



BENEFICIARY INFORMATION

Last Name:		First Name:	
Date of Birth:	Age:	Ethnicity:	Language:
Gender:	Current BH Service Provider/Program		

TFC is for beneficiaries with full scope Medi-Cal and need medically necessary Specialty Mental Health Services (SMHS).

The beneficiary meets full scope Medi-Cal and needs medically necessary SMHS.

Yes (PROCEED WITH TFC SCREENING)
 No (NOT ELIGIBLE FOR TFC)

TFC SCREENING

Screening Date:	Screening Conducted By:
Screening Program, Agency & Location:	

TFC Service Need is established if all of the following criteria (1-3) are met:

1. Is the beneficiary already receiving Intensive Care Coordination (ICC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE FOR TFC)
2. Does the beneficiary meet either one of the following?	<input type="checkbox"/> Yes <input type="checkbox"/> No (NOT ELIGIBLE FOR TFC)
<input type="checkbox"/> There is recent history of services and treatment (e.g., ICC and IHBS) that have proven insufficient to meet the beneficiary's mental health needs, and the beneficiary is immediately at risk of residential, inpatient, or institutional care.	
<input type="checkbox"/> The beneficiary is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the child or youth, or support effective rehabilitation.	
3. If a placement change is required to provide TFC, would the change of the current living situation be beneficial or detrimental to the beneficiary?	<input type="checkbox"/> Beneficial <input type="checkbox"/> Detrimental (NOT ELIGIBLE FOR TFC) <input type="checkbox"/> N/A (NO PLACEMENT CHANGE REQUIRED)

TFC SCREENING OUTCOME

Criteria met for TFC services?	<input type="checkbox"/> Yes, criteria met	<input type="checkbox"/> No, criteria not met (CONCLUDE FORM AND DOCUMENT)
Discussed and offered services?	<input type="checkbox"/> Yes, discussed and offered	<input type="checkbox"/> No, not discussed nor offered (CONCLUDE FORM AND DOCUMENT)
Accepted services? (BENEFICIARY CURRENTLY NOT RECEIVING TFC)	<input type="checkbox"/> Yes, accepted	<input type="checkbox"/> No, declined (CONCLUDE FORM AND DOCUMENT)
Continuing services? (BENEFICIARY ALREADY RECEIVING TFC)	<input type="checkbox"/> Yes, continuing	<input type="checkbox"/> No, discontinuing (PROCEED TO TFC NOTES)

Notes/Additional Information: