

**County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
Prior Authorization Request**

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 TFC

COMPLETION REQUIREMENTS:

1. TFC Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 for all clients that will be receiving TFC prior to initial provision of TFC – through FFAST
2. Continuing request is completed by TFC provider and resubmitted within 12 months before previous authorization expires
3. Prior authorization must be obtained before TFC services are initiated, and a continuing request must be authorized prior to providing services once the initial request expires

DOCUMENTATION STANDARDS:

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

1. Client Information
 - Must include name, DOB and Client ID
2. Foster Family Agency Stabilization and Treatment (FFAST) Program Information
 - Must include Legal Entity, Program Name, Phone, Fax, Unit #, Subunit # and Program Manager Name
3. TFC Criteria (Items #1-5 are required for authorization of TFC)
 - Must indicate client is under the age of 21 (service only available to youth under age 21)
 - Must indicate client is eligible for and receiving ICC services (Not eligible for TFC unless receiving ICC)
 - Must indicate client has a CFT in place to guide TFC service provision and include the date of the most recent CFT meeting (not eligible for TFC unless a CFT is in place)
 - Must indicate medical necessity criteria for TFC [BHIN 21-073](#) is documented in the Behavioral Health Assessment (BHA). Include date of BHA or Progress/CFT Note and DSM/ICD Mental Health diagnosis
 - Must indicate either of the following Clinical Indicators of Need for TFC services, as set forth by the Medi-Cal Manual 3rd Edition (or most current edition), in Chapter 2 “Target Population”, or indicate if it is not applicable and the need for TFC is based on items #1-4
 - Indicate if the client is at risk of losing their placement and/or being removed from the home as a result of the caregiver’s inability to meet the client’s mental health needs; and either:
 - There is a recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the client’s mental health needs, and the client is immediately at risk of residential, inpatient, or institutional care; or
 - Client is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the client, or support effective rehabilitation; or

- Not applicable, TFC need is based on meeting criteria #1-4 above

4. TFC Frequency and Duration Request

- Amount requested: TFC intervention will be requested for up to 7 days per week
- Duration requested: TFC will be requested for up to 12 months of intervention

5. Optum Authorization Determination

- Optum will make a determination to approve the request when the 5 TFC criteria are met and will provide authorization determination within 5 business days of receipt
- When the scope, amount and duration of TFC services are authorized, the start date and end date shall be viewable to the TFC provider in the CCBH Clinician Home Page Authorizations Tab
OR
- Optum will deny, modify, reduce, terminate or suspend the TFC request and an NOABD will be sent to the Medi-Cal beneficiary and requesting provider