

**Connecticut Behavioral Health Partnership  
Authorization Schedule  
Other Community Service Provider**

SERVICES	EDS Service Class	EDS Payable Service	SVC/REVENUE CODE	DESCRIPTION	Auth Req'd?	Re-Auth?	Auth/Reg Eff Date
<b>HOME BASED SERVICES*</b>							
Home Based Services (IICAPS)- Community Sup	CHBS6	Y	H2019, T1017	Home Based Psychiatric Services (limited to IICAPS)	A	A	9/1/2006
Home Based Services (MST)- Community Sup	CMST6	Y	H2019, T1017	Multi-systemic therapy	A	A	9/1/2006
Home Based Services (MDFT)- Community Sup	CMDF6	Y	H2019, T1017	Multi-dimensional family therapy	A	A	9/1/2006
Home Based Services (FFT)- Community Sup	CFST6	Y	H2019, T1017	Functional family therapy	A	A	9/1/2006
Family Support Teams (FST)- Community Sup	CFST6	Y	H2019, T1017	ACT for children and families	R(856/6)	A(440/6)	9/1/2006
Home Based Services (Other)- Community Sup	CHVS6	Y	H2019, T1017	Home Based Services	A	A	9/1/2006
<b>Psychosocial Rehabilitation*</b>							
Psychosocial rehabilitation	CPSR6	Y	H2017	Psychosocial rehabilitation, per 15 minutes	A	A	TBD
<b>EPSDT</b>							
EPSDT - BH - Community Services	CEPS6	Y	Determined case by case	Special services - These are all single case agreements.	A	A	TBD
<b>THERAPEUTIC MENTORING*</b>							
Therapeutic Mentoring - Community Services Start date TBD	CBMS6	Y	H2032	Activity Therapy per 15 minutes	A	A	TBD
<u>Auth Required/Re-Auth?</u> 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.							

Note - \* For clients under 21 only