



Behavioral Health Respite Services Prior Authorization Reference Guide

"Respite services" are services that provide short-term, temporary relief to the informal, unpaid caregiver of an individual under the age of 21 in order to support and preserve the primary caregiving relationship.

To be eligible for respite services, the member must:

- Reside with his or her informal, unpaid primary caregiver in a home or an apartment that is not owned, leased or controlled by a provider of any health-related treatment or support services
- Not be residing in foster care
- Be under 21 years of age
- Currently be enrolled in Molina Healthcare's Care Management program

(Respite services are limited to no more than 100 hours per calendar year.)

Preparation for Prior Authorization Submission

When a Molina Healthcare member comes in for services or calls to schedule services with provider, the next steps are:

1. Provider confirms benefit eligibility with Molina Healthcare through the Medicaid Information Technology System (MITS), the Molina Healthcare web portal or by contacting Member Services.
2. Member must meet the following criteria:
 - Have behavioral health needs identified through the use of a nationally-recognized standardized functional assessment tool (one of the following will be accepted):
 - Achenbach Child Behavior Check List (CBCL)
 - Child and Adolescent Needs and Strengths Assessment (CANS)
 - Strengths & Difficulties Questionnaire (SDQ)
 - Be diagnosed with serious emotional disturbance as described in Appendix A below resulting in a functional impairment
 - Not be exhibiting symptoms or behaviors that indicate imminent risk of harm to himself, herself or others
 - Provider has determined that the member's primary caregiver has a need for temporary relief from the care of the member as a result of the member's behavioral health needs, either:
 - In order to prevent an inpatient, institutional or out-of-home stay; or
 - Because the member has a history of inpatient, institutional or out-of-home stays
3. Provider completes initial assessment with member and determines services needed.
4. Provider completes the [Behavioral Health Prior Authorization Form](#) requesting appropriate services with all relevant clinical information included.

Provider sends the appropriate completed form with results of the functional assessment to the Molina Healthcare Prior Authorization Team:



- **Fax** (866) 553-9262; **Phone** (855) 322-4079
- **Web Portal:** <https://eportal.molinahealthcare.com/Provider/Login>

After the Prior Authorization Request Form is Submitted

Next steps:

- Form may be faxed back to the provider with authorization number and time frame included on form.
- Provider may receive a call with authorization information.
- Provider may receive a request (via fax or phone) for additional clarifying clinical information for further authorization consideration.
- Provider may receive verbal notification and will receive written notification of denial of request with information on denial reasoning and how to have request reconsidered if desired.
- Turnaround times for authorization processing and response:
 - **Expedited/Urgent** Outpatient Services **48 hours**
 - **Routine** (All Outpatient LOC) **10 days**

**For questions or concerns regarding continuity of care for new Molina Healthcare members, contact the Molina Healthcare Prior Authorization Team at (855) 322-4079.



Appendix A
Ohio Administrative Code (OAC) 5160-26-03
Serious Emotional Disturbance - Qualifying Diagnoses

<u>ICD 10 CODES</u>	<u>DIAGNOSIS CATEGORY DESCRIPTION</u>
F20.81	Schizophreniform disorder
F20.9	Schizophrenia, unspecified
F22	Delusional disorders
F25.0	Schizoaffective disorder: bipolar type
F25.1	Schizoaffective disorder: depressive type
F23	Schizoaffective disorder: brief psychotic disorder
F29	Unspecified schizophrenia spectrum and other psychotic disorder
F31.12	Bipolar disorder: manic, moderate
F31.13	Bipolar disorder: manic, severe
F31.32	Bipolar disorder: depressed, moderate
F31.4	Bipolar disorder: depressed, severe
F31.2	Bipolar disorder: severe manic with psychotic features
F31.73	Bipolar disorder: in partial remission, manic
F31.75	Bipolar disorder: in partial remission, depressed
F31.74	Bipolar disorder: in full remission, manic
F31.76	Bipolar disorder: in full remission, depressed
F31.0	Bipolar disorder: unspecified, hypomanic
F31.10	Bipolar disorder: unspecified, manic
F31.30	Bipolar disorder: unspecified, depressed, mild/moderate severity
F31.81	Bipolar disorder: unspecified, bipolar II disorder
F31.89	Bipolar disorder: unspecified, other specified bipolar and related disorder
F31.9	Bipolar disorder: unspecified bipolar and related disorder
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe w/o psych feature
F33.3	Major depressive disorder, recurrent, severe w psych symptoms
F34.8	Disruptive mood dysregulation disorder
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F41.1	Generalized anxiety disorder
F41.0	Panic disorder
F40.00	Agoraphobia
F42	Obsessive compulsive disorder
F94.1	Reactive attachment disorder
F94.2	Disinhibited social engagement disorder
F43.10	Post traumatic stress disorder
F43.11	Post traumatic stress disorder, acute
F43.12	Post traumatic stress disorder, chronic
F43.0	Acute stress disorder
F50.00	Anorexia nervosa, unspecified



F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood onset type
F91.2	Conduct disorder, adolescent onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F93.0	Separation anxiety disorder of childhood