**County of San Diego Behavioral Health Services**

**Eligibility for Pathways to Well-Being and Enhanced Services**

**(Class or Subclass)**

[ ] **Intake** [ ] **Reassessment** [ ] **Discharge**

**Program Name**

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| **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**
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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 in 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) [ ]  Yes [ ]  No

Psychiatric Hospitalization [ ]  Yes [ ]  No

Placement in RCL 10 or above or Short Term Residential Treatment Program (STRTP) [ ]  Yes [ ]  No

Special Care Rate (SCR) due to behavioral health needs [ ]  Yes [ ]  No

Therapeutic Behavioral Services (TBS) [ ]  Yes [ ]  No

Wraparound, Comprehensive Assessment and Stabilization Services (CASS) [ ]  Yes [ ]  No

Foster Family Agency Stabilization and Treatment (FFAST) [ ]  Yes [ ]  No
Intensive Services Foster Care [ ]  Yes [ ]  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.)*

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 [ ]  \***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:

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| County of San DiegoHealth and Human Services AgencyMental Health Services **PWB Eligibility Form Fill**HHSA:MHS-925  9/20/17 | **Client:** **Case #:****Program:** |