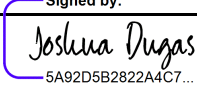




Authorization of Psychiatric Inpatient Hospitalization Procedure

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Signed by:

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Joshua Dugas, MBA, REHS, Acting Director

Purpose To describe the Department of Behavioral Health (DBH) authorization process for psychiatric inpatient hospitalization or psychiatric health facility (PHF) services requested for members who receive services at hospitals or PHFs, in accordance with State and Federal requirements.

Authorization Procedure The following table describes the hospital or PHF concurrent review process, including the applicable documentation, responsible party, action(s) and timeframes:

If ...	Then ...
Hospital or PHF has a member voluntarily admitted or a member is taken into custody pursuant to Section 5150 of Welfare and Institutions Code (WIC) OR a member currently in a hospital or PHF continues to remain hospitalized after an initial or additional authorization period of up to five (5) days	Hospital or PHF shall submit the applicable required documentation (see Attachment A – reference to all relevant documentation, including Initial Authorization Request, Continued Stay Request, Administrative Day Request, Retrospective Request) as follows: • For newly hospitalized or PHF members who will be staying in the hospital/PHF longer than 24-hours, submit the required documentation for authorization request no later than 24-hours following member admission or • For newly hospitalized or PHF members who are deemed needing psychiatric emergency care and require 24-hours or less of services, the notification documentation is required or • For members who have been hospitalized, and services were previously authorized for an initial or continued stay up to five (5) days, submit the required documentation no later than 24-hours before the five (5) day authorization period expires.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Procedure, continued

If ...	Then ...
DBH's existing concurrent review provider is in receipt of the Initial Authorization Request or Continued Stay Request	DBH's existing concurrent review provider shall make a decision no later than 72-hours from receipt of the Initial Authorization Request. DBH's existing concurrent review provider shall make a decision no later than 24-hours from receipt of the Continued Stay Request. If approved, hospital will receive authorization up to five (5) calendar days based on medical necessity.
The authorization request is denied or modified by DBH's existing concurrent review provider	DBH's existing concurrent review provider shall provide notice via the appropriate Notice of Adverse Benefit Determination (NOABD) within 24-hours of the decision to hospital or PHF and shall send the same NOABD to the member within two (2) business days of the decision.
The member no longer meets medical necessity for acute psychiatric inpatient hospital days and has not been accepted for placement at a non-acute residential treatment facility in a reasonable geographic area	Hospital or PHF shall submit the Administrative Day Request Form every seven (7) days, demonstrating five (5) required contacts per Title 9 of the California Code of Regulations, § 1820.220(l)(5).
The member's status changes from administrative day status back to acute psychiatric inpatient hospital day status	Hospital or PHF must submit the Continued Stay Request and any required documentation by DBH's existing concurrent review provider no later than 24-hours after the status change. The process will follow newly hospitalized members thereafter.
Hospital or PHF needs to discuss admission notification, authorization, or expedited request	Hospital or PHF may call or email DBH's existing concurrent review provider.
Hospital or PHF requests a peer-to-peer review	Hospital or PHF may call or email DBH's existing concurrent review provider.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Procedure, continued

If ...	Then ...
Hospital or PHF determines they need to submit a Retrospective Request	Hospital or PHF shall submit to DBH's existing concurrent review provider the face sheet of the member and the reason for the retrospective request, including any supporting documentation to justify if the retrospective request meets one of the qualifying circumstances as indicated in the policy.
Upon DBH's existing concurrent review provider receipt of the Retrospective Request	The existing concurrent provider for DBH shall verify the reason for the retrospective authorization is one of the qualifying circumstances. Determine and notify hospital or PHF within two (2) calendar days of the request whether the item may be reviewed retrospectively and determine the following: • Make a decision to approve, modify, or deny the request within thirty (30) calendar days of receipt of the request. • If approved, send notice within 24-hours of the decision.
The Retrospective Request is denied or modified by DBH's existing concurrent review provider	The existing concurrent review provider for DBH shall provide notice via the appropriate Notice of Adverse Benefit Determination (NOABD) within 24-hours of the decision to the psychiatric hospital or PHF and admitting physician and shall send the same NOABD within two (2) working days of the decision to the member.

Note: Hospitals or PHFs can access the forms mentioned in this Procedure in Attachment A, which includes contact and information specific to DBH's existing concurrent review provider.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Examples

The following are examples to assist hospitals and/or PHFs in understanding when action is needed regarding authorization requests for concurrent review:

Admission Date	Medical Necessity	Action Needed
Member is admitted on Wednesday at 6:00 a.m.	Based on medical necessity of the member based on the chart notes from the physician throughout the day, member will likely be in the hospital or PHF for a few more hours as discharge is already being discussed.	No later than 5:59 a.m. Thursday the following day, the hospital or PHF needs to send notification documentation to the DBH existing concurrent review provider as the client will be discharged less than 24-hours from admission date/time.
Member is admitted on Monday, which is a national holiday, at 1:00 p.m.	The chart notes from the medical staff demonstrates medical necessity supports a stay of approximately three (3) to five (5) days. Based on the timeframe, the hospital or PHF determines an initial authorization is warranted for four (4) days.	No later than 12:59 p.m., Tuesday the following day, the hospital or PHF must submit an initial Authorization Request. The authorization is approved so the timeframe begins Tuesday and the authorization expires Friday. The timeframe starts one day after the day of admission. However, the member is discharged on the third day. The hospital or PHF must send the original TAR no later than fourteen (14) calendar days from the discharge date. The timeframe to submit the TAR begins on the discharge date.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Examples, continued

Admission Date	Medical Necessity	Action Needed
Member is admitted Sunday at 10:00 p.m.	The chart notes from the medical staff demonstrates medical necessity supports hospitalization of at least five (5) days.	No later than 9:59 p.m. Monday the following day, the hospital or PHF must submit an initial Authorization Request demonstrating medical necessity for the next five (5) days. The existing concurrent review provider requests additional information as all the information was not provided. The hospital or PHF must respond within 48-hours, or the authorization request will be denied. The additional information is provided, so the authorization is approved for five (5) days. However, on the third day medical necessity demonstrates the member will need to continue to be hospitalized for at least three (3) more days. The hospital or PHF must submit the continued stay request prior to the expiration of the initial request; however, since they discovered the additional information earlier, they may submit the continued stay request earlier than the final day but they must demonstrate medical necessity for the member and how the hospital or PHF made the determination in advance. Note, if the hospital states an extension is needed or the request is being made due to no coverage, the authorization will be denied as these do not demonstrate medical necessity for the member nor how the hospital or PHF made the determination that additional days were needed.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Examples, continued

Admission Date	Medical Necessity	Action Needed
Member is admitted Sunday at 10:00 p.m.	The chart notes from the medical staff demonstrates medical necessity supports hospitalization of at least five (5) days.	No later than 9:59 p.m. Monday the following day, the hospital or PHF must submit an initial authorization request demonstrating medical necessity for the next five (5) days. The existing concurrent provider requests additional information as all the information was not provided. The hospital or PHF must respond within 48-hours, or the authorization request will be denied. The additional information is provided so the authorization is approved for five (5) days. However, on the third day medical necessity demonstrates the member will need to continue to be hospitalized for at least three (3) more days. The hospital or PHF must submit the continued stay request prior to the expiration of the initial request; however, since they discovered the additional information earlier, they may submit the continued stay request earlier than the final day but they must demonstrate medical necessity for the member and how the hospital or PHF made the determination in advance. Please note if the hospital states an extension is needed or the request is being made due to no coverage, the authorization request will be denied as these do not demonstrate medical necessity for the member nor how the hospital or PHF made the determination additional days were needed.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Authorization Examples, *continued*

Admission Date	Medical Necessity	Action Needed
Member is admitted Friday at 3:45 a.m.	The chart notes from the medical staff demonstrates medical necessity supports hospitalization of at least two - three (2-3) days but makes a determination to request five (5) days.	No later than 3:44 a.m., Saturday the following day, the hospital or PHF must submit an initial authorization request. The request is modified to three (3) days, from Friday through Sunday, as the paperwork does not justify medical necessity for five (5) days. The member is discharged on Monday. The hospital or PHF must send the original TAR no later than fourteen (14) calendar days from the discharge date. The timeframe to submit the TAR begins on the discharge date.
Member is admitted Monday at 12:00 p.m.	Hospital or PHF submits initial authorization request Tuesday at 2:00 p.m.	The request is denied due to non-compliance with the 24-hour submission requirement.

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Authorization of Psychiatric Inpatient Hospitalization Procedure, Continued

Treatment Authorization Request (TAR)

Once the member is discharged, the hospital or PHF is required to submit an original TAR to DBH's existing concurrent review provider through their standard submission process. Please note, the discharge date counts as the first day.

Responsible Party	Action
Hospital or PHF	Send the original TAR to DBH's existing concurrent review provider.
DBH Existing Concurrent Review Provider	• Review the TAR for accuracy prior to modifying applicable services • Notate authorization request determination on the TAR, as applicable • Inform Hospital or PHF of the authorization determination on the TAR • Return the TAR if corrections are needed • Review the TAR resubmission for accuracy

Related Policy or Procedure

[DBH Standard Practice Manual:](#)

- Authorization of Psychiatric Inpatient Hospitalization Policy QM6061)

Reference(s)

California Code of Regulations (CCR), Title 9, §[1778](#), [1810.201](#) and [1810.202](#)
California Department of Health Care Services Behavioral Health Information Notice No. 22-017
California Health and Safety Code §1317.1 (k)

Authorization of Psychiatric Inpatient Hospitalization

Attachment A

Purpose To provide hospitals and Psychiatric Health Facilities (PHF) with the specific contact information and associated steps related to the Authorization of Psychiatric Inpatient Hospitalization Procedure.

This information is valid as of August 1, 2026, regarding the existing Department of Behavioral Health (DBH) concurrent review provider, Telligen Inc. (Telligen).

Access to Telligen System Applicable staff of hospital or PHFs may contact the following to request access and training on Telligen's "Qualitrac Portal":

- Website: <https://telligenanbernardino.com>
 - San Bernardino Call Center & Provider Help Desk Email Support
 - SBPsychReviews@Telligen.com
 - Toll-Free Phone:
 - (833) 476-4850
 - Direct link to website Education & Training page: <https://telligenanbernardino.com/education-training/>
 - Direct link to website Contact Us page: <https://telligenanbernardino.com/contact-us/>
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Qualitrac Portal Upon access to the Qualitrac Portal, hospital or PHF staff will be able to:

- Obtain access to the forms referenced in the Authorization of Psychiatric Inpatient Hospitalization Procedure, and summarized below:
 - Initial Authorization Request
 - Continued Stay Request
 - Administrative Day Request
 - Retrospective Request
- View the request(s) for additional information
- View the Notice of Adverse Benefit Determinations (NOADB) issued
- View the Outcome Letter to confirm if any of the authorization request(s) were approved, modified or denied

Notification and Submission of Documentation When a hospital or PHF is immediately, but no later than 24-hours following the time of admission, sending notification to Telligen of the admission and/or requesting authorization for services beyond the first 24-hours of admission, it is completed via the Qualitrac Portal.

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Authorization of Psychiatric Inpatient Hospitalization

Attachment A, Continued

Authorization Process

For the authorization process, the following actions need to be taken and indicate how to contact Telligen with the required documentation and when correspondence is issued, where it can be located by hospitals or PHFs:

- After receipt and approval of the initial authorization or continued stay request, Telligen will issue an Outcome Letter in Qualitrac advising of the approval and authorization for a period of up to five (5) calendar days.
- If the hospital or PHF is requesting administrative days, then the hospital or PHF shall submit the Administrative Day Request Form in Qualitrac every seven (7) days, demonstrating five (5) required contacts as indicated in the Procedure.
- If the member's status changes from administrative day back to acute psychiatric inpatient hospital day, the Continued Stay Request Form and any required documentation must be submitted to Telligen via Qualitrac by the hospital or PHF no later than 24-hours after the status change.
- Should hospitals or PHFs need to discuss admission notification, authorization, psychiatric emergency care or request a peer-to-peer review, the hospital or PHF may call Telligen 24-hours a day, seven (7) days a week at (833) 476-4850 or via email SBPsychReviews@Telligen.com.
- The submission of documentation for retrospective request authorization is accomplished via Qualitrac.

Note: See Authorization of Psychiatric Inpatient Hospitalization Procedure (QM6061-1) for detailed instructions and scenarios.

Treatment Authorization Request (TAR)

For the TAR process, the following actions need to be taken and indicate how to contact Telligen with the required documentation and when correspondence is issued, where it can be located by hospitals or PHFs:

- Hospitals or PHFs shall send the original TAR to Telligen via the Qualitrac portal.
 - Telligen shall review the TAR for accuracy prior to modifying applicable services in Qualitrac.
 - Return the TAR to the hospital or PHF for corrections via Qualitrac, if applicable.
 - Hospitals or PHFs must resubmit the TAR via Qualitrac.
 - Once approved, Telligen will return TAR to Hospital or PHF via Qualitrac, with outcome noted.
 - Telligen will submit the TAR to Financial Intermediary.
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