

AUTHORIZATION FOR THERAPEUTIC BEHAVIORAL SERVICES (N/A IF BC)

Therapeutic Behavioral Services

Behavioral Coach

1172–MEDICAL NECESSITY CRITERIA FOR THERAPEUTIC BEHAVIORAL SERVICES

<p>I. Must meet 1-4:</p> <p><input type="checkbox"/> 1. Child/youth is a full scope Medi-Cal beneficiary under age 21</p> <p><input type="checkbox"/> 2. Meets DHHS-BH Medi-Cal necessity criteria</p> <p><input type="checkbox"/> 3. The child/youth is receiving other specialty mental health services</p> <p><input type="checkbox"/> 4. It is highly likely (in the clinical judgment of the mental health provider) that without TBS the child/youth will need a higher level of residential care, including acute, or needs this support to transition to a lower level of care.</p>
<p>II. AND at least ONE of the following: (<i>check all that apply</i>)</p> <p><input type="checkbox"/> 5. Child/youth is placed in group home facility of RCL 12 or above and/or a locked treatment facility.</p> <p><input type="checkbox"/> 6. Child/youth is being considered for placement in a facility as described above</p> <p><input type="checkbox"/> 7. Child/youth has undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months</p> <p><input type="checkbox"/> 8. Child/youth previously received TBS while a member of the certified class</p>
<p>III. AND must meet 9-15:</p> <p>Child/youth presents with conditions requiring a TBS and the service is NOT solely:</p> <p><input type="checkbox"/> 9. For the convenience of the caretaker</p> <p><input type="checkbox"/> 10. To provide supervision or assure compliance with probation</p> <p><input type="checkbox"/> 11. To ensure the child/youth’s physical safety or the safety of others</p> <p><input type="checkbox"/> 12. To address conditions not part of the child/youth’s mental health condition</p> <p>AND</p> <p><input type="checkbox"/> 13. He/she cannot sustain non-impulsive self-directed behavior, cannot handle themselves appropriately in social situations with peers and are unable to appropriately handle transitions during the day</p> <p><input type="checkbox"/> 14. The child/youth has the capacity to develop skills in order to be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision</p> <p><input type="checkbox"/> 15. The child/youth is placed outside of a hospital, psychiatric health facility, nursing facility, IMD, or crisis residential program.</p>
<p>Signature of Staff/Title: _____</p>
<p>Co-signature (if required): _____ Date: _____</p>

<p>1172 Medical Necessity Criteria for TBS <i>To be completed at time of request.</i></p>	<p><u>Provider Information</u></p> <p>Name/Title: _____</p> <p>Agency: _____</p> <p>Phone: _____</p>	<p><u>Client Information</u></p> <p>Name: _____</p> <p>Case #: _____</p> <p>DOB: _____</p>
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