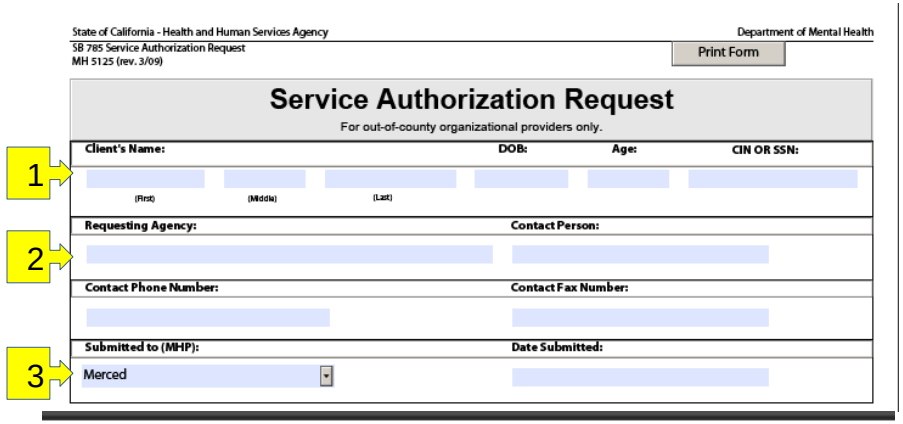
Requesting Managed Care Authorization for Out of County Youth Services

HSA and/or Probation complete SAR to refer Merced Co youth to Out of County Outpatient services.
Below you will find steps for completing required fields to process SAR for authorization:

- on p1, top box is required
  1. "Client name" (must match name on Medi-Cal card)
     - Ensure DOB is correct
     - Enter either social security number or Medi-Cal ID #
  2. For "Requesting Agency" (agency that will be providing the services)
     - Include Service Provider Agency/County
     - Include contact person for that agency
     - Include contact number and fax
  3. For "Submitted to MHP"-which county is financially responsible
     - For Merced Co youth, choose "Merced"

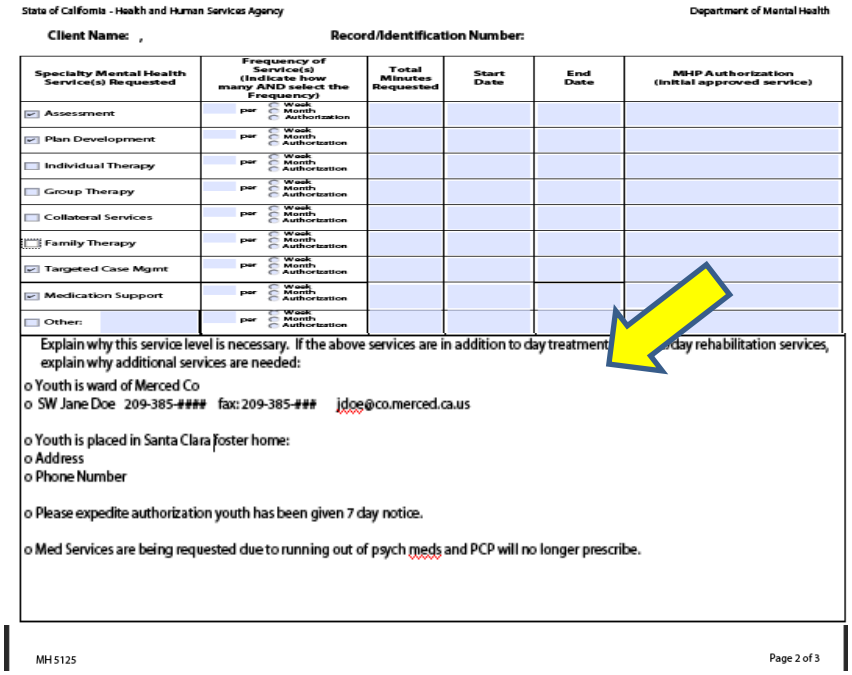


- on p2 (bottom box) the following is needed:
  - Identify County of Responsibility (ie Merced Co youth)
  - Provide Social Worker/ Probation Officer Name and Contact Info (and email)

This identifies legal holder of privilege and who will sign legal paperwork to initiate services.

  - Identify what county the client is residing/placed
  - Provide Placement Info (type)
  - Foster/Guardian/group home Name and point person
    - Address
    - Phone Number
  - Identify if this is an expedited request
  - If Med Services are being requested ASAP include a statement to justify this.

- on p3 –" Authorized by "(refers to MHP Managed Care)



✓ PDF SAR can be SAVE AS – Rename file.
Attach pdf and email to Merced Co BHRS Managed Care: PMedina@co.merced.ca.us
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