



NAME/MRN

INTENSIVE HOME BASED SERVICES (IHBS) 9 MONTH TREATMENT REVIEW

IHBS OPENING DATE: _____

Client's Name: _____ MRN: _____

Gender: Male Female Transgender DOB: _____ Ethnicity: _____

Client Primary Language: Eng Span Other _____ Family 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

ICC Eligibility is established if **ALL** of the following criteria (1-3) are met:

1. Does the above mentioned child/youth have full scope Medi-Cal? Yes No
2. Does the above mentioned child/youth meet Medical Necessity criteria? Yes No
3. Is the child currently receiving or being considered for any of the following service(s): Yes No

Check all that apply:

- Wraparound
- Specialized Care Rate due to Behavioral Health Needs
- Receiving intensive SMHS, including but not limited to Therapeutic Behavioral Services or Crisis Stabilization (PES), Crisis Intervention (PES/MRT)
- Group Home (RCL 10 or higher) or Short Term Residential Therapeutic Programs (STRTP)
- Experienced two (2) or more placements due to behavioral health needs in the past 24 months
- Psychiatric Hospital/24 Hour Mental Health Facility or discharged within past 90 days
- Two or more mental health hospitalizations in last 12 months
- Two or more emergency room visits in the last 6 month due to primary mental health condition 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 three month period
- Treated with one psychotropic medication, for child/youth 5 year and younger
- Treated with two psychotropic medications, for child/youth age 6-11 years
- Treated with three psychotropic medications, for child/youth age 12-17 years
- Diagnosed with more than one mental health diagnosis, for child/youth 5 year and younger
- Diagnosed with more than two mental health diagnoses, for child/youth age 6-11 years
- Diagnosed with more than three mental health diagnoses, for child/youth age 12-17 years
- Have been detained pursuant to W&I sections 601 and 602 primarily due to mental health needs
- Have received SMHS within the last year and have been reported homeless within the prior six months
- Other: _____

1. Please provide a summary of the IHBS services provided, including interventions utilized, the family's response to the interventions, and factors impeding or benefitting IHBS treatment provision.

2. Why is additional IHBS needed?

3. What is the termination plan? Please provide clearly established timelines.

4. What is the planned date of termination of IHBS?

Attach most current ICC Eligibility Form

Signature/License/Designation

Printed Name

Date

Co-Signature/License/Designation

Printed Name

Date