



Pathways to Well-Being/Intensive Services Eligibility Assessment

(YES) ←-----Does the child/youth have an open child welfare case? -----→(NO)

Clinic/Agency Name: _____
Address: _____
Phone: _____

Client Name: _____
DOB: _____
MRN: _____

(Pathways to Well-Being Only)

- 1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child have an open Child Welfare case? Y / N
3. Does the child meet medical necessity? Y / N
4. Is the child currently receiving or being considered for any of the following services?

Table with 3 columns: Services/Placement, Receiving, Considered. Rows include Wrap/FSP Wrap, TBS, Specialized Care Rate, Crisis Stabilization-CSU, Other Intensive EPSDT, RCL 10+ or FFA/ STRTP, Psychiatric Hospital.

- 5. Has the child had three or more placements within 24 months due to behavioral needs? Y / N

*Children meet criteria for Pathways to Well-Being if: The answers to numbers 1, 2 and 3 are all: "Yes" AND -The child is in, or being considered for, any of the services in 4 OR the answer to 5 is "Yes"

PATHWAYS TO WELL-BEING*

YES NO ---> Provider Only: If "NO," complete right side of form.

Was the child/youth opened/accepted for mental health services? Yes No

SSA Social Worker (if available) _____

This eligibility assessment was completed by:

- HCA Therapist HCA Contract Therapist
CEGU Therapist CCPU Wrap/FSP Provider

Name _____ Phone _____

Signature _____ Date _____

(Intensive Services Only)

- 1. Does the child have full-scope Medi-Cal? Y / N
2. Does the child meet medical necessity? Y / N
3. Is the child currently receiving or being considered for any of the following services/conditions?

Table with 3 columns: Services/Placement, Receiving, Considered. Rows include Special Ed, SUD, or other Health & Human services, Probation or other Legal Systems, Wrap/FSP Wrap, Specialized Care Rate, Intensive SMHS (TBS, Crisis Stabilization, In-Home Crisis), RCL 10+ or FFA/ STRTP, Psychiatric Hosp. and/or DC'd w/in 90 days, 2 or more psych. hosp. w/in 12 mos., 2 or more placement changes for behavior w/in 24 mos., 2 or more antipsychotic meds at same time over 3 mos., Age 0-5 w/ more than 1 MH DX OR more than 1 psychotropic meds, Age 6-11 w/ more than 2 MH DX OR more than 2 psychotropic meds, Age 12-17 w/ more than 3 MH DX OR more than 3 psychotropic meds, 2 or more ER visits due to mental health w/in 6 mos., Received SMHS AND homeless during prior 6 mos.

*Children meet criteria for Intensive (ICC/IHBS) Services if: The answers to numbers 1 and 2 are all: "Yes" AND the child is receiving/being considered for any in 3. (Note: the above criteria are guidelines only and should not to be used as absolutes).

INTENSIVE SERVICES*

YES NO

Name _____ Phone _____

Signature _____ Date _____