Alameda County Behavioral Health Care Services
Mental Health Division

Confidential Administrative Records

Clinical/Quality Review Committee Meeting Minutes

Meeting Date: _____ Page _____ of _____

Provider Agency: _____

Cases Reviewed:

Name	RU #	Case #/PSP #	Clinical Review	Quality Review	30 Day Return Check if yes
1.		. . . . .	A/R	A/R	
2.		. . . . .	A/R	A/R	
3.		. . . . .	A/R	A/R	
4.		. . . . .	A/R	A/R	
5.		. . . . .	A/R	A/R	
6.		. . . . .	A/R	A/R	
7.		. . . . .	A/R	A/R	
8.		. . . . .	A/R	A/R	
9.		. . . . .	A/R	A/R	
10.		. . . . .	A/R	A/R	
11.		. . . . .	A/R	A/R	
12.		. . . . .	A/R	A/R	
13.		. . . . .	A/R	A/R	
14.		. . . . .	A/R	A/R	
15.		. . . . .	A/R	A/R	
16.		. . . . .	A/R	A/R	
17.		. . . . .	A/R	A/R	
18.		. . . . .	A/R	A/R	
19.		. . . . .	A/R	A/R	
20.		. . . . .	A/R	A/R	
21.		. . . . .	A/R	A/R	
22.		. . . . .	A/R	A/R	
23.		. . . . .	A/R	A/R	
24.		. . . . .	A/R	A/R	
25.		. . . . .	A/R	A/R	
26.		. . . . .	A/R	A/R	
27.		. . . . .	A/R	A/R	
28.		. . . . .	A/R	A/R	
29.		. . . . .	A/R	A/R	
30.		. . . . .	A/R	A/R	

A= Approved, R=Return Requested