

Adult Services

Level of Care		Registration or Blanket Authorization	Prior Auth.	Initial Approval Valid For (# of Days)	# of Days Authorized (Initial)	Continued Stay Review	# of Days Authorized (Continued Stay)	Live Discharge
Adult Acute Services	Acute Psychiatric Inpatient Hospitalization	Yes	No	1 day	3 or 5 days	Yes	1-7 days	Yes
	Subacute Inpatient Psychiatric Hospitalization (SAIP)	No	Yes	1 day	Up to 10 days	Yes	1-7 days	Yes
	Acute Partial Hospitalization Program	Yes	No	N/A	20 days/80 units	No	5 days (additional units require physician consult)	No
	Extended Acute Care	No	Yes	15 days	60 days	Yes	30 days	Yes
	Crisis Residence	No	Yes	24 hours/1 day	14 days	Yes	1-7 days	Yes
	Substance Use Disorder (SUD) Clinically Managed High Intensity Residential Services (ASAM 3.5)	No	No	72 hours, with updated vital signs if member leaves facility	30 days	Yes	30 days	Yes
	SUD Medically Monitored Inpatient Services – Withdrawal Management (ASAM 3.7WM)	No	No	72 hours, with updated vital signs if member leaves facility	5 days	No	Physician consult required	Yes
	SUD Medically Monitored Intensive Inpatient Services (ASAM 3.7)	No	Yes	72 hours, with updated vital signs if member leaves facility	20 days	Yes	15 days	Yes
	SUD Medically Managed Intensive Inpatient Services – Withdrawal Management (ASAM 4WM)	No	No	72 hours, with updated vital signs if member leaves facility	5 days	No	Physician consult required	Yes
	SUD Medically Managed Intensive Inpatient Services (ASAM 4)	No	Yes	72 hours, with updated vital signs if member leaves facility	7 days	Yes	1-7 days	Yes

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Adult Acute Services (Con'd)	SUD Clinically Managed Low-Intensity Residential Services (ASAM 3.1)	No	Yes	72 hours, with updated vital signs if member leaves facility	30 days	Yes	15-30 days	Yes
	SUD Partial Hospitalization Services (ASAM 2.5)	Yes	No	72 hours, with updated vital signs if members leaves facility	45 days/ 225 units	Yes, as needed	5 days (additional units require physician consult)	Yes
PES	23-Hour Crisis Stabilization	Yes	No	1 day	23 hours/ 1 unit	No	N/A	Yes
Adult Community-Based Services	SUD Intensive Outpatient Services (ASAM 2.1)	Yes	No	30 days	30 days/ 192 units	Yes	15-30 days (additional units require physician consult)	No
	Mobile Psychiatric Rehabilitation Services (MPRS)	Yes	No	6 months	6 months	No	6 months	No
	Certified Peer Specialist (CPS)	No	No	6 months	6 months	No	6 months	No
	Residential Treatment for Adults (RTFA)	No	Yes	15 days	30 days	Yes	30 days	Yes
	LTSR	No	Yes	15 days	90 days	Yes	90 days	Yes
	CTT – Community Supported Living	No	Yes	15 days	30 days	Yes	30/60/90 days	Yes
	Adult Mental Health Residential	No	Yes	15 days	30 days	Yes	30 days	Yes
	Case Management	Yes	No	365 days	365 days	No	365 days	No
	ACT	No	Yes	365 days	10 days	No	365 days	No

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	Non-Hospital EAC	No	Yes	15 days	30 days	Yes	30/60/90 days	Yes
Psychology and Unmanaged	Psych/Neuropsych Testing	No	Yes	30 days	N/A	No	N/A	No
	Psychosexual Evaluation	Yes	No	N/A	N/A	No	N/A	No
	ECT	No	Yes	N/A	3 units/ 6 days	N/A (Physician Advisor consult required)	N/A	No
	CIRC	No	No	N/A	N/A	No	N/A	No
	Mental Health OP	No	N/A	N/A	N/A	No	N/A	No
	Clozapine*	No	No	N/A	N/A	N/A	N/A	N/A
Adult Mobile Crisis	CMCRT (Short-Term Adult Mobile Crisis Service)	No	No	N/A	N/A	N/A	N/A	No
	CIRT	No	No	N/A	N/A	N/A	N/A	No

* Approval of Clozapine goes through the standard formulary process through the PHMCOs. Generic Clozapine tabs (not ODT) are preferred in the State Formulary located at papdl.com. Quantity limit (QL) and Age restriction (AR) are the only considerations via PHMCOs to ensure appropriate access to Clozapine.

References and Notes

- ➔ [PA DHS Pharmacy Services Page](#)
- ➔ [PA Medical Assistance Preferred Drug List](#)
- ➔ On the CBH side, no documentation is required for claim submission. If it goes through on the PHMCO side, CBH covers the monitoring related LOCs.
- ➔ 300-026 – 3 units; 300-027 – 1 unit; 600-138 – 1 unit

Child Services

Level of Care		Registration or Blanket Authorization	Prior Authorization	Initial Approval Valid For (# of Days)	# of Days Authorized (Initial)	Continued Stay Review	# of Days Authorized (Continued Stay)	Live Discharge
Child Acute Services	Acute Psychiatric Inpatient	Yes	No	1 day	5 days	Yes	3-14 days	Yes
	Long-Term Partial Hospitalization	Yes	No	30 days	9 months	Yes	30 days	No
	Acute Partial Hospitalization	No	Yes (capacity)	20 days	20 days	Yes	5 days	Yes
	CSU	Yes	No	1 day	5 days	Yes	5 days	No
	CMCT	No	No	1 day	3 days	No	N/A	No
	CMIS	Yes	No	6 weeks	3-6 weeks	Yes	21 days	Yes
PRTF	CRR-HH	No	Yes	60 days	120 days	Yes	120 days	Yes
	SUD Clinically Managed High Intensity Residential Services (ASAM 3.5)	No	Yes (capacity)		30 days	Yes	30 days	Yes
	PRTF	No	Yes	30 days	30 days	Yes	30 days	Yes
Children's Community-Based Services	Family-Based Services (FBS)*	No	Yes	60 days	8 months (240 days)	Yes	30 days	No
	Functional Family Therapy (FFT)*	No	Yes	1 year	180 days	No	14 days	Yes
	Multi-Systemic Therapy for Problem-Sexual Behaviors (MST-PSB)*	No	Yes	1 year	210 days	Yes	30 days	No
	Blended Case Management*	Yes	No	1 year	1 year	No	N/A	No

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IBHS	IBHS and IBHS-ABA Initial Assessment and Treatment**	Yes	No	1 year	IBHS Assessment: 15 IBHS Treatment: 30 ABA Assessment: 30 ABA Treatment: 45	Yes	N/A	No
	ABA Early Childhood Treatment Program*	No	Yes	1 year	up to 1 year	Yes	N/A	No
	BHT and BHT-ABA**	No	Yes	1 year	up to 1 year	No	N/A	No
	IBHS and IBHS-ABA Professional Services (BC, MT, and GMT)**	No	No	1 year	N/A	No	N/A	No
	CTSS**	No	Yes	1 year	1 year	Yes	N/A	No
Psychology	Psych Testing OP	No	Yes	30 days	N/A	No	N/A	No
Unmanaged	SUD Intensive Outpatient Services (ASAM 2.1)	Yes	No	N/A	N/A	No	N/A	No
	SUD Outpatient Services (ASAM 1.0)	No	No	N/A	N/A	No	N/A	No
	Mental Health OP	No	No	N/A	N/A	No	N/A	No
	Psychosexual Eval	Yes	No	N/A	N/A	No	N/A	No
	Psych Consult in Medical Facility	No	No	N/A	N/A	No	N/A	No
Children's Complex Care	Hi-Fidelity Wraparound/Joint Planning Team	No	No	N/A	N/A	N/A	N/A	N/A

* Can request continued stay for this LOC 14 days before last covered day

** Can request continued stay for this LOC 30 days before last covered day