**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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| County of San Diego  Health and Human Services Agency  Mental Health Services  **PWB Eligibility Form Fill**  HHSA:MHS-925  9/20/17 | **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:

|  |  |
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