

To be completed by the Shasta County Utilization Management

Date Received: _____ Date Authorized: _____ Date Denied/Modified: _____

Reason for Denial/Modification _____

NOABD Sent Date: _____ Sent by: _____

Reviewed and Authorized/Denied/Modified By: _____

County Code _____ Aid Code _____ Verified by _____ Date: _____

Comments:

➤ **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.
- 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:**

- 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.
- Child/youth receiving TFC also **MUST** be receiving ICC and other medically necessary SMHS

➤ **The services below DO NOT 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