



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 13-08

Date 09/13/2013

To Department of Behavioral Health and Contract Provider
Medical and Clinical Staff

From CaSonya Thomas, Director 

Subject Care Necessity Form - Revision

Introduction Due to a number of recent changes regarding qualifications for Department of Behavioral Health (DBH) Services, the Care Necessity Form has been revised. The primary change is replacement of "Healthy Families" qualifying criteria and its documentation requirements, with the qualifying criteria and documentation requirements for the "Core Practice Model" (Katie A.), service functions of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS).

Purpose The Care Necessity Form provides documentation of departmental and programmatic reasons why an individual qualifies for Department services.

Procedure Staff shall complete the following steps when using the form:

- Complete the form upon admission during the intake period.
- Check all boxes that apply to the client.
- Update the form if information contained on the form changes for the client. (*Important Note:* Staff updates by completing a new Care Necessity form.)
- Must be signed by one of the following approved categories of staff:
 - a. A physician,
 - b. A licensed/waivered psychologist,
 - c. A licensed/registered/waivered social worker,
 - d. A licensed/registered/waivered marriage and family therapist,
 - e. A registered nurse, including but not limited to, nurse practitioners and clinical nurse specialists

Note: The form may be completed by post-degree Graduate Students, but it requires co-signature of a fully Licensed Practitioner of the Healing Arts.

Questions Questions regarding this Information Notice may be directed to the Department of Behavioral Health, Quality Management Division at (909) 421-9456.

CARE NECESSITY (QUALIFICATIONS FOR SERVICES)

I. VICTIM OF CURRENT NATURAL DISASTER

II. CLIENT IS A QUALIFIED CALWORKS PARTICIPANT

III. MEDI-CAL MEDICAL NECESSITY CRITERIA ARE MET (Y / N) AS FOLLOWS:
MUST HAVE :

1. Qualifying mental health diagnosis (see Medi-Cal list in Outpatient Chart Manual 2-3.2)

AND AT LEAST ONE OF THE FOLLOWING THREE:

2. Significant impairment in an important area of life functioning
3. Probability of a significant deterioration in an important area of life functioning
4. (Children only) Probability that child will not progress developmentally as individually appropriate

AND

5. Planned interventions will address impairment conditions

AND

PLANNED INTERVENTIONS ARE EXPECTED TO-- (AT LEAST ONE OF 6, 7, OR 8)

6. Significantly diminish the impairment (*corresponds to item 2*), OR
7. Prevent significant deterioration in an important area of life functioning (*corresponds to item 3*), OR
8. (Children only) Allow the child to progress developmentally as individually appropriate (*corresponds to item 4*)

AND

9. The condition would not be responsive to treatment by a physical healthcare-based provider

IV. (EPSDT) PERSONS UNDER 21 who have unrestricted Medi-Cal also meet Medi-Cal medical necessity requirements when 1 and 9 are checked above, AND--

10. The services are generally acceptable services for the purpose of correcting or ameliorating the mental disorder (including treatment of substance problems which is necessary for treating the mental disorder)

V. FOR CHILD WELFARE INVOLVED CHILDREN ONLY:

QUALIFICATIONS FOR CORE PRACTICE MODEL (KATIE A.) SUBCLASS.

Children/youth (up to age 21) are considered to be a member of the Core Practice Model (Katie A.) Subclass if they meet all of the following criteria:

1. **Must meet all of the following:**

- a) Are full-scope Medi-Cal (Title XIX) eligible;
 b) Have an open child welfare services case [defined as any of the following: 1. a child is in foster care; 2. child has a voluntary family maintenance case (*pre or post, returning home, in foster or relative placement*), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made];
 c) Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

2. **In Addition to above, the child/youth must meet at least one of the following:**

- a) Currently in or being considered for (*check all that apply*):
 Wraparound, or
 Therapeutic Foster Care, or
 Specialized Care Rate due to behavioral health needs, or
 Other intensive EPSDT services, including but not limited to Therapeutic Behavioral Services (TBS) or crisis stabilization/intervention;
 b) Currently in or being considered for (*check all that apply*):
 Group Home (RCL 10 or above), or
 Psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or
 Has experienced three or more placements within 24 months due to behavioral health needs.

DATE _____ SIGNATURE _____ PRINTED NAME _____

DATE _____ SIGNATURE _____ PRINTED NAME _____

CARE NECESSITY
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:
CHART NO:
DOB:
PROGRAM: