

CERTIFICATION FOR SPECIAL TREATMENT PROGRAM SERVICES

(Read Instructions on Page 3 and 4 Before Completing Form)

FOR OFFICIAL USE

Part I – Completed by Facility

Beneficiary Name:		Date:		Medi-Cal Identification Number:	
Beneficiary Street Address:		City:		State:	Zip Code:
Birth Date:		Age:		Sex:	Male Female
Facility Name:			Guardian/Representative Name:		
Facility Street Address:			Guardian/Representative Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

Program Category:

Developmentally Disabled

ICF/DD ICF/DDH ICF/DDN

Mentally Disordered

Part II – Completed by Designee of Regional Center Director/Local Mental Health Director

Grant Deny

List supportive information for this recommendation below:

Signature:		Date:	
Title:		Affiliation:	

Part III–Certification by

Regional Center Director

Local Mental Health Director

You are authorized to claim payment for treatment as recommended

Date Range:

From:

To:

Total Number of Days:

Request Denied Comments

Signature:

Date:

Title:

FORM DISTRIBUTION:

Developmentally Disabled: Original–facility; Copies–regional center director/designee
Mentally Disordered: Original–facility; Copies–local mental health director/designee

PROCEDURES FOR CERTIFICATION OF CLIENT
ELIGIBILITY FOR SPECIAL TREATMENT PROGRAM SERVICES

1. Upon completion of the client assessments, the designee of the Regional Center Director or the Local Mental Health Director shall forward the original of the client assessment form to the Regional Center Director or the Local Mental Health Director along with a certification form with his recommendation to certify or deny certification of each client assessed. The designee shall also retain one copy of the client assessment form for his files.
2. The facility shall retain one copy of the client assessment form in the client's chart, and forward one copy to the Department with the completed application package.
3. The designee shall recommend program certification based on the following criteria:
 - 3.1 Developmentally Disabled
 - 3.1.1 The client shall have a primary or secondary diagnosis of a developmental disability.
 - 3.1.2 The client shall be physically able to participate in and benefit from the program.
 - 3.1.3 The client assessment shall indicate significant areas in need of remediation.
 - 3.1.4 Clients whose assessment indicates that an optimal level of functioning has been reached, but whose medical condition requires that he receive the level of basic care provided by the facility, may be recommended for certification in order to maintain current functioning level.
 - 3.1.5 A client whose assessment indicates that an optimum level of functioning has been reached and whose physical condition is such that he can function at a lower level of care shall not be recommended for certification.
 - 3.2 Mentally Disordered
 - 3.2.1 Clients shall have a primary or secondary diagnosis of a mental disorder.
 - 3.2.2 Clients shall have a chronic psychiatric impairment whose adaptive functioning is at least of moderate impairment.
 - 3.2.3 Each recommendation for certification of eligibility shall describe the basis upon which such recommendation is based.
 - 3.2.4 Each recommendation for certification of eligibility shall include and describe the impairment level of adaptive functioning.
 - 3.2.5 Clients shall be physically capable to participate in the program.

In addition to the above, clients may meet one or more of the following:

- 3.2.6 The client is in the terminal stages of an acute psychiatric episode and requires intensive services in preparation for placement at a lower level of care.
 - 3.2.7 The client requires a significant number of individual interventions to modify antisocial or uncooperative behavior which prevents optimal participation in the treatment program.
 - 3.2.8 A client may be recommended for certification on a maintenance basis only if he exhibits bizarre or unusual behavior presenting management problems which cannot be solved in a general nursing care setting.
4. Whenever the designee recommends not to certify a client for special treatment program services, he shall specify the reason, or reasons, in writing to the Local Regional Center Director or the Local Mental Health Director.
 5. Upon receipt of the client assessment forms and the certification forms with the recommendations of his designee, the Regional Center Director or the Local Mental Health Director shall make a determination of each client's eligibility.
 6. Upon determination of whether or not to certify a client as eligible for special treatment program services, the Regional Center Director or Local Mental Health Director shall complete the certification form and transmit four (4) copies of the form to the facility.
 7. Whenever certification is denied by the Regional Center Director or Local Mental Health Director, he shall give his reasons in the space provided on the certification form.
 8. The Regional Center Director or Local Mental Health Director shall retain one copy of the certification form and transmit one copy to his designee.
 9. Clients shall be re-certified as eligible for special treatment program services at specified intervals using the procedures outlined above.