



JUSTIFICATION FOR EXTENSION OF INTENSIVE HOME-BASED SERVICES (IHBS)

NAME / MRN _____

Client's DOB: _____ Ethnicity: _____ IHBS OPENING DATE: _____

Gender: Male Female Transgender Other _____ Preferred Pronouns: _____

Client's Primary Language: Eng Span Other _____

Family's Primary Language: Eng Span Other _____

Client's Current Address: _____

Current School: _____ Current Grade: _____ Special Ed

Current Caregiver: _____ Relationship: _____ Phone#: _____

Legally Responsible Party: _____ Relationship: _____ Phone#: _____

IHBS Staff Assigned: _____ IHBS Program: _____

Does the above-mentioned child/youth have an *open* Child Welfare Case? Yes No

Has the above-mentioned child/youth been Presumptively transferred? Yes No County: _____

Medical Necessity Determination:

To establish Medical Necessity Criteria for ICC/IHBS Services, the youth must meet criteria 1. and 2.

1. Does the above-mentioned child/youth have full scope Medi-Cal? Yes No
2. Does the above-mentioned child/youth meet Access Criteria for SMHS? Yes No
3. In addition, please identify complex needs. Please note that this list is not exhaustive. There may be other reasons why ICC/IHBS may be needed services (see "other" criterion").
Is the child currently receiving or being considered for any of the following service(s)? ***If so, check all that apply.*** Yes No

- Wraparound
- Specialized Care Rate due to Behavioral Health Needs
- Receiving intensive SMHS, including, but not limited to, Therapeutic Behavioral Services, Crisis Stabilization (PES), or Crisis Intervention (PES/MRT)
- Group Home (RCL 10 or higher) or Short Term Residential Therapeutic Programs (STRTP)
- Experienced two or more placements due to behavioral health needs in the last 24 months
- Psychiatric Hospital/24-Hour Mental Health Facility, or discharged in the last 90 days
- Two or more mental health hospitalizations in the last 12 months
- Two or more emergency room visits in the last 6 months due to primary mental health condition including, but not limited to, involuntary treatment under California Welfare and Institution Code section 5585.50
- Treated with two or more antipsychotic medications at the same time over a 3-month period
- Treated with one psychotropic medication, for child/youth 5 years and younger

