

Provider Bulletin

Molina Healthcare of California

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February 27, 2024

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

Intermediate Care Facilities Treatment Authorization Request

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

Active Treatment Authorization Requests (TARs)

When MHC has received complete TAR data from the Department of Health Care Services (DHCS), including rendering provider information, the TAR will be honored under Continuity of Care (CoC), which includes Durable Medical Equipment (DME) and medical supplies, and no new request is required. However, not all TAR data was provided to the health plan. Therefore, if you have not received a CoC authorization from us, please submit your active TARs to MHC, including those for DME and ancillary services.

If you have not sent the active TARs for your consumers (MHC members), please follow the instructions in the **Provider Action** section. You do not need to complete a form. MHC will honor the active TAR and provide a CoC authorization.

Authorization Process after Initial Authorization Expiration and Authorization for Members admitted after 1/1/2024

Intermediate Care Facilities for Developmentally Disabled (ICF/DD) Homes will need to send MHC the following information as proof of Medical Necessity to the Prior Authorization department – HS231, DHCS 6013A, ICF/DD Authorization form, and Individual Service Plan (ISP).

When this is happening:

MHC will process active TAR/s for CoC within 30 days of receipt and prior authorization within 5 working days of receipt of the required information.

Provider Action

Process for Active ICF TAR/s:

ICF to fax the active TAR/s to (800) 811-4804 or email to

mhccasemanagementcoc@molinahealthcare.com and
CALTSS@molinahealthcare.com.

Process for Prior Authorization:

ICF to fax the HS231, DHCS 6013A, ICF/DD Authorization form, and Individual Service Plan (ISP) to (800) 811-4804.



If you have not received your authorization and would like to follow up on your request, please call (844) 557-8434.

What if you need assistance?

If you have any questions regarding the notification, please contact the Molina Provider Relations Representatives below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems (SNFs, LTSS, ICF/DD)	Teresa Suarez Laura Gonzalez	562-549-3782 562-549-4887	Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com