C·B·H

a division of DBHIDS

AUTHORIZATIONS

Utilization Review Care Coordination Grid

Updated November 2026

Community Behavioral Health

Adult Services

Adult Acute Services

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Acute Psychiatric IP Hospitalization	Service Registration	PES Contact/ Assigned CCM	1 day	3 or 5 days	Yes	1-7 days	24 hours	Live Discharge
Subacute IP Psychiatric Hospitalization (SAIP)	Prior Authorization	PES Contact/ Assigned CCM	1 day	Up to 10 days	Yes	1-7 days	24 hours	Live Discharge
Acute Partial Hospitalization Program	Service Registration	PES Contact/ Assigned CCM	20 days or N/A	20 days/ 80 units	Yes	5 days (additional units require physician consult)	24 hours	Live Discharge
Private Room Exception	Prior Authorization	PES Contact/ Assigned CCM	24 hours	Based on request/ physician approval	Yes	Additional units require physician consult	N/A	N/A
Enhanced Staffing	Prior Authorization	PES Contact/ Assigned CCM	24 hours	Based on request/ physician approval	Yes	Additional units require physician consult	N/A	N/A
Extended Acute Care (EAC)	Prior Authorization	PES Contact/ Assigned CCM	15 days	30 days	Yes	15 days	24 hours	Live Discharge
Crisis Residence	Prior Authorization	PES Contact/ Assigned CCM	24 hours/1 day	14 days	Yes	1-7 days	24 hours	Live Discharge
SUD Clinically Managed High Intensity Residential Services (ASAM 3.5)	Service Registration	CBH Provider Portal	3 days	7-12 days	Yes	If member is a 30-day readmission: 10 days All other members: 15 days	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review

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UTILIZATION REVIEW CARE COORDINATION GRID

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
SUD Medically Monitored IP Services – Withdrawal Management (ASAM 3.7WM)	Service Registration	PES Contact/ Assigned CCM	24 hours, with updated vital signs if member leaves facility	5 days	Yes, as needed	Physician consult required	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review
SUD Medically Monitored Intensive IP Services (ASAM 3.7)	Prior Authorization	PES Contact/ Assigned CCM	3 days, with updated vital signs if member leaves facility	7-12 days	Yes	If member is a 30-day readmission: Up to 10 days All other members: Up to 15 days	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review
SUD Medically Managed Intensive IP Services – Withdrawal Management (ASAM 4WM)	Service Registration	PES Contact/ Assigned CCM	24 hours, with updated vital signs if member leaves facility	5 days	Yes, as needed	Physician consult required	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review
SUD Medically Managed Intensive IP Services (ASAM 4)	Prior Authorization	PES Contact/ Assigned CCM	72 hours, with updated vital signs if member leaves facility	7 days	Yes	1-7 days	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review

UTILIZATION REVIEW CARE COORDINATION GRID

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
SUD Clinically Managed Low-Intensity Residential Services (ASAM 3.1)	Prior Authorization	PES Contact/ Assigned CCM	72 hours, with updated vital signs if member leaves facility	30 days	Yes	15-30 days	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review
SUD Partial Hospitalization Services (ASAM 2.5)	Service Registration	PES Contact/ Assigned CCM	72 hours, with updated vital signs if member leaves facility	45 days/ 225 units	Yes, as needed	5 days (additional units require physician consult)	Routine discharge: Completed live within 1 business day Non-routine discharge or transfer to another bed-based LOC: Submitted to Box within 1 business day	Live Discharge or Electronic Review

PES

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
23-Hour Crisis Stabilization	N/A	PES Contact	1 day	23 hours/ 1 unit	No	N/A	Within 24 hours of discharge	Live Discharge on PES line

Adult Community-Based Services

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Intensive Clinical Services	N/A	Care Coordination/ Utilization Review	N/A	90 days	Yes	30 days	24 hours	Live Discharge

UTILIZATION REVIEW CARE COORDINATION GRID

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
SUD Intensive OP Services (ASAM 2.1)	Service Registration	PES Contact/ Assigned CCM	30 days	30 days	Yes	15-30 days (additional units require physician consult)	24 hours	Live
Mobile Psychiatric Rehabilitation Services (MPRS)	Service Registration	Referral Form	60 days	60 days	Yes	90 days	24 hours	Through Provider Portal
Psychiatric Rehabilitation Services (PRS)	Service Registration	Referral Form	60 days	60 days	Yes	90 days	24 hours	Through Provider Portal
Certified Peer Specialist (CPS)	Service Registration	Referral Form/Packet	6 months	6 months	No	6 months	N/A	Electronic Discharge
Residential Treatment for Adults (RTFA)	Prior Authorization	CBE	15 days	30 days	Yes	30/60/90 days	24 hours	Live Discharge
LTSR	Blanket Authorization (BAN)	None - BAN	15 days	90 days	Yes	90 days	24 hours	Live Discharge
CTT – Community Treatment Team	Service Registration	TCM Integrated Intake Form	15 days	30 days	Yes	30/60/90 days	24 hours	Live Discharge
CTT – Clinically Supported Living	Prior Authorization	Psychiatric or psychological evaluation	15 days	30 days	Yes	30/60/90 days	24 hours	Live Discharge
Adult Mental Health Residential	Prior Authorization	Psychiatric or psychological evaluation	15 days	30 days	Yes	30/60/90 days	24 hours	Live Discharge
Case Management	Service Registration	TCM Integrated Intake Form	365 days	365 days	No	365 days	N/A	N/A

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
ACT	Prior Authorization	ACT Referral	60 days	60 days	No	90/120/180 days	N/A	N/A
Integrated Behavioral Health in Long-Term Care (IBHLTC)	Blanket Authorization (BAN)	None – BAN	30 days	30 days	Yes	90 days	24 hours	Live Discharge
Crisis Residential	Prior Authorization	PES Contact/ Assigned CCM	24 hours/1 day	14 days	Yes	1-7 days	24 hours	Live discharge
Non-Hospital EAC	Prior Authorization	Psychiatric or psychological evaluation	15 days	30 days	Yes	30/60/90 days	24 hours	Live discharge

Psychology and Unmanaged

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Transcranial Magnetic Stimulation (TMS)	Prior Authorization	Care Coordination/ Utilization Review	N/A	3 units/6 days	N/A (Physician Advisor consult required)	N/A	N/A	N/A
Psych Testing–OP	Prior Authorization	Smartsheet Form	30 days	N/A	No	N/A	N/A	N/A
Psychosexual Evaluation	Service Registration	None	N/A	N/A	No	N/A	N/A	N/A
ECT	Prior Authorization	Care Coordination/ Utilization Review	N/A	3 units/6 days	N/A (Physician Advisor consult required)	N/A	N/A	N/A
Mental Health OP	Blanket Authorization (BAN)	None – BAN	N/A	N/A	No	N/A	N/A	N/A
Mental Health IOP	Service Registration	None – BAN	N/A	N/A	No	N/A	N/A	N/A

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Clozapine*	Blanket Authorization (BAN)	None – BAN	N/A	N/A	N/A	N/A	N/A	N/A

** 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.*

Adult Mobile Crisis

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
CMCRT (Short-Term Adult Mobile Crisis Service)	Blanket Authorization (BAN)	None – BAN	N/A	N/A	N/A	N/A	N/A	N/A
CIRT	Blanket Authorization (BAN)	None – BAN	N/A	N/A	N/A	N/A	N/A	N/A

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

Child Acute Services

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Acute Psychiatric IP	Service Registration	Service Request Form	24 hours	5 days	Yes	3-14 days	Within 1 business day	Telephonic
Long-Term Partial Hospitalization	Service Registration	Service Request Form	30 days	9 months	Yes	30 days	Within 5 business days	Written Discharge Summary submitted to CBH
Acute Partial Hospitalization	Prior Authorization*	Care Coordination/Utilization Review	20 days	20 days	Yes	5 days	Within 5 business days	Telephonic
Private Room Exception	Prior Authorization	Care Coordination/Utilization Review	5 days	5 days	Yes	At the discretion of Director/ Physician Advisor	N/A	N/A
Enhanced Staffing	Prior Authorization	Care Coordination/Utilization Review	5 days	5 days	Yes	At the discretion of Director/ Physician Advisor	N/A	N/A
CSU	Service Registration	PES Contact	1 day	5 days	Yes	5 days	24 hours of discharge	Electronic Review; PES contact
CMCT	Blanket Authorization (BAN)	None - BAN	1 day	3 days	No	N/A	N/A	N/A
CMIS	Service Registration	PES contact	6 weeks	6 weeks	Yes	21 days	Admin DC: 48 hours Routine DC: 5 business days	Live via PES CCM contact

PRTF

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
CRR-HH	Prior Authorization	Care Coordination/Utilization Review	60 days	120 days	Yes	120 days	Within 1 business day	Telephonic
Adolescent SUD Clinically Managed High Intensity Residential Services (ASAM 3.5)	Prior Authorization*	Care Coordination/Utilization Review	3 days	15 days	Yes	30 days	Within 1 business day	Telephonic
PRTF	Prior Authorization	Care Coordination/Utilization Review	30 days	30 days	Yes	30 days	Within 1 business day	Telephonic

Child Community-Based Services

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Family-Based Services (FBS)*	Prior Authorization	IPSWITCH/Fax/Email	8 months (240 days)	8 months (240 days)	Yes	30 days	5 days	Written Discharge Summary submitted to CBH
Functional Family Therapy (FFT)*	Prior Authorization	IPSWITCH/Fax/Email	1 year	180 days	No	14 days	5 days	Written Discharge Summary submitted to CBH
Multi-Systemic Therapy for Problem-Sexual Behaviors (MST-PSB)*	Prior Authorization	IPSWITCH/Fax/Email	1 year	210 days	Yes	30 days	5 days	Written Discharge Summary submitted to CBH
Blended Case Management*	Service Registration	TCM Integrated Intake Form	1 year	1 year	No	N/A	TBD	TBD

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

IBHS

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
IBHS and IBHS-ABA Initial Assessment and Treatment**	Prior Authorization	IPSWITCH/Fax/Email	1 year	IBHS Assessment: 15 IBHS Treatment: 30 ABA Assessment: 30 ABA Treatment: 45	No	N/A	5 days	Written Discharge Summary submitted to CBH
IBHS Individual/Group/ABA Services	Prior Authorization	IPSWITCH/Fax/Email	1 year	Up to 6 months	Yes	Up to 6 months	5 days	Written Discharge Summary submitted to CBH
IBHS – ABA Early Childhood Intensive Treatment (ABA-ECIT)*	Prior Authorization	IPSWITCH/Fax/Email	1 year	Up to 6 months	Yes	N/A	5 days	Written Discharge Summary submitted to CBH
CTSS**	Prior Authorization	IPSWITCH/Fax/Email	90 days	Duration varies based on need; can be up to 180 days	Yes	N/A	5 days	Written Discharge Summary submitted to CBH

** 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*

Psychology

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
Psych Testing OP	Prior Authorization	Smartsheet	30 days	N/A	No	N/A	N/A	N/A

Unmanaged

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
SUD IOP Services (ASAM 2.1)	Service Registration	Service Request Form	N/A	N/A	No	N/A	N/A	N/A
SUD OP Services (ASAM 1.0)	Blanket Authorization (BAN)	None - BAN	N/A	N/A	No	N/A	N/A	N/A
Mental Health OP	Blanket Authorization (BAN)	None - BAN	N/A	N/A	No	N/A	N/A	N/A
Psychosexual Evaluation	Service Registration	Service Request Form	N/A	N/A	No	N/A	N/A	N/A
Psych Consult in Medical Facility	Blanket Authorization (BAN)	None - BAN	N/A	N/A	No	N/A	N/A	N/A

Child Complex Care

LOC	Registration Type	Method of Request	Initial Approval Valid (# Days)	# Days Authorized (Initial)	Cont'd Stay Review	# Days Authorized (Cont'd Stay)	Discharge Submission Timeframe	Discharge Submission Format
High Fidelity Wraparound/Joint Planning Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A