tab

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- **Day Services Prior Authorization Determination**

- When the scope, amount and duration of services are authorized, the start date and end date shall be viewable to the requesting provider in the CCBH Clinician Home Page Authorizations Tab. Day Services authorizations will be indicated as “Medi-Cal/DT” with the legal entity name in the “Benefit Plan” column (see image below)
- When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting provider

- **Ancillary Services Determination (Internal)**

- When the Internal Ancillary Outpatient Services are authorized, the start date and end date shall be viewable to the requesting provider in the CCBH Clinician Home Page Authorizations Tab. Internal Ancillary Services will be indicated by an “AI” next to the authorization number in the “Authorization #” column (see image below)
- When the Prior Authorization Day Service Request is denied, modified, reduced, terminated, or suspended a NOABD shall be issued by Optum to the Medi-Cal beneficiary and requesting Day Service provider

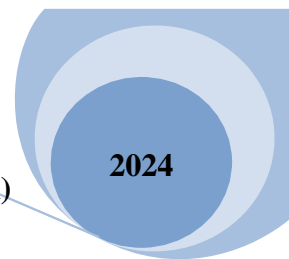
- **Ancillary Services Determination (External)**

- When an ancillary Specialty Mental Health Provider (SMHP) begins treatment, a stand-alone “Ancillary SMHS Request” form must be submitted to Optum by the Day Service provider to request ancillary SMHS from a separate program/provider in addition to Day Services
- When external ancillary services are authorized, the start date and end date shall be viewable to the requesting provider and the ancillary SMHP in the CCBH Clinician Home Page Authorizations Tab. External ancillary services will be indicated by an “AE” next to the authorization number in the “Authorization #” column (see image below)
- When the External 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 communicate with the ancillary SMHP within 3 business days
- See “Ancillary SMHS Request” form and explanation form for additional information

**CCBH Clinician Home Page Authorizations Tab:**

Authorization #	From	Good Thru	Priority ID	Pay Source	Benefit ID	Benefit Plan
100038738	01/01/2020	06/30/2020	100	MEDI-CAL	1000	MEDI-CAL OUTPATIENT COUNTY
100038738	01/01/2020	06/30/2020	100	MEDI-CAL	1000	MEDI-CAL OUTPATIENT COUNTY

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**Note:** The Prior Authorization Day Services Request (DSR) form replaces the Intensive Services Request (ISR) form effective 1/1/2020

**References:**

Behavioral Health Information Notice (BHIN) No: 21-073 Dated 12/12/2021 : [Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req](#)

DHCS MHSUDS INFORMATION NOTICE NO.: 19-026 Dated 5/31/19: [Authorization of Specialty Mental Health Services](#)

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