Behavioral Health Department Alameda County Health	By: DocuSigned by: F1FCDD2484DA41B... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Prior Authorizations for Day Rehabilitation and Day Treatment Intensive**	**Policy No:** 200-3 **Date of Original Approval:** 10/31/2022 **Date(s) of Revision(s):** 10/8/2026

PURPOSE

This policy addresses the need for prior authorization for Mental Health Plan (MHP) referral for Day Rehabilitation (DR) and Day Treatment Intensive (DTI) services.

AUTHORITY

- California Code of Regulations (CCR), Title 9 §§1810.212, 1810.213, 1830.215, 1840.318, 1840.330, 1840.350, 1840.352, 1840.360
- Mental Health Plan Department of Health Care Services (DHCS) State Contract (FY 25-26)
- DHCS Behavioral Health Information Notice (BHIN) 22-016, Authorization of Outpatient Specialty Mental Health Services (SMHS)
- DHCS BHIN 26-002 Criteria for Medi-Cal member access to the Specialty Mental Health Services (SMHS) delivery system, medical necessity, and other coverage requirements

SCOPE

This policy applies to all Alameda County Behavioral Health Department (ACBHD) county-operated and contracted providers providing DR, DTI services, and ACBHD units providing referrals and authorization of services.

BACKGROUND

Prior authorization for MHP referral is required for DR and DTI services. A referral by the MHP to a contracted provider is considered to serve the same function as approving a request for authorization submitted by a provider or member.

POLICY

ACBHD effectuates the prior authorization for DR and DTI services by requiring contracted providers to submit authorization requests to the county Utilization Management (UM) division.

PROCEDURE

I. DR

a. DR means a structured program of rehabilitation and therapy to improve, maintain, or restore personal independence and functioning consistent with requirements for learning and development, which provides services to a distinct group of individuals.
b. Services are available at least three (3) hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral (Title 9, CCR, §1810.212).
c. Contracted DR providers submit authorization requests prior to commencement of services using the SB 785 Service Authorization Request Form (See Appendix).

II. DTI

a. DTI means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, to avoid placement in a more restrictive setting or to maintain the individual in a community setting, which provides services to a distinct group of individuals.
b. Services are available at least three (3) hours and less than 24 hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral (Title 9, CCR, §1810.213).
c. Contracted DTI providers submit authorization requests prior to commencement of services using the SB 785 Service Authorization Request Form (See Appendix).

III. MHP Requirements

a. Authorization procedures and UM criteria shall be based on SMHS access criteria defined in DHCS BHIN 26-002, including access criteria for members under age 21 pursuant to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.
b. Any decision to deny a service authorization request or to authorize service in an amount, duration, or scope that is less than requested is made by a healthcare professional with appropriate clinical expertise in addressing the member's behavioral health needs. No individual other than a licensed physician or a licensed mental health professional who is competent to evaluate the specific clinical issues involved in the SMHS requested by a member or a provider may deny or modify a request for authorization of SMHS for a member for reasons related to medical necessity.
c. A decision to modify an authorization request shall be provided to the treating provider(s), initially by telephone or facsimile, and then in writing, and shall include a clear and concise explanation for the MHP's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity.

i. The decision shall also include the name and direct telephone number of the professional who made the authorization decision and offer the treating provider the opportunity to consult with the professional who made the authorization decision.

d. If a MHP modifies or denies an authorization request, the MHP shall notify the member in writing of the adverse benefit determination. The notice to the member shall meet the requirements pertaining to notices of adverse benefit determinations (see P&P 300-1-2 Notices of Adverse Benefit Determination for Medi-Cal Beneficiaries). In cases where the MHP terminates, reduces, or suspends a previously authorized service, the MHP must notify the member, in writing, of the adverse benefit determination prior to discontinuing services.

IV. Authorization Timelines

a. Standard authorizations are completed within five (5) business days from receipt of the request when all reasonably necessary information requested by ACBHD to ensure the determination is received timely.

b. For cases in which a provider indicates, or ACBHD determines, the standard timeframe could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function, ACBHD shall make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires, but no later than seventy-two hours after receipt of service request. In addition, ACBHD may extend the days if the following conditions apply:
   i. The member, or the provider, requests an extension; or
   ii. ACBHD clinical reviewer justifies and documents the need for additional information and how the extension is in the member's interest.

c. Authorizations for continued DR services are reviewed and authorized every six (6) months, and authorizations for continued DTI services every three (3) months. Authorization requests shall be submitted to ACBHD UM Department five (5) days prior to the expiration of the previous authorization.

V. Claiming for Service Functions on Half Days or Full Days of Time

a. DR and DTI shall be billed as half days or full days of service. (Title 9, CCR, §1840.318)
   i. A half day shall be billed for each day the member receives face-to-face services in a program with services available for four (4) hours or less per day. Services must be available a minimum of three (3) hours each day the program is open.
   ii. A full day shall be billed for each day the member receives face-to-face services in a program with services available more than four (4) hours per day.

iii. Although the member must receive face-to-face services on any full day or half day claimed, all service activities during that day are not required to be face-to-face with the member.

b. Lockouts for DR and DTI are not reimbursable under the following circumstances: (Title 9, CCR, §1840.360)
   i. When Crisis Residential Treatment Services, Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to those services.
   ii. Mental health services are not reimbursable when provided by DR or DTI staff during the same time period that DR or DTI is provided.
   iii. Two (2) full day, one (1) full day and one (1) half day, or two (2) half day programs may not be provided to the same member on the same day.

NON-COMPLIANCE

- Non-compliance is defined as the MHP and/or DR/DTI providers not acting in accordance with this policy.
- Contractors not in compliance with contract provisions, or with State or Federal law and/or regulations, shall be immediately responsible for remedy.
- DR/DTI providers may utilize the ACBHD Provider Problem and Resolution and Appeals process.
- ACBHD may, at its discretion, issue a Corrective Action Plan (CAP) or Contract Compliance Plan (CCP), as appropriate.
- The cost to implement the CAP or CCP shall be borne by the Contractor.
- Staff shall report incidents of non-compliance to their department manager, who shall submit those incidents of non-compliance to ACBHD Quality Management (QM).
- Incidents of non-compliance shall be submitted within 15 days of reasonable awareness of the non-compliance.
- Failure to address identified issues may result in further action by ACBHD up to and including program termination, as specified in ACBHD Policy # 1302-1-1, Contract Compliance and Sanctions for ACBHD-Contracted Providers.
- Staff shall not face retribution for submitting incidents of non-compliance.
- Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by the Health Insurance Portability and Accountability Act ((HIPAA), 42 CFR, Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

CONTACT

ACBHD Office	Current As Of	Email
Utilization Management	2/2/2026	utilizationmangement@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Juliene Schrick, Division Direction, Utilization Management
Original Date of Approval: 10/31/2022 by Karyn L. Tribble, PsyD, LCSW, Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Deanna Kolda, Clinical Review Specialist Supervisor, Utilization Management Lori Shallcross, Clinical Review Specialist Supervisor, Utilization Management Penny Bernhisel, Division Director, Utilization Management	ACBHD triannual review for updates, addition of Background Section. Update SMHS access criteria in supercedure of BHIN 21-073 with BHIN 26-002. Addition of an Appendix.	10/8/2026 by Dr. Karyn Tribble, Behavioral Health Director

DEFINITIONS

Term	Definition
Day Rehabilitation (DR)	A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of individuals.
Day Treatment Intensive (DTI)	A structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the individual in a community setting, which provides services to a distinct group of individuals.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Medi-Cal services for clients under the age of 21 that correct or improve mental health problems that a physician or other healthcare provider finds, even if the health problem will not go away entirely.
Specialty Mental Health Services (SMHS)	SMHS include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal members through County MHPs. All MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contracted providers.

APPENDICES

SB 785 Service Authorization Request Form