

**Connecticut Behavioral Health Partnership  
Authorization Schedule  
DCF Residential, Group and Foster Care**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
<b>RESIDENTIAL SERVICES</b>							
Residential Treatment Center	na	N	NA	DCF Funded Residential Care, 1 Day	A	A	2/1/2006
Crisis Stabilization Residential	na	N	NA	Intensive Crisis Residential, 1 Day	R	A	TBD
Group Home - 2.0	na	N	NA	Therapeutic Group Home - Intensive Staffing	A	A	2/1/2006
Group Home - 1.5	na	N	NA	Therapeutic Group Home - (not yet developed)	A	A	2/1/2006
Group Home - 1.0	na	N	NA	Group Home - without therapeutic services	A	A	2/1/2006
Shelter	na	N	NA	Shelter	N	N	TBD
Safe Home	na	N	NA	Safe home	N	N	TBD
Permanency Diagnostic Center	na	N	NA	Permanency Diagnostic Center	N	N	TBD
Foster Care-Treatment Foster Care	na	N	NA	Treatment Foster Care	N	N	TBD
Foster Care-Therapeutic Foster Care	na	N	NA	Therapeutic Foster Care	N	N	TBD
Foster Care-Professional Parents	na	N	NA	Professional Parents	N	N	TBD
Community Housing Assistance Program	na	N	NA	CHAPS	N	N	TBD
Transitional Living Apartment Program	na	N	NA	TLAP	N	N	TBD
One-to-one paraprofessional	na	N	NA	One to one support for residential client	N	N	TBD

**Auth Required/Re-Auth?**

A= Authorization or reauthorization

R=Registration or re-registration (units registered/duration in months)

N=Neither authorization nor registration

A >2 means no PA required for first two services. PA required for subsequent services

A >4 means no PA required for first four units of service. PA required for subsequent units of service.