

# Health and Human Services Agency – Utilization Management Organizational Provider Treatment Authorization Request

Confidential

# This form is to be used only for the services listed below.

Client Name:	_ DOB		Chart Number:		
> The services below require authorization pri the date services will begin.	or to delivery	. Check the ty <sub>l</sub>	oe of service requested and enter		
<ul><li>Intensive Home-Based Services (IHBS)</li><li>1 year authorization period</li></ul>	Begin Date: (If IHBS provided prior to submission of TAR, enter date first provided.)				
Therapeutic Behavioral Services (TBS)	30-Day I	nitial Auth	Begin Date:		
	60-Day (	Ongoing Auth	Begin Date:		
<ul><li>Day Treatment Intensive –</li><li>3 month authorization period</li></ul>					
Full Day Half Day	Begin I	Date:			
<ul><li>Day Rehabilitation –</li><li>6 month authorization period</li><li>Full Day Half Day</li></ul>	Begin I	Date:			
<ul><li>Therapeutic Foster Care (TFC)</li><li>1 year authorization period</li></ul>	Begin Date:				
Select the documents being submitted:					
New Patient Registration Form	Initial	Update			
Program Diagnosis and Discharge Form	Initial	Update	Discharge		
Comprehensive Assessment	Initial	Update			
CANS (when applicable)	Initial	Update	Discharge		
Treatment Plan (STRTP, CTF, TBS, TFC)	Initial	Update	or Annual		
Functional Behavioral Analysis (TBS)	Initial	Update			

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#### To be completed by the Shasta County Utilization Management

Date Received:	Date Authorized	:	Date Denied/Modified	:
Reason for Denial/Modification	on			
NOABD Sent Date:	Sent by:			
Reviewed and Authorized/De	nied/Modified By:			
County Code Ai	d Code	Verified by		Date:

### Instructions for completing the TAR:

- 1. Check all services for which you are requesting a prior authorization.
- 2. Enter the date you expect the requested service to begin.
  - Although all the services listed on page 1 require a prior authorization, there are times when a
    youth, of necessity, will begin receiving services prior to the provider submitting the TAR. This is
    true for all services except the initial TBS and TFC authorization.
  - If a youth has already started receiving the service for which you are requesting authorization, you should enter the date the youth first began receiving the service as the begin date.

## **➤** For STRTP and CTF providers:

- When a youth is placed in a Short-Term Residential Therapeutic Program (STRTP) or a Community Treatment Facility (CTF) the begin date will probably be the day the youth was admitted or will be admitted due to services needing to be provided immediately upon admission.
- Treatment plans are required for all services provided in STRTPs and CTFs.
- o STRTPs and CTFs must meet timelines for documentation in line with their regulatory requirements.
- > The Admission Date on the New Patient Registration form is the episode open date for the client and will be the first date you will be able to claim services.

#### > For TFC providers:

- o Child/youth is a full-scope Medi-Cal beneficiary and under the age of 21 years-old.
- There **MUST** be a CFT in place to guide and plan TFC service provision.
- o Child/youth receiving TFC also MUST be receiving ICC and other medically necessary SMHS
- > The services below <u>DO NOT</u> require an authorization for service or payment. (If you are not requesting any services that require a prior authorization, use the Org Provider Face Sheet only.)
  - Mental Health Services, including initial assessment
  - Crisis Intervention
  - Medication Support Services
  - Targeted Case Management
  - Intensive Care Coordination
  - Peer Support Services

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