

INTENSIVE HOME BASED SERVICES (IHBS) 1212–AUTHORIZATION & MEDICAL NECESSITY

I. Must meet 1-3:

- 1. Child/youth is a member of the Katie A. Subclass as verified by inclusion in the Katie A Eligibility Spreadsheet and by completed 1189-Katie A. Verification form.
- 2. Child/youth is receiving other specialty mental health services including Intensive Care Coordination (ICC).
- 3. Child & Family Team recommends IHBS.

II. AND must meet 4-6:

- 4. It is highly likely (in the clinical judgment of the mental health provider) that without IHBS the child/youth will fail to achieve permanency in their current placement, transition to a lower level of care or achieve the goals and objectives of their plan.
- 5. Child/youth has the capacity to make positive behavioral changes and develop skills that will enable him/her to sustain non-impulsive self-directed behavior and engage in appropriate family and community activities without full-time supervision.
- 6. Child/youth is placed outside of a group home, hospital, psychiatric health facility, correctional facility, nursing facility, IMD, or crisis residential program (or transitioning from such facility to a permanent home during visits outside the group home setting).

Clinical signature & title:

Date:

LPHA Co-signature (if required):

Date:

For BH Clinician/Supervisor use only. Complete sections I & II and route to BH Program Manager.

III. Medical necessity criteria met for IHBS if:

- Boxes 1-3 above are all marked **AND**
- Boxes 4-6 are all marked

Child/youth authorized for IHBS: Yes No

Effective Date:

LPHA/Program Manager or Designee signature:

Date:

For BH Program Manager use only. Complete section III and route to IHBS Records Manager.

IV. Provider Assignment (assigned to Providers on a rotating basis)


Provider Name:

Date Contacted:

For IHBS Records Manager use only. Complete this section, update KAES, and route completed form to Claims Data Management & Medical Records.

IHBS Records Manager signature:

Date:

	DHHS-Behavioral Health 720 Wood Street Eureka, CA 95501 CONFIDENTIAL PATIENT INFORMATION (SEE CA W&I CODE 5328, 42 CFR PART 2)	IHBS Authorization and Medical Necessity	Client Name	
	Client ID			
	Client DOB			