



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**AUTHORIZATION PROCESS OVERVIEW  
3RD THURSDAY OF EVERY MONTH**



**PENDING**

**DENIED**

**APPROVED**

**UNDER  
REVIEW**

**PASSED**

**REJECTED**

# Utilization Management – Authorization Process Overview Session for Behavioral Health Services

## BY THE END OF THIS PRESENTATION, YOU WILL KNOW:

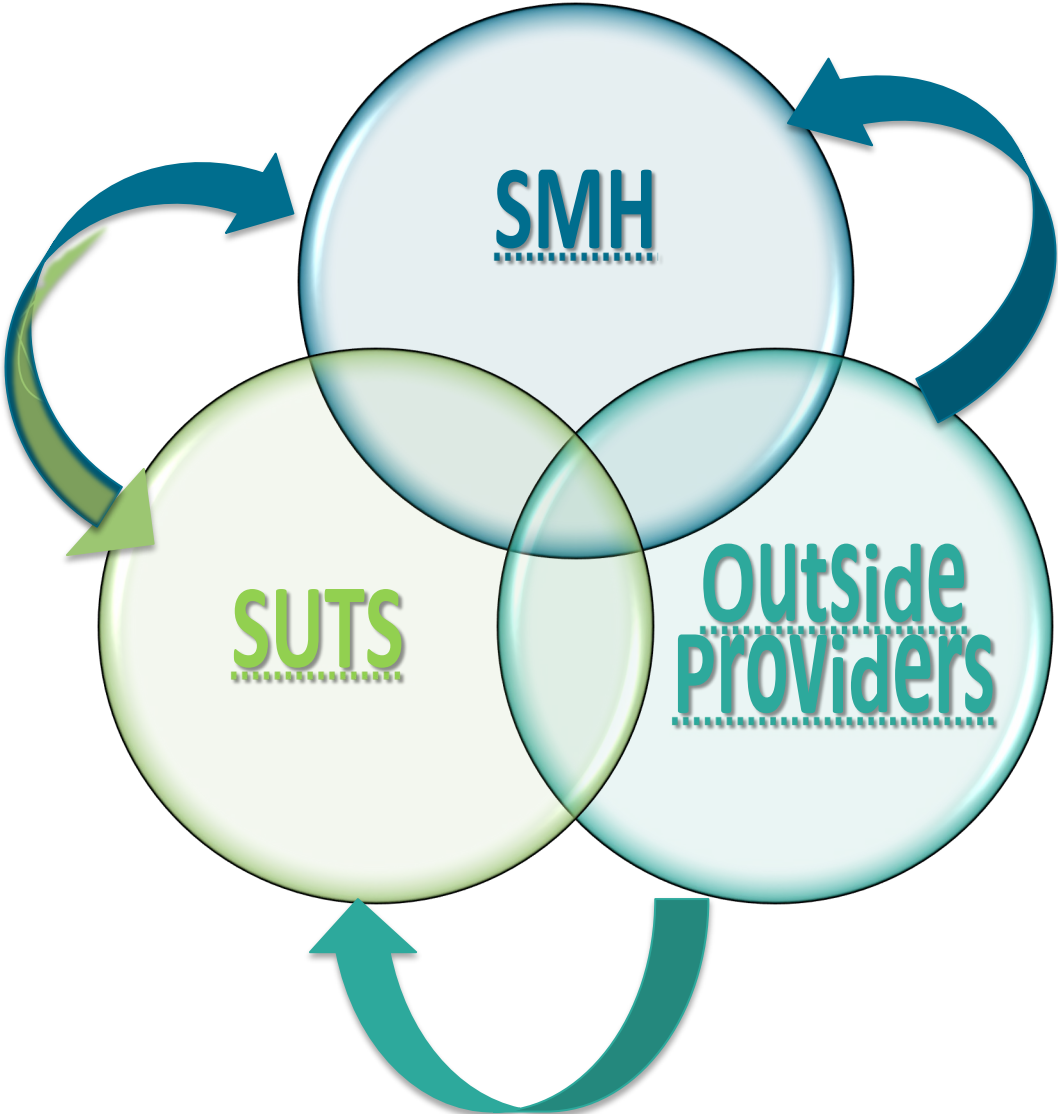
- I. Who completes the Authorization Request Form?
- II. How do I complete the form and how will I know where the referral was sent?
- III. How will I know when to begin another authorization? Do I need one to extend the service time?
- IV. How long can I use an authorization?
- V. Can I bill before providing a service?
- VI. What if I have consulted with an agency, can I request a provider?
- VII. Additional questions?

## WHO COMPLETES THE AUTHORIZATION REQUEST FORM?

The current provider of services will complete the authorization request form, unless there is not a current provider of services:

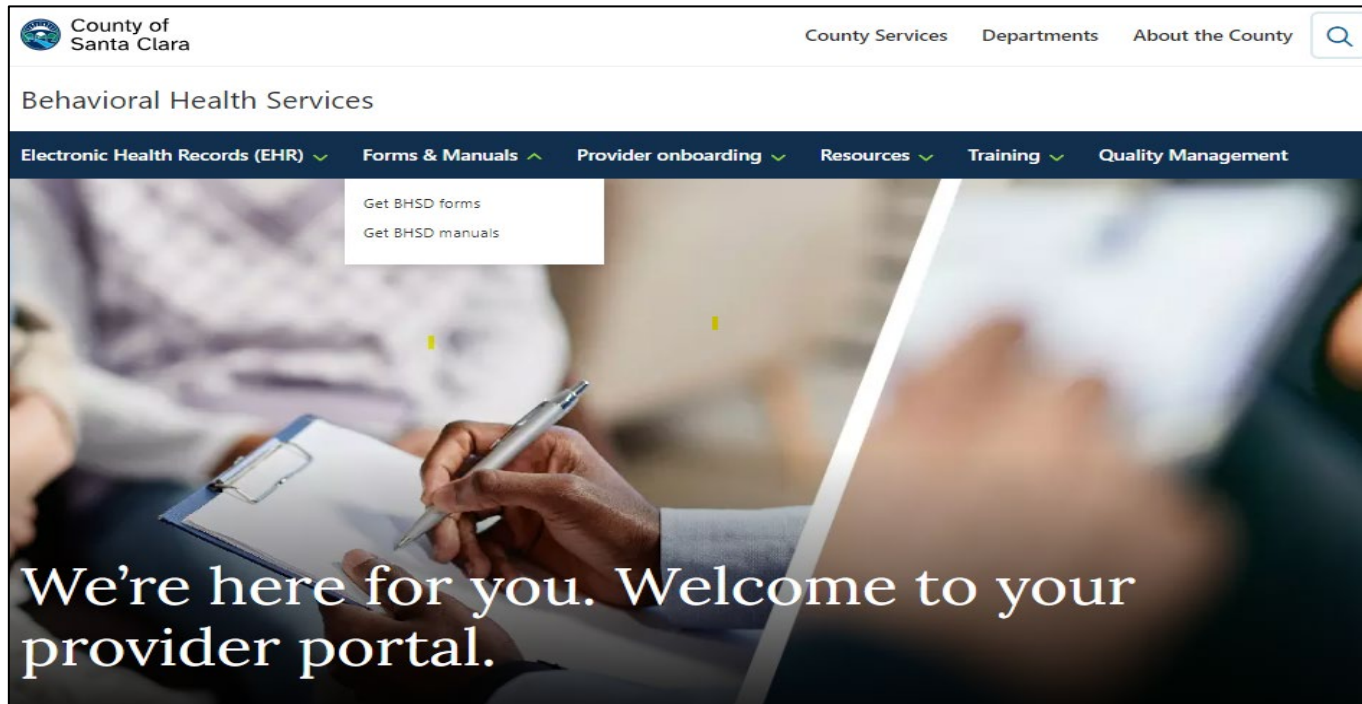
- All County of Santa Clara Behavioral Health Services (CSCBHS) direct service providers can make a request for most services that requires a prior authorization.
- All providers of Medi-Cal services within the County of Santa Clara, can make a request for most services that requires a prior authorization.
- All Requests need to have a Medi-Cal Eligibility print-out attached to the referral.
- All Requests need to have a diagnosis signed by a Licensed Professional of the Healing Arts (LPHA).
- All Referrals require additional attachments.

# WHERE DO AUTHORIZATIONS COME FROM?



# WHERE CAN I FIND THE FORM AND DIRECTIONS

- a) Go to the [County of Santa Clara Provider Portal](#)
- b) Use the **Forms & Manuals** dropdown arrow and select [Get BHSD Forms](#).
- c) Click on the **Authorization Request Form**, this will bring up a DocuSign page to begin signing.



# WHAT IF I THINK THE REVIEWER NEEDS TO KNOW SOMETHING?:

Adding a note to the Docu-Sign.

Only add a note if it is making sure the reviewer:

- 1. Looks more carefully at one of the attachments.
- 2. The member or provider has a specific provider request for a specific reason. This does not mean it will be granted, but we will review it and reasoning for request.
- 3. Additional Alert needs to be noted for reviewer regarding urgency.

Please review the documents below. FINISH FINISH LATER OTHER ACTIONS ▾

DocuSign Envelope ID: 98281BFA-98C3-410E-9805-9F70A997E728

**START**

**1**

COUNTY OF SANTA CLARA  
**Behavioral Health Services**

Utilization Management  
BHSUM@HHS.SCCGOV.ORG

**AUTHORIZATION REQUEST FORM**

\*Provider Status:  
 County of Santa Clara Behavioral Health Services (CSC BHSD)  Other (PCP, Outside Therapist, etc.)

\*Date of request (mm/dd/yyyy)  
1/31/2024

\*Request Type:  
Required - 3 - Expedited/Urgent  
 Expedited/Urgent\*\*

\*Provider/Agency Name:

\* Provider/Agency Service Location:

\* Provider/Agency Contact Name: Tova A Sweet

\*Email:

\*Phone:

**MEMBER INFORMATION\*:**

\*Name (First and Last):  \*DOB:  \*SSN:

**3**

I need this expedited because the member is being discharged from the hospital quickly and they need the services to support the transition to a lower level of care.

@ All Recipients ▾ POST

**4**



## AFTER A PRIOR AUTHORIZATION REQUEST IS AUTHORIZED, WHAT IS NEXT?

1. The timeline starts at the first service after the authorization date.
  - This means that a request for services sent on 1/29/25, that says service start date for 1/2/25 would not be a start date. If services were provided prior to the authorization, they can not be billed. If the authorization is sent back on 1/30/25, then 1/30/25 forward may be billed.
2. What if the services do not start until 2/24/25?
  - The authorization is good for up to 30 days. If the authorization was sent to the rendering provider on 1/30/25, as long as the member starts services by 2/27/25, the authorization remains valid.
  - After 30 days of no services initiated a new authorization is required.

## ONCE A PROVIDER RECEIVES AUTHORIZATION APPROVAL:

- Service can be rendered to the member.
  - Ongoing assessment by the primary provider ensuring the member continues to meet the requirements of the service.
- Authorizations are not a guarantee of payment therefore proper billing practice and claims submission must be followed.
- If services are stopped by provider, and not agreed to by member, issue Notice of Adverse Benefits Determination (NOABD) as required. (Medi-Cal only)
- If additional time or units are needed submit a re-authorization request, no later than five business days prior to the authorization expiring.
  - Updated clinical information is required, we will not accept a repeat of the previous request.
- Tracking of when authorizations need to be extended is the responsibility of the rendering provider.

# RESPONSE FROM UM: [BHSDUM@HHS.SCCGOV.ORG](mailto:BHSDUM@HHS.SCCGOV.ORG)

(**You must click on** the Review Document button on the DocuSign email to see the disposition. Authorizations should be saved in the client's chart for audit purposes).

Authorization Status	Next Step	Notification
Approval	<ul style="list-style-type: none"><li>UM LPHA completes review and issues approval notice</li></ul>	DocuSign email to Referring Provider and Rendering Provider if identified
Pend	<ul style="list-style-type: none"><li>UM LPHA is unable to determine decision due to lack of information so requests additional documentation from Referring Provider</li></ul>	DocuSign email to Referring Provider
Deny/Modify	<ul style="list-style-type: none"><li>UM LPHA refers to MD for review and final determination</li></ul>	<p>If denial/modification stands:</p> <ul style="list-style-type: none"><li>Notice of Adverse Benefits Determination (NOABD) sent to referring provider and member</li></ul> <p>If approved, please see approval line.</p>

# REFERENCES:

1. State of California-Health and Human Services Agency, Department of Health Care Services, Behavioral Health Information Notice No: 21-073 BHIN 21-073 (ca.gov), Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements.
2. State of California-Health and Human Services Agency, Department of Health Care Services, Behavioral Health Information Notice No: 22-016 BHIN 22-016 (ca.gov), Authorization of Outpatient Specialty Mental Health Services (SMHS).
3. State of California-Health and Human Services Agency, Department of Health Care Services, Behavioral Health Information Notice No: 22-017 BHIN 22-017 (ca.gov), Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services.
4. State of California-Health and Human Services Agency, Department of Health Care Services, Behavioral Health Information Notice No: 23-001 BHIN 23-001 (ca.gov), Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026
5. Intergovernmental Agreement-DHCS DMC ODS-FY23-27.
6. Mental Health Agreement 2022-27 MHP Contract Exhibit A Non PSS Boilerplate and Exhibit B-E (ca.gov)
7. American Society for Addiction Medicine ASAM, <https://www.asam.org/asam-criteria/about-the-asam-criteria>





## Comments & Questions

[BHSDUM@HHS.SCCGOV.ORG](mailto:BHSDUM@HHS.SCCGOV.ORG)