

# ELIGIBILITY FOR PATHWAYS TO WELL-BEING AND ENHANCED SERVICES

2017

**WHEN:** Within 30 days of intake, at reassessment (noted changes throughout the course of treatment), and at discharge.

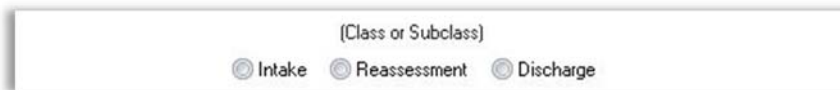
**ON WHOM:** All children/youth with an open Child Welfare Services (CWS) case.

**COMPLETED BY:** Service provider eligible to determine medical necessity:  
Physician  
Licensed/Waivered Psychologist  
Licensed/Registered/Waivered Social Worker  
Licensed/Registered/Waivered Marriage and Family Therapist  
Licensed/Registered/Waivered Licensed Professional Counselor

**MODE OF COMPLETION:** Entered in Cerner Community Behavioral Health (CCBH), located under “Assessment Type.” If unable to enter electronically, use Form Fill and enter in CCBH as soon as able.

**REQUIRED ELEMENTS:** All elements of the Form must be completed.

- Check the appropriate box for the current time period for completion of the form: Intake, Reassessment, or Discharge. (see example image below)



- Enter the Program Name.

**Section A, Child/youth meets eligibility criteria if:** Check **Yes** or **No** based on information in the BHA and consultation with the assigned CWS Protective Service Worker (PSW).

**1. Is there an OPEN CWS CASE?**

- Call (858) 514-6995 to obtain the name and contact information of the assigned PSW.

- If there is no assigned PSW, there is no open case: do not complete the form.

- If there is an assigned PSW, contact the PSW and get status of the CWS case.

- An open CWS case includes Court Involved or Voluntary Services cases; cases in “Investigation” status are not considered open.

- If there is an open CWS case, check “Yes” and move to Question 2.

**2. Does the child/youth meet Medical Necessity Criteria?**

- Included diagnosis, significant impairment in an important area of life functioning, and intervention will result in positive impact.

**3. Does the child/youth have full-scope Medi-Cal?**

- Collaborate with PSW if Medi-Cal information is needed.

**4. Has the child/youth had two or more placements changes within the last 24 months due to behavioral health needs?**

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- Placement changes for other reasons do not apply. Returning to parent's (reunification) is not a change due to behavioral health needs. Collaborate with PSW for previous placement information.
- 5. **Is the child/youth currently being considered for, receiving, or recently discharged from any of the services listed (generally within last 90 days)?**
- Collaborate with PSW to gain information regarding services that are being considered or have been implemented. This also includes the provider's clinical judgment about whether or not the child/youth is at risk of needing any of the services listed.

**Section B, Designation:** Select the appropriate Eligibility designation based on the answers to questions from Section A.

- If the answers (in Section A) 1-3 are **YES** and either 4 or 5 are **YES**, the youth is Eligible for Enhanced Services (Subclass), check corresponding box in section B (see example image below).
- If the answers (in Section A) to questions 1-2 are **YES** but 3-5 are **NO**, the youth is eligible for Pathways (Class), check corresponding box in section B

**If completing the form at Intake:**

- Choose the appropriate designation "Eligible for Enhanced Services (Subclass)," or "Eligible for Pathways to Well-Being (Class)"
- "Active to Subclass or Class as of," Enter the date the current provider is making the eligibility determination.
- REMINDER: Enter date of the current eligibility determination in **Client Categories Maintenance (CCM)** unless the client is currently open to the same designation, then do not change the **CCM**. If the client has a different designation enter the current designation and contact your Pathways to Well-Being liaison about the previous determination. (see example image below)

The screenshot shows a form section labeled 'B'. It contains two radio button options: 'Eligible for Enhanced Services (Subclass)' which is selected, and 'Eligible for Pathways to Well-Being (Class)'. Below these are two date input fields: '\*Active to Subclass or Class as of:' with the date '05/01/2017' entered, and '\*Inactive to Subclass or Class as of:' with the date ' / /' entered. A note at the bottom states '\* Dates must match current program eligibility determination date.'

**If completing form at Reassessment:**

- If changing an eligibility determination at **reassessment**, check the box in section B with the **new** eligibility determination. (see example image below)
- Enter the date, "Active to Subclass or Class as of," as the date of the **new** eligibility determination.
- Enter the date, "Inactive to Subclass or Class as of," as the date the **previous** determination ended (dates must not overlap).

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- Example: client currently Active to Subclass (Enhanced), upon reassessment on 09/01/2017 the client is now determined to be Active to Class. (see example image below)
- Reminder: Enter new Eligibility Determination date(s) in **CCM**.

B  Eligible for Enhanced Services (Subclass)

OR

Eligible for Pathways to Well-Being (Class)

\*Active to Subclass or Class as of: 09/01/2017

\*Inactive to Subclass or Class as of: 08/31/2017

\* Dates must match current program eligibility determination date.

## **If completing form at Discharge:**

- **Do not** check the boxes “Eligible for Enhanced Services (Subclass),” or “Eligible for Pathways to Well-Being (Class)”
- Check the box “Inactive to Subclass or Class as of,” and enter the date of inactive determination. (see example image below)
- Reminder: Enter an end date in the **CCM** that matches the inactive designation date unless youth is currently open to another BHS Provider; then collaborate to determine if end date should be entered in CCM.

B  Eligible for Enhanced Services (Subclass)

OR

Eligible for Pathways to Well-Being (Class)

\*Active to Subclass or Class as of: / /

\*Inactive to Subclass or Class as of: 09/30/2017

\* Dates must match current program eligibility determination date.

## **Section C, Providers and Signature:**

- Enter the name and telephone number of the current PSW.
- Check box indicating if the case is from a county other than San Diego.
- Use drop down Menu listing BHS Clinician/Provider (If using Form Fill: enter BHS Clinician/Provider name).
- Enter name of Care Coordinator (either BHS or CWS)
- If the BHS Clinician/Provider is assuming the Care Coordinator Role check “Yes”. If someone other than BHS is the Care Coordinator, check “No”
- Electronically sign and date.

## **BILLING:**

Can only occur when connected to a direct client service