



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
 Supporting Wellness and Recovery

**Policy & Procedure Number: BHSD #UMR-001**

<b>Primary Category</b>	<b>Impacts</b>
<b>BHSD System</b>	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input type="checkbox"/> Service Delivery
<b>Funding Stream</b>	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
<b>Provider Type</b>	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input checked="" type="checkbox"/> Inpatient Providers

**BHSD POLICY & PROCEDURE**

**I. BHSD P&P INFORMATION**

**Assigned Policy Name:** Authorization of Outpatient Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

**Assigned Policy Number:** UMR-001

**Policy Owner:** Utilization Management

**Impacted Managed Care Policy Area(s): Mark All That Apply**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Administration (ADM)         | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI)            |
| <input checked="" type="checkbox"/> Clinical (CLI)               | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input checked="" type="checkbox"/> Contracts (CON)              | <input type="checkbox"/> Data Management (DTM)                           |
| <input checked="" type="checkbox"/> Fiscal (FIS)                 | <input checked="" type="checkbox"/> General Operations (GEO)             |
| <input type="checkbox"/> Health and Safety (HAS)                 | <input type="checkbox"/> Health Education (HED)                          |
| <input type="checkbox"/> Legal (LEG)                             | <input type="checkbox"/> Medical & Pharmacy (MPS)                        |
| <input type="checkbox"/> Member Services & Materials (MSM)       | <input type="checkbox"/> Personnel (PER)                                 |
| <input checked="" type="checkbox"/> Provider Relations (PRR)     | <input checked="" type="checkbox"/> Quality Management (QAM)             |
| <input checked="" type="checkbox"/> Reporting (RPT)              | <input checked="" type="checkbox"/> Service Delivery (SDM)               |
| <input checked="" type="checkbox"/> Utilization Management (UMR) |  |

**II. BHSD P&P APPROVAL**

**Section A: HHS Compliance and County Counsel**

**HHS Compliance:**

Date:

**County Counsel:**

Date:

**Section B: BHSD Director**

**BHSD Director:**

DocuSigned by:

*Sherril Teras*

Date: 1/10/2024

<b>Approved/Issue Date:</b> 10/24/23	<b>Behavioral Health Services Director:</b>	
<b>Last Review/Revision Date:</b>	<b>Next Review Date: 10/24/26</b>	<b>Inactive Date:</b>

**III. REPLACES** BHSD Policy #6000 Utilization Management

**IV. REFERENCES:**

- 42 CFR § 438.210. Coverage and authorization of services.
- 42 CFR § 440.230. Sufficiency of amount, duration, and scope.
- 42 CFR § 438.404. Timely and adequate notice of adverse benefit determination.
- 9 CCR § 1810.234. Prior Authorization.
- 9 CCR § 1810.253. Urgent Condition
- 9 CCR § 1810.405. Access Standards for Specialty Mental Health Services
- [BHIN 21-073 \(ca.gov\)](#). Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements.
- [BHIN 22-016 \(ca.gov\)](#). Authorization of Outpatient Specialty Mental Health Services (SMHS).
- [BHIN 22-017 \(ca.gov\)](#). Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services.
- [BHIN 23-001 \(ca.gov\)](#). Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026.
- Intergovernmental Agreement-DHCS DMC ODS.
- Mental Health Agreement [2022-27 MHP Contract Exhibit A Non PSS Boilerplate and Exhibit B-E \(ca.gov\)](#)
- American Society for Addiction Medicine ([ASAM](#)) <https://www.asam.org/asam-criteria/about-the-asam-criteria>
- BHSD Policy #UMR- 005 Authorized Concurrent Review Services
- BHSD Policy #CLI-007 Screening and Service Requests for ICC and IHBS

**V. PURPOSE:**

To provide an overview of County Santa Clara’s Behavioral Health Services Department (BHSD) federal and state requirements related to the authorization of adult specialty mental health services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), including policy changes the Department of Health Care Services (DHCS) has made to ensure compliance with the Parity in Mental Health and Substance Use Disorder Services Final Rule (Parity Rule).

This policy does not cover authorization for psychiatric inpatient hospital and psychiatric health facility services, Crisis Residential Services (CRS), and Adult Residential Treatment (ART). Refer to BHSD policy #UMR- 005 Authorized Concurrent Review Services.

**VI. POLICY:**

In alignment with the direction provided by Department of Healthcare Services (DHCS), Behavioral Health Services Department (BHSD) ensures that all authorization decisions are made based on Medi-Cal medical necessity criteria and consistent with current clinical best practices. Prior authorization requests are reviewed with their accompanying clinical documentation, within the timeliness requirements for standard and expedited requests. If needed, additional clinical documentation will be requested from the submitting participating provider.

The table below outlines the SMHS and DMC-ODS service arrays and which intensive services require prior authorization. For services that do not require a prior authorization, contact the Call Center for referral.



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Service Array			
SMHS	Prior Auth?	DMC-ODS	Prior Auth?
▪ Mental Health Services	No	▪ Individual Treatment	No
▪ Medication Support Services	No	▪ Group Treatment	No
▪ Crisis Intervention	No	▪ Case Management	No
▪ Crisis Stabilization	No	▪ Patient Education	No
▪ Adult Residential Treatment Services	No	▪ Recovery Monitoring	No
▪ Crisis Residential Treatment Services	No	▪ 3.1 Residential Treatment	<b>Yes</b>
▪ Psychiatric Health Facility Services	No	▪ 3.3 Residential Treatment	<b>Yes</b>
▪ Intensive Care Coordination (for Beneficiaries under the age of 21)	No	▪ 3.5 Residential Treatment	<b>Yes</b>
▪ Intensive Home-Based Services (for Beneficiaries under the age of 21)	<b>Yes</b>	▪ 3.2 Withdrawal Management	No
▪ Therapeutic Behavioral Services (for Beneficiaries under the age of 21)	<b>Yes</b>	▪ Buprenorphine-Momo	No
▪ Therapeutic Foster Care (for Beneficiaries under the age of 21)	<b>Yes</b>	▪ Buprenorphine-Combo	No
▪ Children's Crisis Residential Programs	No	▪ Methadone	No
▪ Psychiatric Inpatient Hospital Services	No	▪ Naloxone	No
▪ Targeted Case Management	No	▪ Additional Medication Assisted Treatment (MD Visit)	No
▪ Day Treatment Intensive	<b>Yes</b>		
▪ Day Treatment Rehabilitation	<b>Yes</b>		

**VII. DEFINITIONS**

**Administrative Day.** When a beneficiary no longer meets the level of care for that service and must continue to stay in that service due to reasons specified within the request.

**Beneficiary.** A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

**Adult Residential Treatment Services.** Rehabilitative services, provided in a non-institutional, residential setting, for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. Medi-Cal does not cover the room and board cost for adult residential treatment services.

**Assessment and Authorization for Level of Care (LOC).** A BHSD document used to determine the appropriate residential level of care for a beneficiary seeking Substance Abuse Treatment Services. The LOC incorporates ASAM Criteria ©, intake assessment and residential authorization.

**American Society of Addictions Medicine (ASAM) Criteria ©.** A comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions. Biopsychosocial criteria required for clinical assessments.

**ASAM Residential Level of Care 3.1.** Clinically managed low-intensity residential treatment. Residential services at this level consist of a setting, such as a group home, where people live. However, treatment is only required to be 5 hours per week, which helps people with such topics as relapse management.

**ASAM Residential Level of Care 3.3.** Clinically Managed medium intensity residential services. It offers a range of services in a 24-hour treatment setting. The kind of treatment offers daily clinical services, including counseling and clinical monitoring.

**ASAM Residential Level of Care 3.5.** Clinically managed high intensity residential services. These services are designed for people with serious psychological or social issues who need 24-hour oversight and are at risk of imminent harm.

**Behavioral Health Services Department (BHSD).** Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

**Concurrent Review.** Concurrent review encompasses those aspects of utilization review that take place during the course of facility-based or outpatient treatment.

**Crisis Residential Treatment Services.** Provides therapeutic or rehabilitative services in a structured residential program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. Medi-Cal does not cover the room and board cost for crisis residential treatment services.

**Date of Request.** Means the date the Authorization Request Form or Treatment Authorization Request (TAR) was sent electronically.

**Denial.** A determination that a specific service is not medically/clinically appropriate, necessary to meet needs, consistent with the person's diagnosis, symptoms and functional impairments, the most cost-effective option in the least restrictive environment, and/or consistent with clinical standards of care and/or per policy and contractual requirements.

**Drug Medi-Cal Organized Delivery System (DMC-ODS).** The Drug Medi-Cal Organized Delivery System (DMC-ODS) provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices



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in substance abuse treatment, and coordinates with other systems of care. This approach provides the beneficiary with access to the care and system interaction needed in order to achieve sustainable recovery.

**Expedited Authorization.** For cases in which a participating provider indicates, or the Plan determines, that following the standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the participating provider shall make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires, and no later than 72 hours after receipt of the request for service. The Plan may extend the expedited 72 hour time period if extension requirements are met.

**Extension.** Plans can extend Authorization Resolution timeframes for either standard or expedited Appeals by up to 14 calendar days if either of the following two conditions apply:

- The Beneficiary requests an Extension.
- The Plan demonstrates, to the satisfaction of DHCS upon request, that there is a need for additional information and how the delay is in the Beneficiary's best interest.

The Plans is required to provide the Beneficiary with written notice of the reason for the delay if the Extension was not requested by the Beneficiary.

**Intake/Admission Date.** The actual date and time the beneficiary is physically receiving services from the participating provider.

**Intensive Care Coordination (ICC).** An intensive form of clinical case management and team facilitation service that identifies ancillary supports and systems to assist with beneficiary stabilization. ICC is intended for children and youth who:

- Are involved in multiple child-serving systems.
- Have more intensive needs.
- Requires cross-agency collaboration and treatment.

ICC ensures that the beneficiary's complex behavioral health needs are met through active, integrated, and collaborative participation by a Child and Family Team (CFT) comprised of provider(s), family, and natural supports.

**Intensive Home-Based Services (IHBS).** A community based mental health rehabilitative and collateral service for individuals already receiving Intensive Care Coordination (ICC). IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child, youth, or young adult's functioning and are aimed at helping the

beneficiary build skills necessary for successful functioning in the home and community. A Child and Family Team (CFT) identified for the child or youth would determine whether IHBS is appropriate for a beneficiary.

**Level of Care (LOC).** The intensity of the services being provided. Level of Care is indicated as either for psychiatric or substance use disorders, the review for Level of Care determination proceeds in a logical progression to confirm:

- The presence of a properly diagnosed psychiatric or substance use disorder amenable to treatment.
- Symptoms of sufficient severity to meet the required criteria for admission.
- The illness by accepted medical standards is expected to improve significantly through medically necessary and appropriate care as it relates to the Level of Care requested.
- Clinical requirements for continuing care at that level.

**Licensed Professional of the Healing Arts (LPHA).** Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Non-Physician LPHAs include:

1. Nurse Practitioners
2. Physician Assistants
3. Registered Nurses
4. Registered Pharmacists
5. Licensed Clinical Psychologist (LCP)
6. Licensed Clinical Social Worker (LCSW)
7. Licensed Professional Clinical Counselor (LPCC)
8. Licensed Marriage and Family Therapist (LMFT)
9. Licensed-eligible practitioners working under the supervision of licensed clinicians.

**Medical Necessity.** For individuals 21 years of age or older, for DMC-ODS and MHP, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in WIC §14059.5. Definition of Medical Necessity.

For individuals under 21 years of age, for DMC-ODS and MHP, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in 42 CFR §1396d(r)(5) Early and periodic screening, diagnostic, and treatment services. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a screening service, whether or not such services are covered under the State Plan.

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary’s presenting condition.

**Medi-Cal Eligibility.** Documentation that the beneficiary meets the requirements for County of Santa Clara full cope Medi-Cal.

**Non-participating Provider.** Any practitioner, organization and/or health facility that does not have a written agreement with BHSD. In order to provide structured reimbursement, BHSD will pay a percentage of Medicaid fee schedule for non-participating providers who do not have a Single Case Agreement with the BHSD.

**Non-Urgent/Routine.** Routine care that helps prevent health problems or find health problems before they become serious. This includes Beneficiaries that 1) appear to meet Medi-Cal



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medical necessity criteria, 2) does not appear to have significant ideations to hurt self or others, 3) appear to have sufficient impulse control, 4) functioning level, although impaired, allows them to meet their basic needs.

**Notice of Adverse Benefit Determination (NOABD).** Informs the Beneficiary of a denial or change to their SMHS or DMC-ODS services. It also notifies the Beneficiary of the right to request an appeal if the Beneficiary does not agree with BHSD's decision. The NOABD outlines the delays in resolving grievances, appeals, providing services in a timely manner, delays in authorization, or to dispute financial liability.

**Prior Authorization.** The process of obtaining approval or authorization to perform a covered service in advance of its delivery. Required for Intensive Home Based Services, Therapeutic Behavioral Services, and Treatment Foster Care. The Plan will make authorization decisions for these outpatient services within five (5) business days of receipt of request, or within 72 hours if the request meets expedited review criteria.

**Re-Authorization.** When a beneficiary is in a program and the referral packet or prior authorization will be expiring no sooner than in ten days and no later than within five days, and the provider is requesting additional services for the beneficiary.

**Specialty Mental Health Services (SMHS).** Specialty mental health services include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.

**The Plan.** The Plan. Provides oversight to behavioral health Medi-Cal carve out programs in Santa Clara County. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

**Therapeutic Behavioral Services (TBS).** A type of EPSDT specialty mental health services available for Beneficiaries with serious emotional disorders (SED), who are under the age of 21 and have full scope Medi-Cal. TBS is a one-to-one, brief behavioral health service targeting one to two behaviors. TBS helps children and young adults who:

- a. Have severe emotional problems.

- b. Live in an out of home placement or are at risk of placement.
- c. Have been hospitalized recently for mental health problems or are at risk for psychiatric hospitalization.

TBS can help children, youth, and parents/caregivers, foster parents, group home staff, and school staff learn ways of reducing and managing challenging behaviors, as well as strategies and skills to increase the kinds of behavior that will allow children/youth to be successful in their current environment. TBS is never a stand-alone therapeutic intervention. It is used in conjunction with another specialty mental health services.

**Utilization Management (UM).** The BHSD managed care system that ensures that eligible recipients receive clinically appropriate, cost-effective services designed to meet their needs.

### VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
<b>Utilization Management Oversight</b>	<ol style="list-style-type: none"> <li>1. The Utilization Review Committee will meet monthly to review summary of prior, expedited and re-authorization requests and determinations to :               <ol style="list-style-type: none"> <li>a. To identify both over and underutilization of services by type</li> <li>b. Reviews any appeals that have been submitted on authorization decisions.</li> <li>c. Receives report out from Grievance Committee on any grievances related to authorizations.</li> <li>d. Escalates any trends of concern to Executive Leadership.</li> <li>e. Makes any recommendations for process changes based on monthly reviews</li> </ol> </li> </ol>

### IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
<b>Requesting LPHA</b>	<ol style="list-style-type: none"> <li>1. Completes and submits a BHSD Authorization Request Form with supporting clinical documentation to BHSD Utilization Review Team for review and determination within prior authorization, expedited authorization or re-authorization timelines.               <ol style="list-style-type: none"> <li>a. SMHS Routine: 5 calendar days</li> <li>b. SMHS Expedited: 72 hours.</li> <li>c. SMHS re-authorization: file between 5-10 days prior to expiration.</li> </ol> </li> </ol>
<b>BHSD Utilization Review (UR) Team</b>	<ol style="list-style-type: none"> <li>1. Logs SMHS authorization request and assigns to UR LPHA for review and determination within specified timeline:               <ol style="list-style-type: none"> <li>a. SMHS Routine: 5 calendar days</li> <li>b. SMHS Re-authorization: 14 calendar days.</li> <li>c. SMHS Expedited: 72 hours.</li> </ol> </li> <li>2. Logs and assigns SUTS Residential Prior Authorization request immediately to be completed within 24 hours of beneficiary presenting for treatment.</li> <li>3. For approval: notify both requesting and rendering provider (if known) of approval of service.</li> </ol>





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	4. For denials and modifications: issue a Notice of Adverse Benefit Determination (NOABD) to beneficiary and copy requesting provider.
<b>Utilization Review LPHA</b>	<ol style="list-style-type: none"> <li>1. LPHA reviews prior and re-authorization requests.</li> <li>2. Makes one of four determinations:           <ol style="list-style-type: none"> <li>a. <b>Approval:</b> submitted documentation demonstrates that beneficiary meets medical necessity for requested service.</li> <li>b. <b>Pend:</b> submitted documentation is not sufficient to make a determination; additional clinical is requested from requesting provider.</li> <li>c. <b>Recommended Denial:</b> LPHA determines that beneficiary does not meet medical necessity for requested service. Authorization Request is then sent to oversight physician for final determination.</li> <li>d. <b>Recommended Modification:</b> LPHA determines that beneficiary does not meet medical necessity for service as requested. Authorization Request is then sent to oversight physician with recommended modification final determination.</li> </ol> </li> <li>3. Decisions are made and communicated as expeditiously as the beneficiary's behavioral health condition requires.</li> </ol>
<b>Oversight Physician</b>	<ol style="list-style-type: none"> <li>1. Reviews prior authorization request materials and any notes from UR LPHA.</li> <li>2. Makes final determination to approve original request, approve recommended modification, make alternative modification, or deny authorization request.</li> </ol>
<b>X. ATTACHMENTS</b>	A. <a href="http://scgov.org">BHSD Forms - Behavioral Health Services - County of Santa Clara (scgov.org)</a>

<b>XI. REVISION HISTORY</b>				
<b>Policy Name</b>	<b>Active Dates Range</b>	<b>Date Approved</b>	<b>Reason for Review</b>	<b>Summary of Changes</b>