

In accordance with 42 CFR § 438.210 Coverage and authorization of services, prior authorization metrics are to be publicly posted annually by March 31.

A Prior Authorization is defined as a County approval prior to rendering services.

The Department of Health Care Services (DHCS) requires prior authorization for the following service types.

References: Behavioral Health Information Notices (BHIN) 22-016 and 24-001.

- Residential and inpatient substance use services (DMC-ODS)
- Intensive Home-Based Services (IHBS)
- Day Treatment Intensive (DTI)
- Day Rehabilitation (DR)
- Therapeutic Behavioral (TBS)
- Therapeutic Foster (TFC)

Alameda County Behavioral Health Department (ACBHD) additionally requires prior authorization for the following service types based on risk and safety considerations.

- Interventional Services (i.e. Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Ketamine and Esketamine)
- Eating Disorder (ED) Residential, Partial Hospitalization Program (PHP), and Intensive Outpatient Program (IOP)

The following tables below fulfill the reporting requirements:

- Table 1: Prior Authorization Request (counts) as of CY 2025
- Table 2: Prior Authorization Decisions (by count and %) as of CY 2025
- Table 3: Prior Authorization Appeal Decisions (by count and %) as of CY 2025
- Table 4: Prior Authorization Request Decisions Extended (by count and %) as of CY 2025
- Table 5: Average and Median time for Prior Authorization Decisions as of CY 2025

Table 1: Prior Authorization Request (counts) as of CY 2025

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	Service Type	# of standard requests ¹	# of expedited requests ²	Total # of requests
DMC-ODS	Residential ³	2091	0	2091
Children's Services	IHBS	42	0	42
	TBS	160	0	160
	TFC ⁴	<11*	0	<11*
Interventional Services	ECT	23	0	23
	TMS	0	0	0
	Ketamine/ Esketamine	<11*	0	<11*
Specialty Mental Health Adult & Child	Day Rehabilitation (DR)	0	0	0
	Day Treatment Intensive (DTI)	<11*	0	<11*
Eating Disorder Services	IOP Eating Disorder (ED)	14	0	14
	PHP ED	15	0	15
	Residential ED	22	0	22
Aggregated Total:		2367	0	2367

1 - standard request timeliness standard - 5 business days

2 - expedited request timeliness standard- 72 hours

3- Residential providers permitted to admit prior to county authorization; required to notify county and request authorization within 24 hours of admission.

4 - Youth referred to TFC services through Child Welfare or Probation departments as an out-of-home placement option. Recommendations for this level of service are processed through the Child and Family Team, and placement is facilitated by the appropriate placement agency.

*Number redacted due to DHCS guidance of any county under 11.

<https://www.dhcs.ca.gov/dataandstats/Documents/DDGuidelines.pdf>

Table 2: Prior Authorization Decisions (by count and %) as of CY 2025

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	Service Type	# of standard ¹ requests that were approved	# of standard ¹ requests that were denied	Total # of standard requests	% of standard ¹ requests that were approved	% of standard ¹ requests that were denied	# of expedited ² requests that were approved	# of expedited ² requests that were denied	Total # of expedited ² requests	% of expedited ² requests that were approved	% of expedited ² requests that were denied
Children's DMC-ODS Services	Residential ³	2071	20	2091	99%	1%	N/A	N/A	0	N/A	N/A
	IHBS	42	0	42	100%	0%	N/A	N/A	0	N/A	N/A
	TBS	160	0	160	100%	0%	N/A	N/A	0	N/A	N/A
Interventional Services	TFC ⁴	<11 [*]	0	<11 [*]	100%	0%	N/A	N/A	0	N/A	N/A
	ECT	23	0	23	100%	0%	N/A	N/A	0	N/A	N/A
	TMS	0	0	0	100%	0%	N/A	N/A	0	N/A	N/A
	Ketamine/ Exketamine	<11 [*]	0	<11 [*]	100%	0%	N/A	N/A	0	N/A	N/A
Specialty Mental Health Adult & Child	Day Rehabilitation (DR)	0	0	0	100%	0%	N/A	N/A	0	N/A	N/A
	Day Treatment Intensive (DTI)	<11 [*]	0	<11 [*]	100%	0%	N/A	N/A	0	N/A	N/A
Eating Disorder Services	IOP Eating Disorder (ED)	14	0	14	100%	0%	N/A	N/A	0	N/A	N/A
	PHP ED	15	0	15	100%	0%	N/A	N/A	0	N/A	N/A
	Residential ED	22	0	22	100%	0%	N/A	N/A	0	N/A	N/A

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Table 3: Prior Authorization Appeal Decisions (by count and %) as of CY 2025

An appeal refers to a request for reversal of a denial decision.

Table 3: Prior Authorization Appeal Decisions (by count and %) as of CY 2025				
	Service Type	# of standard¹ requests that were Appealed	# of standard¹ requests that were approved	% of standard¹ requests that were approved after Appeal
DMC-ODS	Residential ³	0	N/A	N/A
Children's Services	IHBS	0	N/A	N/A
	TBS	0	N/A	N/A
	TFC ⁴	0	N/A	N/A
Interventional Services	ECT	0	N/A	N/A
	TMS	0	N/A	N/A
	Ketamine/ Exketamine	0	N/A	N/A
Specialty Mental Health Adult & Child	Day Rehabilitation (DR)	0	N/A	N/A
	Day Treatment Intensive (DTI)	0	N/A	N/A
Eating Disorder Services	IOP Eating Disorder (ED)	0	N/A	N/A
	PHP ED	0	N/A	N/A
	Residential ED	0	N/A	N/A

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Table 4: Prior Authorization Request Decisions Extended (by count and %) as of CY 2025

Prior Authorization Extensions are when timeframes may be extended for up to 14 days if the following conditions are met:

- 1) The beneficiary, or the provider, requests an extension; or
- 2) UM justifies and documents the need for additional information and how the extension is in the beneficiary's interest

Table 4: Prior Authorization Request Decisions Extended (by count and %) as of CY 2025				
	Service Type	# of requests that were extended	Total requests where review timeframe was extended and approved	% of requests that were approved after extension
DMC-ODS Children's Services	Residential ³	52	52	100%
	IHBS	0	N/A	N/A
	TBS	0	N/A	N/A
Interventional Services	TFC ⁴	0	N/A	N/A
	ECT	0	N/A	N/A
	TMS	0	N/A	N/A
Specialty Mental Health Adult & Child	Ketamine/ Esketamine	0	N/A	N/A
	Day Rehabilitation (DR)	0	N/A	N/A
	Day Treatment Intensive (DTI)	0	N/A	N/A
Eating Disorder Services	IOP Eating Disorder (ED)	0	N/A	N/A
	PHP ED	0	N/A	N/A
	Residential ED	0	N/A	N/A
Aggregated Total:		52	52	100%

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Table 5: Average and Median time for Prior Authorization Decisions as of CY 2025

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	Service Type	Average time elapsed between submission of a request and determination for standard requests	Median time elapsed between submission of a request and determination for standard requests	Average time elapsed between submission of a request and determination for expedited requests	Median time elapsed between submission of a request and determination for expedited requests
DMC-ODS	Residential ³	1 days	1 day	N/A	N/A
Children's Services	IHBS	0 days	0 days	N/A	N/A
	TBS	2 days	1 day	N/A	N/A
	TFC ⁴	0 days	0 days	N/A	N/A
Interventional Services	ECT	1 days	0 days	N/A	N/A
	TMS	N/A	N/A	N/A	N/A
	Ketamine/Exketamine	5 days	5 days	N/A	N/A
Specialty Mental Health Adult & Child	Day Rehabilitation (DR)	N/A	N/A	N/A	N/A
	Day Treatment Intensive (DTI)	2 days	1 day	N/A	N/A
Eating Disorder Services	IOP Eating Disorder (ED)	0 days	0 days	N/A	N/A
	PHP ED	0 days	0 days	N/A	N/A
	Residential ED	0 days	0 days	N/A	N/A

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