

**ALAMEDA COUNTY BEHAVIORAL HEALTH
CARE SERVICE
CHILD AND YOUTH SERVICES**

**DAY TREATMENT
PLACEMENT AUTHORIZATION
AND
SERVICES MANAGEMENT
MANUAL**

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PLACEMENT AUTHORIZATION FORM

Day Treatment Authorization Criteria form

RCL 13/14 Survey for Certification of Child

Criteria for 0-5 Early Childhood Mental Health

Client Episode Summary (Episode Opening)

Client Registration

DAY TREATMENT

PLACEMENT AUTHORIZATION AND SERVICES MANAGEMENT MANUAL

A. Introduction

ACBHCS and Children's Mental Health Services, in accordance with the CA State Department of Mental Health revised Day Treatment Regulations DMH 06-02, has implemented a formal Placement Authorization Procedure. This procedure requires that all clients placed in day treatment programs be authorized for placement by Alameda Co. BHCS.

Day Treatment services for children and youth are provided through a wide variety of programs determined by the type of client, age, referral process, and legal status of the client. Placement authorization, service input and Quality Assurance activity will vary depending upon the above factors. The following procedure details the Authorization Process needed for each client population and program provider.

B. How to Use this Manual

Find your program type on the Day Treatment Authorization Grid. Locate the procedure number and refer to that procedure for step by step instructions regarding who completes the placement authorization form (and additional forms where indicated), where to send it for a Behavioral Health Care Services authorizing signature, and what to do next. The initial placement authorization will be returned to the program. Follow the grid and procedure to determine where the chart will go for continuing authorization.

Day Treatment Authorization Grid

Program Number		Type of Program	Completed by	Forms	Initial Authorization	Continuing Authorization
1		AB3632 Day Treatment Programs with CSS Case Managers	CSS Case Manager	Placement Authorization	Chief of CSS	CQRT
2		AB3632 School Based Day Treatment Programs without CSS Case Managers	Provider	Placement Authorization	Chief of CSS	CQRT
3	a	AB3632 Residential RCL 12 In-County	CSS Case Manager	Placement Authorization	AB3632 Coordinator	CQRT
	b	AB3632 Residential RCL 12 Out-of-County	CSS Case Manager	Placement Authorization	AB3632 Coordinator	Quality Assurance Associate
4	a	AB3632 NPS/Residential RCL 13/14 In-County	CSS Case Manager	Placement Authorization	AB3632 Coordinator	CQRT
	b	AB3632 NPS/Residential RCL 13/14 Out-of-County	CSS Case Manager	Placement Authorization	AB3632 Coordinator	Quality Assurance Associate
5	a	DSS/ Residential RCL 12 w/Day Treatment w/BHCS Contracts In-County	Program or Project Destiny	Placement Authorization & Day Treatment Authorization Criteria	RCL 13/14 Coordinator	CQRT
	b	DSS/ Residential RCL 12 w/Day Treatment w/BHCS Contracts Out-of-County	Program or Project Destiny	Placement Authorization Day Treatment Authorization Criteria	RCL 13/14 Coordinator	Quality Assurance Associate
6	a	DSS/ Residential RCL 13/14 w/Day Treatment w/BHCS Contracts In-County	RCL 13/14 Coordinator	Placement Authorization	RCL 13/14 Coordinator	CQRT
	b	DSS/ Residential RCL 13/14 w/Day Treatment w/BHCS Contracts	RCL 13/14 Coordinator	Placement Authorization	RCL 13/14 Coordinator	Quality Assurance Associate

Program Number		Type of Program	Completed by	Forms	Initial Authorization	Continuing Authorization
		Out-of-County				
7	a	Five Plus Days of Day Treatment (Preauthorization is required) Community Treatment Facility (STARLIGHT)	RCL 13/14 Coordinator	Placement Authorization & RCL 13/14 Survey for Certification of Child	RCL 13/14 Coordinator	Santa Clara Host County/CQRT
	b	Other programs providing 5+days of day treatment (Avalon House-FFYC, etc.)	RCL 13/14 Coordinator	Placement Authorization & RCL 13/14 Survey for Certification of Child	RCL 13/14 Coordinator	Contra County Mental Health for Avalon or as determined by BHCS
8		Project Destiny youth in Day Treatment other than RCL 12, 13 and 14	Project Destiny or Program	Placement Authorization Day Treatment Authorization Criteria	AB3632 Coordinator	CQRT
9		Therapeutic Pre-School	Program	Placement Authorization Criteria for 0-5 Early Childhood Mental Health	Early Childhood Mental Health Coordinator	CQRT
10		Thunder Road	Program	Placement Authorization Day Treatment Authorization Criteria	Chief of Outpatient Services	CQRT
11		West Oakland	Program	Placement Authorization Day Treatment Authorization Criteria	Chief of Outpatient Services	CQRT

1. AB3632 Day Treatment Contract Programs with Children's Specialized Services Case Managers

Program

- Informs Case Manager of client's admit to program

CSS Case Managers

- Check AB3632 Status
- Complete the Placement Authorization (PA) Form and turn into Chief of Children's Specialized Services (CSS) for signature

Chief of CSS

- Chief of CSS places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program:

- Enters services into PSP
- Follows CQRT Protocol for on-going authorization

Forms to use:

PLACEMENT AUTHORIZATION FORM

2. AB3632 School Based Day Treatment Program without Childrens Specialized Services Case Managers

Program

- Accepts student
- Checks Medi-Cal status
- Completes Placement Authorization Form
- Faxes completed PA form to Chief of CSS for signature

Chief of CSS

- Verifies AB3632 Status
- Signs PA form and places into designated PA IN-BOX

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM

3. AB3632 NPS/Residential RCL 12

a. In County

Program

- Informs Case Manager of client's admission to program

CSS Case Managers

- Check AB3632 Status
- Complete the Placement Authorization (PA) Form and turn into AB3632 Coordinator for signature

AB3632 Coordinator

- AB3632 Coordinator places signed PA Form into designated PA IN-BOX

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Chart goes to CQRT for continued authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

b. Out of County

Program

- Informs Case Manager of client's admission to program

CSS Case Managers

- Complete the Placement Authorization (PA) Form and turn into AB3632 Coordinator for signature

AB3632 Coordinator

- AB3632 Coordinator places signed PA Form into designated PA IN-BOX

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Submits Episode Opening and Registration Forms to AB3632 Coordinator
- Submits invoices and daily attendance records to AB3632 Coordinator on a monthly basis
 - Invoices are approved and forwarded to BHCS Finance for payment

- Daily Day Treatment Attendance Records are used to enter services into PSP by Children's Specialized Services (CSS) clerical staff
- Chart is forwarded to Quality Assurance Associate for continued Authorization (see Out-of-County Day Treatment Reauthorization Process)

Forms to use:

- PLACEMENT AUTHORIZATION FORM

4. AB3632 NPS/Residential RCL 13/14

a. In-County

Program

- Informs Case Manager of client's admission to program

CSS Case Managers

- Check AB3632 Status
- Complete the Placement Authorization (PA) Form and turn into AB3632 Coordinator for signature

AB3632 Coordinator

- AB3632 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per In-House PA In-Box Procedure

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

b. Out-Of-County

Program and CSS Case Manager

- Arrange client's admission to program

CSS Case Managers

- Complete the Placement Authorization (PA) Form and turn into AB 632 Coordinator for signature

AB3632 Coordinator

- AB3632 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol.

Program

Submits Episode Opening and Registration Forms to AB3632 Coordinator

- Submits invoices and daily attendance records to AB3632 Coordinator on a monthly basis

- Invoices are approved and forwarded to BHCS Finance for payment
- Daily Day Treatment Attendance Records are used to enter services into PSP by Children's Specialized Services (CSS) clerical staff
- Chart is forwarded to Quality Assurance Associate for continued Authorization (see Out-of-County Day Treatment Reauthorization Process)

Forms to use:

- PLACEMENT AUTHORIZATION FORM

5. DSS/ Residential RCL 12 w/Day Treatment w/BHCS Contracts

a. In-County (Including Project Destiny placements, Adoption Assistance Program* placements)

Program

- Coordinates admission to program with DSS
- Checks Medi-Cal status
- Completes the Placement Authorization (PA) Form and Day Treatment Authorization Criteria Form
- Turns both forms into RCL 13/14 Coordinator for signature

RCL 13/14 Coordinator

- RCL 13/14 Coordinator places signed PA Form into designated PA In-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per in-house Placement Authorization In Box Procedure

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- DAY TREATMENT AUTHORIZATION CRITERIA FORM

b. Out-Of-County (Excluding Project Destiny placements)

Program

- Coordinates admission to program with DSS
- Check Medi-Cal status
- Complete the Placement Authorization (PA) Form and Day Treatment Authorization Criteria Form and turn into RCL 13/14 Coordinator for signature

RCL 13/14 Coordinator

- RCL 13/14 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program

- Distributes copies per in-house Placement Authorization In Box Procedure

Program

- Submits Episode Opening and Registration Forms to AB3632 Coordinator
- Submits invoices and daily attendance records to AB3632 Coordinator on a monthly basis
 - Invoices are approved and forwarded to BHCS Finance for payment
 - Daily Day Treatment Attendance Records are used to enter services into PSP by Children's Specialized Services (CSS) clerical staff
- Chart is forwarded to Quality Assurance Associate for continued authorization (see Out-of-County Day Treatment Reauthorization Process)

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- DAY TREATMENT AUTHORIZATION CRITERIA FORM

*Adoption Assistance Program residential placements must be approved by BHCS PRIOR to placement.

6. DSS Residential RCL 13/14 w/Day Treatment w/BHCS Contracts

a. In County (Including Project Destiny placements and Adoption Assistance Program* placements)

Program

- Coordinates admission to program with DSS
- Check Medi-Cal status
- Notify RC 13/14 Coordinator of admit date

RCL 13/14 Coordinator

- Complete the Placement Authorization (PA) Form
- RCL 13/14 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

b. Out of County (Excluding Project Destiny placements)

Program

- Coordinates admission to program with DSS
- Checks Medi-Cal status

RCL 13/14 Coordinator

- Complete the Placement Authorization (PA) Form
- RCL 13/14 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Submits Episode Opening and Registration Forms to AB3632 Coordinator
- Submits invoices and daily attendance records to AB3632 Coordinator on a monthly basis

- Invoices are approved and forwarded to BHCS Finance for payment
- Daily Day Treatment Attendance Records are used to enter services into PSP by Children's Specialized Services (CSS) clerical staff
- Chart is forwarded to Quality Assurance Associate for continued Authorization (see Out-of-County Day Treatment Reauthorization Process)

Forms to use:

- PLACEMENT AUTHORIZATION FORM

*Adoption Assistance Program residential placements must be approved by BHCS PRIOR to placement.

7. Five Plus Days of Day Treatment

(PREAUTHORIZATION IS REQUIRED)

a. Community Treatment Facility (STARLIGHT)

Program

Prior to admission, the program must notify the RCL 13/14 coordinator of the admission date.

RCL 13/14 Coordinator

- Completes the Placement Authorization (PA) Form and RCL 13/14 Survey for Certification of Child, prior to admission
- Faxes signed forms to Santa Clara County Liaison

Clerical Staff

- Faxes signed PA Form to Program
- Distributes copies per CSS protocol

Program

- Enters services into PSP
- Chart is forwarded to host county for ongoing Quality Review

b. Other programs providing 5+ days of day treatment (Avalon House, FFYC)

Program

Prior to admission, the program must notify the RCL 13/14 Coordinator of the admission date.

RCL 13/14 Coordinator

- Completes the Placement Authorization (PA) Form prior to admission
- Faxes signed PA Form to program

Clerical Staff

- Distributes copies per CSS protocol

Forms to use:

- PLACEMENT AUTHORIZATION FORM

8. Project Destiny youth in Day Treatment other than RCL 12, 13 and 14, In-county Providers only

Day Treatment Program :

- Identify Project Destiny status
- Check Medi-cal Status
- Complete the Placement Authorization (PA) Form and the Day Treatment Authorization Criteria Form
- Fax both forms to AB3632 Coordinator

AB3632 Coordinator

- AB3632 Coordinator places signed PA Form into designated PA in-box

Clerical Staff

- Distributes copies per CSS protocol

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- DAY TREATMENT AUTHORIZATION CRITERIA FORM

9. Therapeutic Pre-School

Program

- Assesses client for admission to program
- Check Medi-Cal status
- Complete the Placement Authorization (PA) Form and Criteria for 0-5 Early Childhood Mental Health and turn into Early Childhood Mental Health Coordinator for signature

Early Childhood Mental Health Coordinator

- Signs PA Form and distributes to Program, PST and QA

Program

- Enters services into PSP
- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- CRITERIA FOR 0-5 EARLY CHILDHOOD MENTAL HEALTH

10.Thunder Road

Program

- Assesses client for admission to program
- Check Medi-Cal status
- Complete the Placement Authorization (PA) Form and Day Treatment Authorization Criteria form and turn into Chief of Outpatient Services for signature

Chief of Outpatient Services

- Signs PA Form and distributes to Program, PST and QA offices

Program

- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- DAY TREATMENT AUTHORIZATION CRITERIA FORM

11. West Oakland

Program

- Assesses client for admission to program
- Check Medi-Cal status
- Complete the Placement Authorization (PA) Form and Day Treatment Authorization Criteria form and turn into Chief of Out Patient Services for signature

Chief of Out Patient Services

- Signs PA Form and distributes to Program, PST and QA offices

Program

- Chart goes to CQRT for continued Authorization
 - Every 90 days for Intensive Day Tx.
 - Every 180 days for Rehabilitative Day Tx.

Forms to use:

- PLACEMENT AUTHORIZATION FORM
- DAY TREATMENT AUTHORIZATION FORM

APPENDIX

Out-of-County
Day Treatment Reauthorization Procedure

In accordance with the Day Treatment Authorization Procedure, Out-of-County providers are required to obtain continued authorization through prospective Clinical Quality Review Team (CQRT) process. Prospective review occurs **prior to the delivery of requested health care services** to provide a mechanism to review medical necessity, service necessity, quality review and authorization. All Out of County CQRT Reauthorizations will be done by the Quality Assurance (QA) Office of Alameda County Behavioral Health Care Services (BHCS).

Continued Reauthorization Process

STEP 1:

As with current practices, the continued reauthorization review occurs every 180 days for Rehabilitative Day Treatment and 90 days for Intensive Day Treatment. The provider needs to complete “CQRT Authorization Form” (see forms section) through the Clinical Supervisor’s signature and submit it with a duplicate of the medical record covering the period of time from the Initial Placement Authorization date. For subsequent reauthorizations, providers need only submit the portions of the medical records covering the period that is being reviewed along with the current “CQRT Authorization Form”.

STEP 2:

CQRT reauthorization documents must be to the QA office *no more than two weeks before the end of the authorization cycle (90 or 180 days) and before the 4th Thursday of the month* (the CQRT meeting date) in which it is due. Delayed submissions may result in services being unauthorized.

STEP 3:

The “CQRT Authorization Form” will be faxed to the provider from the CQRT within 24 hours of the CQRT meeting date. The original CQRT Authorization Form will be maintained in the QA Office along with the duplicate medical record.

Submit the required documentation by mail to the Quality Assurance Office with the **name, phone and fax number of the provider’s QA contact**. (Submission of materials must comply with Federal PHI Privacy practices.)

Quality Assurance Office / CQRT
C/O Nina Berg
Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400
Oakland, CA 94112

Additional information and/or forms may be acquired through the Quality Assurance Office at 510-567-8105.

Contacts

Name, Title	Site	Phone	FAX
Ellen Muir, LCSW Chief of Children's Specialized Services	Children's Specialized Services	(510) 268-7941	(510) 763-2647
Elizabeth A. Uno, PhD AB3632 Coordinator	Children's Specialized Services	(510) 268-7975	(510) 763-2647
Lisa Quartiroli, LCSW RCL13/14 Coordinator	Children's Specialized Services	(510) 268-7976	(510) 763-2647
Margie Padilla, LCSW Early Childhood MH Coordinator	Early Childhood MH Services	(510) 777-2103	(510) 793-3972
Alfred Toles, LCSW Chief of Outpatient Services	Oakland Children's Services	(510) 481-3771	(510) 481-3770
Damon Bennett, MSW Quality Assurance Associate	BHCS Embarcadero Cove	(510) 567-8114	(510) 567-8130

Programs (by type)

AB3632 Day Treatment Students

Contract Programs with CSS Case Managers

EBAC: Oakland, Fremont, Barnard White MS

La Cheim Richmond, Oakland, Pleasant Hill

Seneca: San Leandro, Fremont

Lincoln

La Familia (Darwin Center)

STARS Community School

AB3632 Day Treatment Students

School Based Contract Programs w/o CSS Case Managers

Cleveland ES, Sequoia ES

Madison, West Lake, Montera, Elmhurst MS

Oakland HS, Skyline HS

Longwood ES, Cesar Chavez MS, Mt. Eden HS

Mendenhall MS, Dublin HS

Pre-School Day Treatment Students

EBAC Therapeutic Nursery School

Seneca Building Blocks

RCL 12, 13/14 Placements

Placing Agencies:

Child and Family Services

AB3632

County Contract Facilities:

Lincoln, Fred Finch, Seneca, STARS, STARLIGHT

and out of County contracted facilities

FORMS

PLACEMENT AUTHORIZATION FORM COMPLETION INSTRUCTIONS

- Prior to routing the form to the BHCS staff who will be doing the initial authorization, completely fill out the top half of the form (**highlighted section on the example**). The client's social security number is very important for verifying insurance coverage.
- Proceed to the Medi-Cal Status portion of the form and fill out the **highlighted section**. If the program is unable to assist the client with the application for Medi-Cal or needs additional training, contact the Benefits Management Office at Alameda County Behavioral Health Care Services at (510) 383-1566.

Incomplete forms will be returned and may result in a delay of the Placement Authorization for Day Treatment.



Children's Placement Authorization for Alameda County BHCS

Client Information

Name: _____ DOB: _____

PSP#: _____ SSN: _____

Provider: _____ Admission Date: _____

Placed through: AB3632 Other School Placements Social Services Juvenile Probation Project Destiny

Completed by: _____ Date: _____ FAX: _____

Return to (if different from above) Contact Person: _____ FAX: _____

AB3632 Status: Yes IEP Date : _____ No Explain _____ Short-Doyle

Service:	Day Treatment:	Residential Treatment with Day Treatment
	Rehabilitative Full <input type="checkbox"/>	Rehabilitative Full <input type="checkbox"/>
	Rehabilitative Half <input type="checkbox"/>	Rehabilitative Half <input type="checkbox"/>
	Intensive Full <input type="checkbox"/>	Intensive Full <input type="checkbox"/>
	Intensive Half <input type="checkbox"/>	Intensive Half <input type="checkbox"/>
		5 days <input type="checkbox"/>
		5 days+ <input type="checkbox"/>

Initial Authorization

Yes <input type="checkbox"/>	Start Date: _____	End Date: _____
No <input type="checkbox"/>		Intensive 90 days <input type="checkbox"/> Date: _____
		Rehabilitative 180 days <input type="checkbox"/> Date: _____

Signature: _____ Date: _____
Chief of Children's Specialized Services or AB 3632 Coordinator (FAX 510 763-2647)

or
Signature: _____ Date: _____
RCL 13/14 Coordinator (FAX 510 763-2647)

or
Signature: _____ Date: _____
ECMH Coordinator (FAX 510 383-1760)

or
Signature: _____ Date: _____
Chief of Outpatient Services (FAX 510 481-3770)

Medi-Cal Status: If Yes, Medi-Cal #: _____ If No, Check one: <input type="checkbox"/> Medi-Cal Application was made on: _____ <input type="checkbox"/> Not required to apply (see comment section) <input type="checkbox"/> Facility will assist client with Medi-Cal Application <input type="checkbox"/> Other insurance (explain in comment section) Comments: _____	PST Review only <input type="checkbox"/> Medi-Cal current <input type="checkbox"/> Medi-Cal lapsed (see comment section) <input type="checkbox"/> Pursue Healthy Families Comments: _____ PST Signature: _____ Date: _____
---	--

CC: Program
(by fax)

QA Office
(QIC 22711)

PST Office
(QIC 22706)

chart

Distributed by _____ Date: _____



Children's Placement Authorization for Alameda County BHCS

Client Information

Name: _____ DOB: _____

PSP#: _____ SSN: _____

Provider: _____ Admission Date: _____

Placed through: AB3632 Other School Placements Social Services Juvenile Probation Project Destiny

Completed by: _____ Date: _____ FAX: _____

Return to (if different from above) Contact Person: _____ FAX: _____

AB3632 Status: Yes IEP Date : _____ No Explain _____ Short-Doyle

Service:	Day Treatment:	Residential Treatment with Day Treatment
	Rehabilitative Full <input type="checkbox"/>	Rehabilitative Full <input type="checkbox"/>
	Rehabilitative Half <input type="checkbox"/>	Rehabilitative Half <input type="checkbox"/>
	Intensive Full <input type="checkbox"/>	Intensive Full <input type="checkbox"/>
	Intensive Half <input type="checkbox"/>	Intensive Half <input type="checkbox"/>
		5 days <input type="checkbox"/>
		5 days+ <input type="checkbox"/>

Initial Authorization

Yes <input type="checkbox"/>	Start Date: _____	End Date: _____
No <input type="checkbox"/>		Intensive 90 days <input type="checkbox"/> Date: _____
		Rehabilitative 180 days <input type="checkbox"/> Date: _____

Signature: _____ Date: _____

Chief of Children's Specialized Services or AB 3632 Coordinator (FAX 510 763-2647)

or

Signature: _____ Date: _____

RCL 13/14 Coordinator (FAX 510 763-2647)

or

Signature: _____ Date: _____

ECMH Coordinator (FAX 510 383-1760)

or

Signature: _____ Date: _____

Chief of Outpatient Services (FAX 510 481-3770)

<p>Medi-Cal Status: If Yes, Medi-Cal #: _____ If No, Check one: <input type="checkbox"/> Medi-Cal Application was made on: _____ <input type="checkbox"/> Not required to apply (see comment section) <input type="checkbox"/> Facility will assist client with Medi-Cal Application <input type="checkbox"/> Other insurance (explain in comment section) Comments: _____</p>	<p>PST Review only <input type="checkbox"/> Medi-Cal current <input type="checkbox"/> Medi-Cal lapsed (see comment section) <input type="checkbox"/> Pursue Healthy Families Comments: _____ PST Signature: _____ Date: _____</p>
--	---

CC: Program
(by fax)

QA Office
(QIC 22711)

PST Office
(QIC 22706)

chart

Distributed by _____ Date: _____



**DAY TREATMENT AUTHORIZATION CRITERIA
FOR
ALAMEDA COUNTY PROGRAMS**

1. Name of Youth _____ D.O.B. _____
2. Placement Worker's Name & Phone Number _____
3. Date of Project Destiny eligibility (if applicable) _____
4. Presenting Problems/reason for admission _____

- 5a. Axis I Diagnosis _____ Date _____
- 5b. Name & License Type of person providing diagnosis _____

6. Medical Necessity Criteria (see chart below) for Impairment, Intervention Criteria and Service Necessity

MEDICAL NECESSITY	YES	NO
Impairment Criteria : Must have one of the following as a result of DX:		
1. A significant impairment in an important area of life functioning , <u>or</u>		
2. A probability of significant deterioration in an important area of life functioning, <u>or</u>		
3. A probability that the child will not progress developmentally as Individually appropriate.		
3A. Children covered under EPSDT qualify if they have a mental disorder, which can be corrected or ameliorated. (Current DHS EPSDT regulations apply).		
Intervention Criteria: Must have all 1,2, and 3		
1.The focus of treatment is to address the condition identified in the Impairment Criteria, <u>and</u>		
2. It is expected the client will benefit from treatment by diminishing the impairment or preventing significant deterioration in an important area of life functioning, <u>or</u>		
2A. It is probable the child will progress developmentally as individually appropriate, <u>or</u>		
2B. If covered by EPSDT can the condition be corrected or ameliorated through specialty mental health services?		
3. The condition would not be responsive to physical health care based treatment.		
Service Necessity:		
1. What is the risk of the client's level of dysfunction increasing if fewer services were provided? <u>Low</u> 1 2 3 4 5 <u>High</u>		
2. Can a different type/level of Specialty Mental Health Services meet this client's need for services reasonably well?		
3. Can a primary care physician or private practitioner/therapist meet this client's need for services (a lower level of care) reasonably well?		
Comments:		
Signature of LPHA Completing form _____ Date _____ Phone Number _____		



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MARYE L. THOMAS, M.D., DIRECTOR

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8100 / TTY (510) 533-5018

**INTERAGENCY PLACEMENT REVIEW COMMITTEE
RCL 13/14 SURVEY FOR CERTIFICATION OF CHILD**

Client Name: _____

Date of Birth: _____ Legal Status: _____

As a result of a mental disorder, client meets one or more of the following three criteria:

	YES	NO
1. Demonstrates substantial impairment in at least two of the following areas:		
self care	<input type="checkbox"/>	<input type="checkbox"/>
school functioning	<input type="checkbox"/>	<input type="checkbox"/>
family relationships	<input type="checkbox"/>	<input type="checkbox"/>
community functioning	<input type="checkbox"/>	<input type="checkbox"/>
<u>AND</u> either of the following occur:		
has been placed out-of-home or is at risk of removal from home	<input type="checkbox"/>	<input type="checkbox"/>
disorder has been present for more than six months or is likely to continue for more than one year without treatment.	<input type="checkbox"/>	<input type="checkbox"/>
2. Displays one of the following:		
psychotic features	<input type="checkbox"/>	<input type="checkbox"/>
risk of suicide	<input type="checkbox"/>	<input type="checkbox"/>
risk of violence	<input type="checkbox"/>	<input type="checkbox"/>
3. Meets special education eligibility requirements under Chap. 26.5 (commencing with Section 7570) of Div.7 of Title 1 of the Government Code.	<input type="checkbox"/>	<input type="checkbox"/>

and a Current Diagnosis (within one year) of:

Axis I: _____	Diagnosed by: _____
Axis II: _____	
Axis III: _____	
Axis IV: _____	Name _____ Prof. Des. _____
Axis V: _____	Date: _____

I certify that _____ meets the diagnostic criteria of Seriously Emotionally Disturbed as defined in Section 5600.3 of the Welfare and Institutions Code and subject to Section 1502.4 of the Health and Safety Code, and is in need of RCL 13 or RCL 14 level of care and supervision.

Lisa Quartiroli, LCSW
Licensed County Mental Health Professional





Alameda County BHCS
Criteria for 0-5 Early Childhood Mental Health

(PLEASE COMPLETE AND FORWARD WITH PLACEMENT AUTHORIZATION)

Child's Name _____ DOB _____

PSP # _____

HIGH RISK STRESSORS

- Inability to maintain in other child care settings
- Unstable family environment
- Risk of losing current placement
- Victim of Child Abuse and Neglect
- Exposure to Domestic Violence
- Drug and Alcohol Exposure in Utero
- Psychiatric Hospitalization
- Exposure to Community Violence

BEHAVIORS/SYMPTOMS THAT INTERFERE WITH DEVELOPMENTALLY APPROPRIATE LEVEL OF FUNCTIONING

- Self injurious behaviors
- Severe Aggression
- Lack of Impulse Control
- Poor Social Skills
- Sexualized Behaviors
- Depressive Behaviors
- Regressive Behaviors
- Attachment Disorders
- Speech and Language Delays
- PTSD
- Anxiety Disorders
- Somatic Symptoms
- Pre Psychotic Symptoms

DSM IV - Axis I Diagnosis

Clinician's Signature _____

Date _____

Client Registration

Confidential Patient Information
See Welfare & Institutions Code 5328

Client Registration: Client Update:

Client Number: _____

1. Client Name

Last Name	First Name	Middle Name	Gen
-----------	------------	-------------	-----

2. Alias (or Maiden Name)

Last Name	First Name	Middle Name	Gen
-----------	------------	-------------	-----

3. Date of Birth

mm-dd-yyyy

4. Sex

5. Social Security Number

6. Education

00	None	Indicate Highest grade
01-20	Grade Levels	completed. If higher
99	Unknown	than 20, use 20

7. Physical Disability

00	None	08	Physical Impairment/Mobility
01	Severe Visual Impairment	16	Developmentally Disabled
02	Severe Hearing Impairment	32	Other Physical Impairment
04	Speech Impairment	99	Unknown

8. Preferred Language

See reverse side for Codes

9A. Ethnicity 9B. Ethnicity

See reverse side for Codes

10. Marital Status

See reverse side for Codes

11. Other Factors

12. Medical Record Number

(Other ID Number)

Completed by County operated sites only

13. Client Birth Name

Last Name	First Name	Middle Name	Gen
-----------	------------	-------------	-----

14. Birth Place

County, State, Country

15. Mother's First Name

16. Periodic Date Completed

Mm-dd-yyyy

17. Prior Psych Hosp.

(0=No, 1=Yes, 9=Unknown)

18. AB3632

(Enter Upper Case N)

19. Client Address

Street	City	State	Zip	Phone
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20. Significant Other

Other	Name	Relationship	Phone
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Significant Other's Address

Client Registration Codes

8. Preferred Language

A English	L Russian	W Portuguese
B Spanish	M Polish	X Armenian
C Chinese Dialect	N German	Y Arabic
D Japanese	O Italian	Z Samoan
E Filipino Dialect	P Mien	1 Thai
F Vietnamese	Q Hmong	2 Farsi
G Laotian	R Turkish	3 Other Sign
H Cambodian	S Hebrew	4 Other Chinese
I Sign ASL	T French	5 Ilacano
J Other	U Cantanese	9 Unknown/Not Reported
K Korean	V Mandarin	

9A & 9B Ethnicity

A White	L Other Non-White
B Black	M Unknown
C Native American	N Other Southeast Asian
D Latino	Q Korean
E Chinese	R Samoan
F Vietnamese	S Asian Indian
G Laotian	T Hawaiian Native
H Cambodian	U Guamanian
I Japanese	V Amerasian
J Filipino	X Multiple (9B only)
K Other Asian	

10. Marital Status

1 Never Married
2 Married/Live Together
3 Widowed
4 Divorced/Dissolved
5 Separated
9 Unknown

11. Other Factors

0 None	6 DD & Physical Health
1 Substance Abuse	7 SA, DD, & Physical Health
2 Developmental Disability	
3 Substance Abuse & DD	
4 Physical Health	
5 Substance Abuse & Physical	