|  |  |  |
| --- | --- | --- |
|  |  | 2000 Embarcadero Cove, Suite 400Oakland, Ca 94606 510-567-8100 / TTY 510-533-5018Karyn 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** |
| [x]  Adult Residential Treatment (ART) REFUGE  |
| [ ]  Crisis Residential Treatment (CRT) Choose an item |
| **AUTHORIZATION DECISION** |
| [x]  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.