County of Inyo
Health & Human Services Department
Behavioral Health
Prior Authorizations

Reporting Period: January 1-December 31, 2025

This report is provided in accordance with California Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 26-008 and summarizes the Inyo County Mental Health Plan's prior authorization activity for Calendar Year 2025. The information is reported in aggregate and is intended to provide transparency regarding prior authorization requests, determinations, appeals, and decision timeframes.

Services Requiring Prior Authorization

For Calendar Year 2025, Inyo County Mental Health Plan (MHP) reviewed and processed prior authorization requests for the services listed below, as applicable based on services available and authorized within Inyo County during the reporting period. The services listed do not represent all services available through the MHP and reflect only those for which prior authorization was applicable during Calendar Year 2025.

- Intensive Home-Based Services
- Day Treatment Intensive
- Day Rehabilitation
- Therapeutic Behavioral Services
- Therapeutic Foster Care

Standard Prior Authorization Requests

Measure	2025 Result
Total PA requests received	0
Approved	0
Denied	0
Approved after appeal	N/A
Requests with review timeframe and ultimately approved	N/A
Average time to determination	N/A
Median time to determination	N/A

Expedited Prior Authorization Requests

Measure	2025 Result
Total expedited PA requests received	0
Approved	0
Denied	0
Average time to decision	N/A
Median time to decision	N/A

All Prior Authorization Requests

Measure	2025 Result
Total Standard Requests	0
Total Expedited Requests	0
Total PA requests	0

Methodology Statement

Data Note: Zero prior authorization requests reported for specific services reflect services that were either not offered by the MHP during Calendar Year 2025 or were provided directly by MHP staff and therefore did not require a separate prior authorization request. These zero values reflect the MHP's service delivery structure and do not indicate that required prior authorization requests were missed or not processed.

Methodology: Prior authorization metrics are based on authorization requests received and decisions issued by the Inyo County Mental Health Plan during calendar year 2025. Metrics are to be reported in aggregate across services requiring prior authorization. No personally identifiable or protected health information is included in this report.

Data Source: Inyo County Mental Health Plan utilization management/prior authorization records as appropriate.