



# COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration      Clinic Services      Public Health  
Behavioral Health      Emergency Medical Services      Public Administrator/Public Guardian  
Environmental Health/Animal Services

Policy Number	457 & 457B
Policy Title	TBS & TBS Eligibility
References	DMH LETTER NO: 99-03; TITLE 9 CCR 1810.215, 229
Form	Certification of Class Eligibility Form Initial and Reauthorization Forms Notification to DMH regarding provision of Therapeutic Behavioral Services
Effective	SEPTEMBER 6, 1999 REVISED: SEPTEMBER 8, 2000 REVISED: APRIL 21, 2001 REVISED: MAY 23, 2003 REVISED: SEPTEMBER 1, 2003 REVISED: APRIL 12, 2006 REVISED: APRIL 15, 2016 REVISED: MARCH 10, 2017

1 POLICY

2

3 Therapeutic Behavioral Services (TBS) are included as a Medi-Cal specialty mental health service. The Mental  
4 Health Plan (MHP) is responsible for determining the need for, ensuring access to, and managing these services.  
5 The Monterey County Department of Health Behavioral Health Division (BHD) provides an array of services to  
6 include, but not limited to:

7

- 8 1. Comprehensive Evaluation and Assessment
- 9 2. Individualized Treatment Plan
- 10 3. Crisis Services, including Residential
- 11 4. Inpatient Psychiatric Services
- 12 5. Medication Management and Education
- 13 6. Case Management
- 14 7. Rehabilitation and Support Services
- 15 8. Vocational Rehabilitation
- 16 9. Residential Services (short and long)
- 17 10. Services for Homeless Mentally Ill Persons
- 18 11. Services for Dually Diagnosed Persons
- 19 12. Group Services

20

21 The purpose of this policy is to define TBS, outline eligibility, clarify service requirements, outline Early & Periodic  
22 Screening, Diagnosis & Treatment (EPSDT) brochure notification requirements, outline proper notification treatment  
23 plan and documentation requirements, outline the procedure for access and authorization, and list potential  
24 providers.

25

26 Service Definition: TBS is an intensive, one-to-one, short-term outpatient treatment intervention for beneficiaries  
27 under age 21 with serious emotional problems or mental illness who are experiencing a stressful transition or like  
28 crisis and need additional short-term specific support services. TBS must be needed to prevent placement in a  
29 group home at Rate Classification Level (RCL) 12 through 14 or a locked facility for the treatment of mental health  
30 needs or to enable a transition from any of those levels to a lower level of residential care.

31  
32 Service Description: The person providing TBS is available on-site to provide individualized one-to-one behavioral  
33 assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical  
34 distinction between TBS and other rehabilitative mental health services is that a significant component of this  
35 service activity is having the staff person on-site and immediately available to intervene for a specified period of  
36 time. The expectation is that the staff person would be with the child/youth in accordance with the treatment plan  
37 which would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day,  
38 depending upon the needs of the child/youth.

39  
40 TBS Eligibility Criteria for child/youth:

- 41  
42 A. *Must be full scope Medi-Cal under 21 years old;*  
43 B. *Must meet MHP medical necessity criteria;*  
44 C. *Must be member of certified class by meeting one of the following criteria:*  
45 1. Is placed in a group home facility, RCL 12 or above and/or a locked treatment facility for  
46 treatment of mental health which is not an institution for mental health disease, or  
47 2. Has undergone at least one emergency psychiatric hospitalization related to his/her  
48 current presenting disability with the preceding 24 months, or  
49 3. Is being considered by the County for placement in a group home facility, RCL 12 or  
50 above, and/or a locked treatment facility, or  
51 4. Previously received TBS while a member of the certified class.  
52 D. Is receiving other specialty mental health services;  
53 E. Without these additional short-term services it is highly likely that in the  
54 clinical judgment of the mental health provider;  
55 a. The child/youth will need to be placed in a higher level of residential care, including  
56 acute care because of a change in the child/youth behaviors or symptoms which  
57 jeopardize continued placement in current facility, or  
58 b. The child/ youth needs additional support to transition to a lower level of residential  
59 placement. Although the child/youth may be stable in the current placement, and  
60 change in behavior or symptoms are expected, TBS is needed to stabilize the  
61 child/youth in the new environment.

62  
63 Conditions under which TBS is not Reimbursable:

- 64  
65 1. Where the need for TBS is solely:  
66 a. for the convenience of the family, other caregiver, physician, or teacher;  
67 b. to provide supervision or to assure compliance with terms and conditions of probation;  
68 c. to ensure the child/youth physical safety or the safety of others, e.g., suicide watch; or  
69 d. to address conditions that are not part of the child/youth mental health condition.  
70 2. For children/youth who can sustain non-impulsive self-directed behavior, handle themselves  
71 appropriately in social situations with peers, and who are able to appropriately handle transitions during  
72 the day probably do not need these services.

- 73 3. For children/youth who will never be able to sustain non-impulsive self-directed behavior and engage in  
74 appropriate community activities without full-time supervision.  
75 4. When the beneficiary is an inpatient of a hospital, psychiatric health facility, nursing facility IMD, or  
76 crisis residential program.  
77

78 I. Service Delivery Requirements:  
79

80 This service activity is focused on resolution of target behaviors or symptoms which jeopardize existing  
81 placements or which are a barrier to transitioning to a lower level of residential placement and completion  
82 of specific treatment goals. TBS must be expected, clinical judgment of the MHP provider, to be effective in  
83 addressing the above focused to meet the goals of the treatment plan. TBS is to be decreased when  
84 indicated and discontinued when the identified behavioral benchmarks have been reached or when  
85 reasonable progress towards the behavioral benchmarks are not being achieved and are not reasonably  
86 expected to be achieved in the clinical judgment of the MHP provider. They are intended to be short-term,  
87 time-limited services and are not appropriate to maintain a child/youth at a specified level for the long-term.  
88 Service is provided under the direction of a Licensed Practitioner of the Healing Arts (LPHA).  
89

90 Examples of activities, interventions may include but are not limited to

- 91 ▪ Assisting the child/youth to engage in, or remain engaged in, appropriate activities
- 92 ▪ Helping to minimize child/youth impulsive behavior
- 93 ▪ Helping to increase child/youth social and community competencies by building or reinforcing those  
94 daily living skills that will assist the child/youth in living successfully at home and in the community
- 95 ▪ Providing immediate behavior reinforcements
- 96 ▪ Providing time-structuring activities
- 97 ▪ Preventing inappropriate responses
- 98 ▪ Providing appropriate time-out strategies
- 99 ▪ Providing cognitive behavioral approaches, such as cognitive restructuring, use of hierarchies, and  
100 graduated exposure
- 101 ▪ Collaboration with and support for the family caregiver's efforts to provide a positive environment  
102 for the child

103  
104 **PROCEDURE**  
105

106 Access: A request for TBS can be initiated by current recipients of services, family members, caregivers, or the  
107 mental health clinician providing specialty mental health services. The current clinician will meet with the family or  
108 caregiver to determine whether the child/youth is an eligible member of the class and to outline how TBS will be  
109 incorporated into the overall treatment plan. The request for TBS will be discussed with TBS liaison who will make  
110 appropriate referral and/or provide initial authorization.  
111

112 Additionally, TBS can be requested at any point of access into the MHP. If this request is made, the access worker  
113 should verify eligibility of the child/youth for whom services are being requested and then the request should be  
114 forwarded to the Behavioral Health Services Manager of the Children's System of Care or the Supervisor for the  
115 Hospital/Out of Home placement unit. Based on the child/youth locality, an assessment will be arranged through a  
116 contracted TBS provider. If no provider is located within proximity of the child, the Behavioral Health Services  
117 Manager will try to arrange an assessment through the local MHP in the child/youth area.  
118

119 Certification Prior to specific Types of Placement: Whenever MHPs are involved in placing children/youth out of  
120 their homes or transferring a child/youth from one out-of-home placement to a higher level placement in one of the  
121 following categories – RCL 12 through 14, State Hospital, skilled nursing facility with a special treatment program  
122 for the mentally ill, disorder (SNF/STP), or a Mental Health Rehabilitation Center (MHRC) that has been designated  
123 as an institution for mental disease (IMD) – MHPs must consider whether the provision of TBS in combination with  
124 other appropriate specialty mental health services will allow the child/youth to remain in his/her current living  
125 situation (See Policy 457B for detailed procedure).  
126

127 Early & Periodic Screening, Diagnosis & Treatment (EPSDT) brochure notification: MHPs will provide the EPSDT  
128 brochure at the time of admission to one of the above listed categories. MHPs will document in the electronic  
129 health record the date the EPSDT brochure was given to the beneficiaries. The EPSDT brochure is available on  
130 the Monterey County Behavioral Health Quality Improvement website and can also be printed and distributed to  
131 beneficiaries via this link: <http://www.dhcs.ca.gov/services/MH/Pages/EPSDT.aspx>  
132  
133

#### 134 TBS Client Plan and Documentation Requirements:

- 135
- 136 A. A TBS client plan may be a separate client plan for the delivery of TBS or a  
137 component of a more comprehensive client plan. The TBS client plan is intended to provide  
138 clinical directions for one or a series of short-term intervention(s) to address very specific  
139 behaviors and/or symptoms of the beneficiary as identified by the assessment process.
  - 140 B. Clearly specified behaviors and/or symptoms that jeopardize the residential  
141 placement or transition to a lower residential placement will be the focus of  
142 TBS.
  - 143 C. A specific plan of intervention for each of the targeted behaviors or symptoms identified in the  
144 assessment and client plan.
  - 145 D. A specific description of the changes in the behaviors and/or symptoms that the interventions  
146 are intended to produce, including a timeframe for these changes.
  - 147 E. A specific way to measure the effectiveness of the intervention at regular intervals and  
148 documentation of changes in planned interventions when the original plans are not achieving  
149 expected results.
  - 150 F. A transition plan that describes in measurable terms how and when TBS will be decreased  
151 and ultimately discontinued, either when the identified benchmarks (which are the objectives  
152 that are met as the beneficiary progresses towards achieving client plan goals) have been  
153 reached or when reasonable progress towards goals is not occurring and, in the clinical  
154 judgment of the individual or treatment team developing the plan, are not reasonably expected  
155 to be achieved. This plan should address assisting parents/caregivers with skills and  
156 strategies to provide continuity of care when TBS is discontinued.
  - 157 G. As necessary, a plan for transition to adult services when the beneficiary turns 21 years old  
158 and is no longer eligible for TBS. This plan should also address assisting parent/caregivers  
159 with skills and strategies to provide continuity of care when this service is discontinued, when  
160 appropriate in the individual case.
  - 161 H. If the beneficiary is between 18 and 21 years of age, notes regarding any special  
162 considerations that should be taken into account, e.g. the identification of an adult case  
163 manager.

- 164 I. TBS is discontinued when the identified behavioral benchmarks have been reached or  
165 progress towards the behavioral benchmark is not being achieved and is not reasonably  
166 expected to be achieved.  
167 J. MHP provider will adjust or decrease services when deemed appropriate by the MHP  
168 provider.  
169

170 Payment Authorization Requirements for TBS: Effective September 1, 2003 the contractor  
171 shall require providers to request initial and ongoing MHP payment authorization as defined in Title 9, CCR,  
172 Section 1810.229 for TBS as described below. In the event the contractor is the TBS provider, the contractor  
173 shall assure that the authorization process does not include staff involved in providing TBS When the  
174 contractor's MHP payment authorization decisions result in denial, modification, deferral, reduction or  
175 termination of the services requested by the provider, the contractor shall provide Notices of Action (NOA's) in  
176 accordance with the requirements of Title 9 CCR, Section 1850.210 and when required by Title 9 CCR Section  
177 1850.215, the continuation of services pending a fair hearing decision.  
178

179 A. General Authorization Requirements:

- 180 1. The contractor shall require providers to request MHP payment authorization to TBS in  
181 advance of the delivery of services in the authorization request.
- 182 2. The contractor will certify that the child/youth is a member of the class.
- 183 3. The contractor shall make decisions on MHP payment authorization requests in  
184 advance of service delivery for the first authorization and subsequent authorizations.  
185 The provider should make these requests ten working days prior to implementation of  
186 services or a like timeframe before requesting reauthorizations.
- 187 4. All authorization decisions must be made by a licensed practitioner of LPHA.
- 188 5. The contractor shall issue a decision on a MHP payment authorization request for TBS  
189 within 14 days or in accordance with the timeliness required by Title 9 CCR Section  
190 1810.405.
- 191 6. The contractor retains the authority to set additional standards necessary to manage  
192 the delivery of TBS, including, but not limited to, establishing maximum hours for  
193 individual TBS service components, provided the standards are consistent with  
194 applicable state and federal laws and regulations and do not prevent the delivery of  
195 medically necessary TBS.

196 B. Initial Authorization: The contractor shall not approve an initial MHP payment authorization  
197 request that exceeds 30 days or 60 hours whichever is less, except when the provider's  
198 initial request for MHP payment includes a completed TBS assessment and TBS client  
199 plan. An initial MHP payment authorization request that covers direct one-to-one TBS that  
200 is fully supported by an assessment and TBS client may be approved for 60 days or 120  
201 hours, whichever is less.

202 C. Reauthorization:

- 203 1. The contractor shall not approve a MHP payment authorization request for  
204 reauthorization of TBS that exceeds 60 days or 120 hours, whichever is less.
- 205 2. The contractor must have a complete TBS client plan prior to requesting any  
206 reauthorization.
- 207 3. The contractor shall base decisions on MHP payment authorization of TBS on clear  
208 documentation of the following and any additional information from the TBS provider  
209 required by the contractor:

- 210 a. The beneficiary's progress towards the specific goals and timeframes of the  
211 TBS client plan. A strategy to decrease the intensity of services and/or to  
212 initiate the transition plan and/or terminate services when TBS has been  
213 effective for the beneficiary in making progress towards specified  
214 measurable outcome identified in the TBS plan or the beneficiary has  
215 reached a plateau in benefit effectiveness.
- 216 b. If applicable, the beneficiary's lack of progress towards the specific goals  
217 and timeframes of the TBS client plan and changes need to address the  
218 issue. If the TBS being provided to the beneficiary is not making progress as  
219 expected toward identified goals, the alternatives considered and the reason  
220 that only the approval of the requested additional hours/days for TBS  
221 instead of or in addition to the alternatives will be effective.
- 222 c. The review and updating of the TBS client plan as necessary to address any  
223 significant changes in the beneficiary's environment.
- 224 d. The provision of skills and strategies to parents/caregivers to provide  
225 continuity of care when TBS is discontinued.
- 226
- 227 4. When the contractor approves a fourth MHP payment authorization request for a  
228 beneficiary, the contractor shall provide a summary of the TBS services provided,  
229 justification for the additional authorization and a termination plan with clearly  
230 established timelines and benchmarks, including a planned date for termination of  
231 TBS, in writing to the Director of Behavioral Health for the contractor and to the Deputy  
232 Director, Systems of Care, Behavioral Health Division, within five working days of the  
233 authorization decision.

234 Notification to the California Department of Health Care Services (DHCS):

- 235 A. Notification to DMH will be submitted within 30 days of the initial authorization and quarterly  
236 thereafter. The provider will submit notification using form entitled, "Notification to DMH Regarding  
237 Provision of Therapeutic Behavioral Services". A copy must also be submitted to contractor on  
238 same timelines.
- 239 B. Contractor will provide DMH with a list of providers quarterly by the 15<sup>th</sup> of the last month in the  
240 quarter of the calendar year.

241 Provider List:

242 Casa Pacifica  
243 Charis Youth Center  
244 Edgewood Children's Center  
245 Unity Care Group, Inc.  
246 Rebekah Children's Home  
247 Redwood's Children's Services  
248 Sunny Hills Services

249

250 All access workers and providers are aware of their responsibilities in relation to TBS through the  
251 issuance of this policy.

252

Monterey County  
**Children's Behavioral Health**  
Therapeutic Behavioral Services (TBS) Referral

**Please provide:**

- Completed referral     Release of information  
(For EMQ, Aspiranet, JDT)     Most Recent Assessment if not  
a CBH client.     DX Print out

To : TBS Coordinator  
299 12th St, Suite A  
Marina, CA 93933  
(831) 647-7711 phone  
(831) 647-7908 fax

**To avoid a delay in service provision, please make sure to complete TBS referral in its entirety and attach a release of information signed by the guardian/parent. If client is a DSES dependent, ROI must be signed by judge. (Parent can sign if rights are still in tact.)**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

CBH ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Primary/preferred Language: \_\_\_\_\_

Monterey County Medi-Cal Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Primary/preferred Language: \_\_\_\_\_

Others involved with client:

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

DSES Worker \_\_\_\_\_ Phone \_\_\_\_\_

Probation Officer \_\_\_\_\_ Phone \_\_\_\_\_

Therapist \_\_\_\_\_ Phone \_\_\_\_\_

Group Home Staff Contact \_\_\_\_\_ Phone \_\_\_\_\_

Other \_\_\_\_\_ Phone \_\_\_\_\_

Current Diagnosis:

\_\_\_\_\_

1.  Yes  No Does the child/youth have full-scope Medi-Cal?  
**If “no”, the child does not qualify for TBS**

2.  Yes  No Is the child/youth currently receiving mental health services?  
**If “no”, the child does not qualify for TBS**

The Child/youth <b>must</b> meet at least one of the following criteria, please mark all that apply:	
	This child/youth placed is a group home facility of RCL 12 or above and / or a locked treatment facility for the treatment of mental health needs which is not an institution for Mental Health Disease.
	This Child / youth is being considered by the County for placement in a Facility RCL 12 or above, and / or locked treatment facility. (child/youth behavior could result in placement in such a facility)
	This Child / youth has undergone at least one emergency in-patient psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months. (specify date/place) _____
	This Child / youth previously received Therapeutic Behavioral Services (TBS).
	This Child/youth presents with urgent or emergency conditions that jeopardize his/her current living arrangement.
<b>If none of these criteria are met, the child does not qualify for TBS</b>	

3.  Yes  No Is it highly likely, in the clinical judgment of the specialty mental health service provider, that without additional short-term support of Therapeutic Behavioral Services (TBS) one of the following will occur?: (please check all that apply)

**If “no”, the child does not qualify for TBS**

The child / youth will need to be placed in a higher level of residential care, including acute care, because of a change in the child / youth’s behaviors or symptoms which jeopardize continued placement in current facility.

The child / youth needs this additional support to transition to a lower level of residential placement. Although the child / youth may be stable in the current placement, a change in behavior or symptoms are needed to stabilize the child in the new environment.

4.  Yes  No Does the child / youth have specific target behavior(s) that puts him / her “at risk” for a higher level of placement or “at risk” of being unable to transition to a lower level placement?

**If “no”, the child does not qualify for TBS**

Please describe **specific behaviors** this child/youth is displaying:

What services and interventions are currently being provided to address this behavior?

Name of person making the referral: \_\_\_\_\_

Agency: \_\_\_\_\_ Ph #: \_\_\_\_\_