

Request for Authorization

Therapeutic Behavioral Services

Mail or fax to: Mendocino County POA, 1120 S. Dora St, Ukiah, CA 95482 Fax: (707)463-6868

Starting date requested _____

Client Name: _____ Date of Birth: _____

TBS Provider Clinician Name, Agency and License: _____

- Full Scope Medi-Cal # _____
- Under 21: Age _____
- Medical Necessity – DSM-IV Axis I Diagnosis: (Code and Description) _____
- Class Membership (check one) _____
 - RCL-12 or above
 - Being considered for RCL-12 or above (MDT confirmation)
 - One psychiatric hospitalization in the last 2 years. Admit date: _____
 - Previously received TBS as a member of the class. Most recent date: _____
- Youth receives other specialty mental health services:
 - Service _____ Provider _____
 - Service _____ Provider _____
- TBS assessment completed and attached if a 60 day authorization is requested.
- TBS services stated in the Client Plan and TBS Plan completed and attached.

Service Need (check one)

- To prevent placement in higher level of care due to behaviors or symptoms which jeopardize continued placement at the current facility.
- To enable transition to a lower level of care since changes in behavior or symptoms are expected following the move to the new environment

For Reauthorizations

- Documented evidence of youth’s progress or lack of progress towards the goals.
- Documented strategy to decrease services when there is progress towards the goals or when the youth has reached a plateau OR documented strategy to address the youth’s lack of progress toward the goals.
- TBS Plan is updated regarding any changes in the youth’s environment
- Documented transition plan – a strategy to decrease TBS services and provide the parent or caregiver with the skills necessary when TBS is discontinued

Signature of person completing form _____ Date _____

RQM Representative Signature _____ Date _____

MC-POA Authorization Use Only

Date request received: _____

TBS not authorized Reason for denial: _____

TBS authorized (check one) 30 days or 60 hours 60 days or 120 hours
Beginning/End dates of authorization period: _____ / _____

Next date to reauthorization for continued TBS: No later than: _____

Authorization Number: _____.

MC-POA Signature: _____ Date: _____