



Policy Number:	26-01
Policy Name:	Therapeutic Behavioral Services (TBS)
Authority:	California Code of Regulations, Title 9, §1810.405, §1810.410; Title 9, CCR, Section 1810.215; Title 22, Section 51184(c) and 51340(e-f); DMH Informational Notices 08-38 and 09-10; TBS Documentation Manual, Version 2.0 (October, 2009); TBS Coordination of Care Best Practices Manual, Version 1.0 (July, 2010); Distribution of State Notices; Contract between MHP and State Dept. of Health Care Services (DHCS), Exhibit B; MHP’s Current Treatment Plans and Documentation Guidelines
Original Policy Date:	February 27, 2026 Effective Date: 02/27/26
Policy Last Revised:	N/A
Supersedes:	20-04
Attachments:	<ul style="list-style-type: none"> A. TBS Referral Form B. Access UM Prior Authorization Request Form Progress Summary C. TBS Authorization Extension Form D. TBS Authorization Request Workflow

PURPOSE

To give direction on authorizing and providing Therapeutic Behavioral Services

DEFINITIONS

Therapeutic Behavioral Services (TBS): TBS are intensive, individualized, one-to-one behavioral health services available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal. TBS are designed to help youth and their parents/caregivers (when available) address problematic behaviors by utilizing short-term, behavioral interventions targeting measurable goals that are based on the youth’s and family’s needs. TBS are interventions are based on behavior modification and skill development principles and is an adjunctive program that supports other SMHS that the youth is currently receiving.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): All mental health services that are not covered under Medi-Cal Fee For Service (FFS) or by Managed Care Plans as non-specialty mental health services as established in W&I Code section 14184.402(b) that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition are



thus medically necessary and covered as EPSDT services and must be covered for beneficiaries who meet the criteria for access to the specialty mental health delivery system. Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary's presenting condition. DHCS currently provides TBS through the EPSDT benefit.¹

POLICY

San Mateo County Behavioral Health Recovery Services (BHRS) will make available medically necessary Therapeutic Behavioral Services (TBS) as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental Specialty Mental Health Service (SMHS) to all full scope San Mateo County Medi-Cal beneficiaries who are under the age of 21 who meet criteria for receiving TBS.

PROCEDURE/PROTOCOL

I. Eligibility

A. TBS Eligibility Checklist (Adapted from the TBS Documentation Manual. Items 1-6 must be "Yes" to be eligible for TBS.)

Item Criteria Yes No

1. Under age 21
2. Full scope Medi-Cal? (San Mateo County or with authorization from responsible County)
3. Meets Medical Necessity² or EPSDT³ criteria for Specialty Mental Health Services (SMHS) and currently receives other specialty mental health services.
4. Meets Class Inclusion Criteria (One or more of the following must apply)
 - a. Currently placed in a Group Home, Short Term Residential Treatment Program (STRTP), or a locked treatment facility for the treatment of mental health needs.
 - b. Being considered for placement in a Group Home or a STRTP.⁴
 - c. Had at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months
 - d. At risk of emergency psychiatric hospitalization related to their current

¹ DHCS Short Doyle Medi-Cal Specialty Mental Health Billing Manual
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>

² As defined by [BHRS Policy 22-01: Criteria for Beneficiary Access to SMHS, Medical Necessity and Other Coverage Requirements](#)

³ A minor may be eligible under EPSDT when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition.

⁴ Note: "Considered for" means placement in a higher level of care is one option being considered as part of a set of solutions to address the youth's needs. A youth also meets this requirement if his/her behavior could (reasonably) result in placement in a higher level of care.



presenting disability.⁵

e. Previously received TBS due to one of (a) through (d) above

5. Meets Clinical Need Criteria (One or more of the following must apply)

a. Will require placement out of home in a higher level of residential care or emergency psychiatric hospitalization due to youth's behaviors or symptoms, which jeopardize current placement

b. Will be unable to transition home with family, to a foster home, or to a lower level of residential care.⁶

B. TBS shall NOT be provided

1. Unless it is necessary to prevent a client's placement in a higher level of care, such as an STRTP; or a locked facility for the treatment of mental health needs; or to enable a transition from any of those levels to a lower level of residential care; or for a client who has undergone at least one emergency psychiatric hospitalization related to their current presenting disability within the preceding 24 months

2. Solely for the convenience of the family or other caregivers, physician, or teacher.

3. To provide supervision or to ensure adherence with terms and conditions of probation.

4. To ensure the child/youth's physical safety or the safety of others (e.g. suicide watch).

5. To address conditions not a part of the child's mental health condition.

6. For youth who can sustain non-impulsive self-directed behavior; handle themselves appropriately in social situations with peers, and who are able to appropriately handle transitions during the day.

7. For children/youth who will never be able to sustain non-impulsive self-directed behavior and engage in appropriate community activities without full-time supervision; or when the beneficiary is an inpatient of a hospital, psychiatric health facility, nursing facility, Institutions for Mental Diseases (IMD), or crisis residential program.

8. When youth does not receive other Specialty Mental Health Services (SMHS).

C. Referral Procedure

1. Referral for TBS from External Agencies:

In an effort to coordinate care, reduce barriers and ensure access to TBS for eligible class members, the Utilization Management (UM) staff will review and authorize services after request.

⁵ Note: "At risk of" means hospital placement is one option being considered as part of a set of solutions to address the youth's needs. A youth also meets this requirement if his/her behavior could (reasonably) result in hospitalization.

⁶ Note: Although the youth may be stable in the current placement, a change in behavior is expected and TBS are needed to stabilize the youth in the new environment. The TBS Provider must document the basis for the expectation that the behavior will change.



2. Referral for TBS from within Specialty Mental Health network of care (open case):
For youth with an open case, the clinician submits the referral to the UM staff for authorization.

D. Timely Access to TBS

TBS must be pre-authorized, but every effort is made to streamline the process and reduce barriers to access and ensure timely access to TBS. For information on timely access standards for non-urgent and urgent requests for SMHS, including services that require pre-authorization, please refer to BHRS Policy 18-02: Network Adequacy Standards.

E. Authorization Procedure

1. 30 Day Unplanned Contact

Under certain circumstances, SMC BHRS may authorize the provision of TBS for a maximum of 30 calendar days when eligibility cannot be established for a child/youth. This may be done:

- a. Up to 30 days or until eligibility is established whichever comes first, and
- b. When the child/youth presents with urgent or emergency conditions to address his/her behaviors, and
- c. Those behaviors jeopardize his/her current living arrangement, and
- d. The MHP determines that TBS would be an appropriate intervention, and
- e. Documentation includes evidence that TBS was medically necessary and the most appropriate level of service available to address the child/youth's mental health condition.

2. TBS Initial Authorization

Authorization is determined by assessment of the beneficiary's mental health condition and medical necessity for the level of care. TBS providers must submit the TBS Prior Authorization Form (Attachment B) to BHRS to be authorized for services.

Prior authorization is required before the start of TBS services (before date of first billing for TBS) unless BHRS sends a referral/authorization request for TBS services. In this case, the referral/authorization request will serve as the initial authorization.

The referral/authorization form will specify the number of days authorized, service type, frequency, and duration of initial authorized period.

3. TBS Reauthorization/Concurrent Review

BHRS requires reauthorization prior to the expiration of the current authorization. BHRS will reauthorize medically necessary services, as appropriate, concurrently with the beneficiary's continued need for services.

The authorization determination is based on the concurrent review of medical necessity for services. As appropriate, concurrent review will occur to determine continued need



for service at the indicated level of care.

TBS providers must submit the TBS Utilization Request form to BHRS five business days prior to the end date of previous utilization period. The utilization request/authorization form will specify the number of days authorized, service type, frequency, and duration of authorized period.

4. Denials of Authorizations

In the event that an authorization is denied, a Notice of Adverse Determination will be issued as specified in BHRS Policy 19-01: Consumer Problem Resolution & NOA.

F. Assessment and Treatment Plan

1. The TBS Assessment and Treatment Plan establishes baseline behavioral data and the specific intervention plan to reduce the targeted behaviors.⁷
2. An initial TBS Assessment and Treatment Plan must be completed prior to direct or collateral TBS interventions. It authorizes TBS for up to 90 days.
3. If TBS continue to be medically necessary, an additional 90 days of TBS may be authorized by each subsequent TBS Assessment and Treatment Plan review.
4. Changes to the content of a TBS Assessment and Treatment Plan, but not the authorization period, are accomplished when the plan is revised, which may occur:
 - a. At any time during the TBS treatment period to modify the plan (add or change target behaviors or interventions; increase or decrease hours of service, etc.).
 - b. At anytime during TBS to document significant changes in behavior.
 - c. Whenever progress is not occurring or is not reasonably expected to occur.
5. Signature Requirements:
 - a. Initial plans and reviews to authorize subsequent TBS episodes:
 - Client (if over 12 and mature enough)
 - Parent/Legally Responsible Person
 - Staff member completing the assessment/plan
 - Licensed/Registered staff member (if different than above)
 - TBS staff (if different than above)
 - Behavioral Health Program Supervisor
 - Health Information Technician
 - b. TBS Assessment and Treatment Plan revisions to modify the plan:

⁷ Note: Medical Necessity and/or EPSDT qualification for SMHS must be established separately by comprehensive MH assessment.



- Client (if over 12 and mature enough)
- Parent/Legally Responsible Person
- Staff member completing the assessment/plan
- Licensed/Registered staff member (if different than above)
- Behavioral Health Program Supervisor (only above are not BH staff)
- Health Information Technician

G. Tapering and Termination of TBS

1. One of the core elements of TBS is transfer of skills to the youth and parent/caregiver to promote self-efficacy and the use of natural supports. As a youth reaches benchmarks and goals, service hours gradually decrease and the focus may change from skill development to relapse prevention/management. A schedule to taper services shall be built into the plan and termination of TBS should be discussed at every treatment team meeting.
2. TBS will end when one or more of the following is met:
 - The client reaches his/her objectives.
 - When reasonable progress towards goals/benchmarks is made.
 - If progress is not occurring, despite adjustments to the TBS plan.
 - If it is determined that client will not likely benefit from or improve with the provision of TBS.
 - If client or family chose to end service

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description