

## Community Support Service (CSS) (Private Rehabilitative Behavioral Health Providers) Provider Checklist for Authorization Requests

### Initial Requests:

- Completed Select Health Community Support Services (CSS) Authorization Request Form.
  - **Notes:** If you do not fax a completed Select Health CSS Authorization Request Form, please use the form as a guide for requirements.
  - Form is located on our website at: [www.selecthealthofsc.com/pdf/provider/behavioral/private-rbhs-form.pdf](http://www.selecthealthofsc.com/pdf/provider/behavioral/private-rbhs-form.pdf).
  - **Clinical must be current with symptoms and functional impairments must be dated within 30 days.**
  - For Peer Support Services (PSS), an Individual Plan of Care (IPOC) that addresses mental health concerns and any co-occurring general medical condition is required (per the South Carolina Department of Health and Human Services (SCDHHS) Rehabilitative Behavioral Health Services (RBHS) Provider Manual).
- Clinical Assessment/Diagnostic Assessment (DA).
  - **Note:** DA must be completed by a qualified Licensed Practitioner of the Healing Arts (LPHA) within the last year, signed by the LPHA, and meet the content requirements outlined in the SCDHHS RBHS Provider Manual.
- LPHA recommendation of requested services.
- Age-appropriate assessment tool [Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), or Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) as applicable].
- Primary care provider (PCP) information and collaboration.

### Continued Stay Requests:

- Completed Select Health CSS Authorization Request Form.
  - **Notes:** If you do not fax a completed Select Health CSS Authorization Request Form, please use the form as a guide for requirements.
  - Form is located on our website at: [www.selecthealthofsc.com/pdf/provider/behavioral/private-rbhs-form.pdf](http://www.selecthealthofsc.com/pdf/provider/behavioral/private-rbhs-form.pdf).
  - **Clinical must be current.**
- IPOC with specific and measurable goals/objectives.
  - **Note:** An IPOC is required for all initial requests for PSS.

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- For Behavior Modification (BMOD) requests, a BMOD plan that includes a safety plan.
- If requesting an increase in units, include a clinical summary that includes justification for the increase, as well as specific symptoms that support an increase.
- PCP information and collaboration.
- Document Progress** — A detailed Progress Summary (or progress is clearly noted/discussed in the request) and is dated within the previous authorization period.
  - **Notes:** Please include specific measurable progress on the member's treatment/support plan goals and changes in symptoms, challenging behaviors, and functional impairment dated for the last 30, 60, and 90 days.
  - If no progress is reportable, explain why and/or indicate how the interventions and supports will change to support the member's progress.
- Submit a Clinical Assessment/DA annually (must be completed by a qualified LPHA), signed by the LPHA, and meet the content requirements outlined in the RBHS Provider Manual).

For assistance, contact Behavioral Health Utilization Management at **1-866-341-8765**.