

Therapeutic Behavioral Services
Eligibility Criteria

In order for a child/youth to be eligible to receive services, the child/youth must meet all of the following. Please check all that apply.

Name of Client being Referred:	Client Number:
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A. MUST BE 1-4

- (1) Child/Youth is a full scope Medi-Cal beneficiary under 21.
- (2) Meet's medical necessity criteria.
- (3) The Child/Youth is receiving other specialty mental health services.
- (4a) It is likely (in the clinical judgment of mental health provider) that without TBS that the child/youth will need a higher level of residential care, including acute care; or
- (4b) Needs this support to transition to a lower level of care.

B. AND at least ONE of the following (check all that apply)

- (5) Child/youth is placed in a group home of RCL 12 or above and/or a locked treatment facility.
- (6) Child/youth is being considered for placement in a facility as described above. If checked then see **REQUIRED** step below:
 - Attach Interagency Placement Screening Committee Form Parts A & B, **-OR-**
 - Attach a Progress Note reflecting consultation with Children's Case Management clinician indicating that client's behaviors places him/her at risk of an RCL 12 level of care or above.
- (7) Child/youth has undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months.
- (8) Child/youth previously received TBS while a member of the certified class.

C. AND must meet 9-15

Child/youth presents with conditions requiring TBS and the service is not solely:

- (9) For the convenience of the caretaker.
- (10) To provide supervision or assure compliance with probation.
- (11) To ensure the child/youth's physical safety or the safety of others.
- (12) To address conditions not part of the child/youth's mental condition.

AND

- (13) Child/youth 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.
- (14) The child/youth has the capacity to develop skills in order to be able to sustain non-impulsive self-directed behavior and engaged in appropriate community activities without full-time supervision.
- (15) The child/youth is not an in-patient in a hospital, psychiatric health facility, nursing facility, IMD or crisis residential program.

Signature of Referring Staff/Title:
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: center;">Date:</div> <div style="border-bottom: 1px solid black; width: 40%;"></div> </div>
(Please Print/Type Name and Title)