|  |  |  |
| --- | --- | --- |
|  |  | 2000 Embarcadero Cove, Suite 400  Oakland, Ca 94606  510-567-8100 / TTY 510-533-5018  Karyn L. Tribble, PsyD, LCSW |

**SMHS Residential Authorization Decision**

**To Be Completed by Alameda County Behavioral Health (ACBH) Staff**

|  |  |  |
| --- | --- | --- |
| Client Name: | | Client InSyst# (PSP): |
| Date of Receipt: | | Date of Completion: |
| **SMHS RESIDENTIAL TREATMENT TYPE** | | |
| Adult Residential Treatment (ART) REFUGE | | |
| Crisis Residential Treatment (CRT) Choose an item | | |
| **AUTHORIZATION DECISION** | | |
| Authorized | For 21 days | From 12/31/2020 to 1/20/2021 |
| Approved as Modified | | From choose date to choose date |
| Denied | | From choose date to choose date |
| Authorization Delay | | |
| If Denial or Approved as Modified, provide rationale here: | | |
| If Authorization Delay, indicate what additional documentation and/or information is needed: | | |
| Deadline for requested documentation and/or information: choose date | | |
| NOABD Issued? Yes If yes, choose reason: Choose an item. | | |
| Additional Comments: | | |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LPHA Printed Name | Signature | 12/22/2020  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signed |

Authorization is not a guarantee of payment.  Payments are contingent on and not limited to the following:  a beneficiary’s continued insurance eligibility, medical necessity, and the provider’s good standing with applicable contractual agreements, licenses, permits and certificates required by Federal, State, County and/or municipal laws and regulations.