

County of San Diego Behavioral Health Services
Eligibility for Pathways to Well-Being and Enhanced Services
 (Class or Subclass)

Intake Reassessment Discharge

Program Name

A Child/youth meets criteria for Enhanced Services (Subclass) if:

- Answers to item 1- 3 below are **Yes AND**
- Answer to **either 4 OR 5** are **YES**

1. Child/youth has open **Child Welfare Services Case** (including voluntary cases)? *(Answer yes or no based on the information in Cerner and consultation with assigned PSW. If a PSW indicates that the case is in investigation status, the case is not considered open to CWS and the answer to question 1 would be "No").* Yes No

2. Child/youth meets **Medical Necessity** criteria? *(Does the client meet criteria for Specialty Mental Health Services? These are: included diagnosis, significant impairment in an important area of life functioning and intervention will result in positive impact).* Yes No

3. Child/youth (up to age 21) has **full scope Medi-Cal**? Yes No

4. **2 or more placement changes within 24 months** due to behavioral health needs? *(Placement changes for any other reason do not apply. Returning to parent's care (reunification) is not a change due to a behavioral health need).* Yes No

5. Child/youth is currently **being considered for, receiving, or recently discharged from any of the following services (generally within 90 days)**: *(Collaboration between provider and PSW can be initiated to gain information regarding services that are being considered. Consideration also includes the provider clinical judgment about whether or not the child/youth is at risk of needing any of the services listed.)*

- | | |
|--|--|
| Crisis Stabilization (ex: ESU, North County Crisis Intervention and Response Team) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Psychiatric Hospitalization | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement in RCL 10 or above or Short Term Residential Treatment Program (STRTP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Care Rate (SCR) due to behavioral health needs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Therapeutic Behavioral Services (TBS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wraparound, Comprehensive Assessment and Stabilization Services (CASS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Foster Family Agency Stabilization and Treatment (FFAST) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intensive Services Foster Care | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B **Eligible for Enhanced Services (Subclass)** *(If the answer (in Section A) 1-3 are yes, and either 4 or 5 are yes, the youth is eligible for Enhanced Services (Subclass) and check box. Then below, check box Active to Subclass or Class, and enter eligibility determination date.)*

OR

Eligible for Pathways to Well-Being (Class) *(If the answer (in Section A) to 1-2 are Yes but 3-5 are No, the youth is eligible for Pathways (Class) and check box. Then below, check box Active to Subclass or Class, and enter eligibility determination date.)*

County of San Diego
 Health and Human Services Agency
 Mental Health Services
 PWB Eligibility Form Fill
 HHSA:MHS-925

Client:

Case #:

Program:

*Active to Subclass or Class as of

*Inactive to Subclass or Class as of

*Dates must match current program eligibility determination date.

C CWS Protective Services Worker Name:

CWS Protective Services Worker Phone:

Out of County CWS Case Yes No

BHS Clinician/Provider:

Care Coordinator

Is the BHS Clinician/Provider assuming the Care Coordinator Role?

Yes No

Signature of Staff Member:

Printed Name:

CCBH ID:

Date:

County of San Diego
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Mental Health Services
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HHSA:MHS-925

Client:

Case #:

Program: