

Open to non contracted providers

Service Type		Turnaround time	Contracted Servicing Providers	Non-contracted Servicing Provider
			Requirements	
Mental Health	Respite	3 calendar days	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review 	
	Applied Behavioral Analysis ABA	14 days	<ul style="list-style-type: none"> • Needs PA/auth and clinical review • Enter service type in Connect • Will pend for clinical review • Include documentation with submission 	
	DBT IOP	14 days		
	Eating Disorder Partial IOP	14 days		
	Eating Disorder Residential	14 days		
	Electroconvulsive Therapy ECT	14 days		
	Partial Hospital IOP	14 days		
	PDTS Psychiatric Day Treatment Services	3 business days		
	PRTS Psychiatric Residential Treatment Services	3 calendar days		
	Psychological Testing	14 days		
	Sub Acute	Next day		
	TMS Transcranial Magnetic Stimulation	14 days		
SUD	SUD Partial Hospitalization	2 business days	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review 	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will 'pend' and be processed by UM team • No documentation/no clinical review
	SUD Day Treatment	2 business days		
	SUD Residential Treatment	2 business days		
	SUD Withdrawal Management	2 business days		
	SUD Medication Assisted Treatment OTP	2 business days		

Open to contracted providers only

MH / SUD	Service Type	Turnaround Time	<u>Contracted</u> Servicing Providers Requirements
SUD	SUD General Outpatient	2 business days	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review
SUD	SUD IOP Intensive Outpatient	2 business days	
SUD	SUD Assessment	2 business days	
MH	Assessment Plus Two	No auth	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review
MH	Level A	No auth	
MH	Level A Adult SPMI	No auth	
MH	Level B	No auth	
MH	Level B Adult SPMI	No auth	
MH	Level C	No auth	
MH	Level C Adult SPMI	No auth	
MH	Level D Adult TAY	No auth	
MH	Level D Child	No auth	<p>This service type follows the Level D referral process</p> <ul style="list-style-type: none"> • Notification only • Enter service type in Connect (preferred route of submission) • Requests received via fax will need to be manually processed and will not auto approve <p>Initial requests</p> <ul style="list-style-type: none"> • Must be submitted with "BH Provider TBD" • Referral form and clinical documentation required • Not clinically reviewed but will be coordinated by the Behavioral Health Navigation Team *If request is submitted with a servicing provider - it will be updated to TBD <p>Continued services</p> <ul style="list-style-type: none"> • Must be submitted by the current servicing provider • Must be submitted by the current servicing provider via Connect • Will auto approve
MH	Level D Adult Intensive Case Management ICM	No auth	

MH	Assertive Community Treatment (ACT)	No auth	<p>This service type follows the <u>ACT Referral process</u></p> <ul style="list-style-type: none"> • Notification only • Enter service type in Connect (preferred route of submission) • Requests received via fax will need to be manually processed and will not auto approve <p>Initial requests</p> <ul style="list-style-type: none"> • Must be submitted with "BH Provider TBD" • OHA Universal ACT Referral form, ACT cover sheet and clinical documentation required with request • Not clinically reviewed but will be coordinated by the Behavioral Health Navigation Team *If request is submitted with a servicing provider - it will be updated to TBD <p>Continued services</p> <ul style="list-style-type: none"> • Must be submitted by the current servicing provider via Connect • Will auto approve • No referral form, ACT cover sheet or clinical documentation required
MH	Eating Disorder Treatment (OP)	No auth	<ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Will auto approve • No documentation/no clinical review
MH	Community Based Intensive Treatment – CBIT HBS	No auth	
MH	Crisis Services CMHP	No auth	
MH	Crisis Stabilization Treatment	No auth	
MH	Culturally Specific	No auth	
MH	Child Welfare Resource Support Network (Not in Connect)	No auth	
MH	Early Assessment and Support Alliance EASA	No auth	
MH	Supported Employment	No auth	
MH	Family Search and Engagement	No auth	
MH	MH General Outpatient **providers contracted for LoC A-D should use the service types)	No auth	<p>For contracted providers who offer General OP only-</p> <ul style="list-style-type: none"> • Submit claims only <p>All other contracted providers:</p> <ul style="list-style-type: none"> • Notification only • Enter service type in Connect • Auto approve • No documentation/no clinical review