

	County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	Mental Health
		Policy Number	04-12
		Effective Date	01-01-03
		Revision Date	02-10-25
Title: Therapeutic Behavioral Services		Functional Area: Programs	
Approved By: <i>Signed version available upon request</i>			
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Background/Context:

Therapeutic Behavioral Services (TBS) are the result of a judgment and permanent injunction in the [Emily Q. vs. Bonta](#) case, which led to a judgment and permanent injunction. The case highlighted deficiencies in the provision of mental health services for children and youth in California, resulting in mandates to improve access to these intensive services for eligible individuals under Medi-Cal. TBS are intensive, community based, individualized, short-term outpatient treatment interventions for Medi-Cal beneficiaries up to age 21. Individuals receiving these services have been diagnosed with serious emotional disturbances (SED), are experiencing stressful transitions or life crises, and need additional short-term, specific support services. This could include services to prevent placement in a higher level of care, acute care services, or supports to help youth transition to a lower level of residential care.

Eligibility criteria are delineated in the following general provisions and must be met in addition to demonstrating a need for service. TBS is intended to supplement existing Sacramento County Behavioral Health Services' (BHS) specialty mental health by addressing specific target behavior(s) or symptom(s) that jeopardize a youth's current living situation or planned transition to a lower-level placement. The primary purpose of TBS is to support the youth's overall treatment goals and improve life functioning by providing focused additional therapeutic services during a short-term period.

Definitions:

Caregivers- Defined as an individual who is responsible for the day-to-day care and supervision of a youth such as legal guardians, biological parent, foster parent (concurrent or resource parent), adoptive parent, non-related extended family, staff in professional care settings etc.

Purpose:

To provide guidance on the provision of TBS services in Sacramento County.

Details:

Eligibility Criteria

Youth being referred must:

1. Be a full scope Medi-Cal beneficiary under age 21.
2. Be receiving or concurrently enrolling into other BHS specialty mental health services.
3. Meet **one** of the following criteria:
 - a. Is placed in, or is at risk of being placed in, a congregate care facility or a locked treatment facility for mental health needs or stepping down from a Short-Term Residential Therapeutic Program (STRTP),
or
 - b. Have had, or is at risk of having, at least one emergency psychiatric hospitalization (including visits to the Mental Health Urgent Care Clinic) related to the individual's current presenting disability **or**
 - c. Have previously received TBS and demonstrates a clinical need for additional TBS services.

Response Time

TBS offers flexible hours, including weekends and evenings to accommodate the youth/caregiver. TBS providers shall respond to any TBS referral received in the following manner:

1. Ensure newly referred youth who are not in acute inpatient settings are contacted and offered a first face-to-face assessment within three calendar days from the date of admission. The provider shall document due diligence showing outreach attempts including a reasonable explanation for delays and outlining a plan to make contact as soon as possible. Under no circumstances should initiation of TBS services be delayed due to provider coordination or facilitation efforts.
2. Complete an assessment with the youth and/or caregiver no later than five calendar days from the date of admission.
3. Referrals received from BHS after 5:00 p.m. will be considered received the next calendar day.

Service Delivery:

TBS is a one-to-one therapeutic service between a mental health provider staff and youth beneficiary for a short duration. A therapeutic contact is intended to equip the youth with skills to effectively manage the behavior(s) or symptom(s) that impede(s) achieving a step-down to the lowest appropriate level of care.

TBS includes direct one-to-one contact with the youth, one-to-one contact with caregivers or one-to-one care plan development services with the youth or caregiver. Case Management services are billable using the TBS Current Procedural Terminology Code

A Licensed Practitioner of the Healing Arts (LPHA) from the Primary mental health provider must coordinate TBS. Additionally, it is required that TBS be provided by an LPHA or trained staff members who are under the supervision of an LPHA within the TBS agency. The focus of TBS is to resolve target behaviors or symptoms that jeopardize existing placements or are barriers to transition to a lower level of care and completion of specific treatment goals. In keeping with the Department of HealthCare Services' guidelines for TBS, Sacramento County expects that the majority of TBS services are direct one-to-one contact with the youth in person at a location where the behaviors are most common with no less than 85% of billable services taking place in person unless recommended by the Child and Family Team (CFT) or the family .

Coordination and Caregiver Involvement:

Caregiver involvement is a cornerstone of Therapeutic Behavioral Services (TBS), integrated at every stage, from the initial development of the care plan to ongoing review of progress and goal attainment. In order to facilitate coordination and caregiver involvement TBS providers shall attend and participate in CFT meetings. The TBS team shall gather information at intake and on an ongoing basis from during CFT meetings or between meetings if the need is more urgent. The TBS care plan must be completed within three business days of the first face-to-face meeting with the client and developed collaboratively with the youth, caregiver(s), and members of the CFT, preferably during CFT meetings. An initial care plan may be developed to address immediate critical issues as part of a timely response to the youth's needs. This plan should then be revised with input and additional information gathered from the CFT to ensure a comprehensive and individualized approach. The TBS team shall provide behavioral intervention recommendations and coaching as needed to the CFT as they become part of a youth's plan and will update the CFT as interventions are updated. During CFT meetings, participants work together to identify target behaviors, set measurable goals, and create strategies that address the youth's unique circumstances that will be included in the care plan. These meetings also provide an opportunity to align roles, responsibilities, and expectations for all team members, fostering a unified and coordinated approach to service delivery.

Effective coordination of care is essential to the successful implementation of TBS. The referring primary provider must send to the TBS provider their current care plan for primary mental health services, with TBS goals; and/or the current CalAIM assessment. If either the goals or primary mental health services care plan is updated during a TBS authorization, the new care plan and/or CalAIM

Assessment must be sent to the TBS provider. The TBS provider is responsible for developing, managing, and updating the TBS care plan in collaboration with the CFT. The TBS provider must provide monthly updates on the progress of interventions and work closely with the primary outpatient provider, who serves as the overall coordinator of services for the youth. This partnership ensures that services are integrated, effective, and unduplicated.

Intra- and inter-agency coordination is critical, particularly during transition planning. Regular communication between the TBS provider and the primary service provider—including face-to-face meetings at least once per month—ensures Licensed Practitioner of the Healing Arts (LPHA) oversight, supports the delivery of high-quality care, and facilitates a seamless approach to addressing the youth’s needs. Assistance to the family or caregivers is a required component of the transition plan, equipping them with the skills and tools to reinforce behavior changes and sustain progress in daily life.

All documentation shall comply with state standards, County policies and QM training requirements (See BHS Quality Management Trainings and [Policy and Procedure for Problem List, Treatment, and Care Planning](#)).

Transition:

A written transition plan must be developed with input from the youth and caregiver to address the process of decreasing and discontinuing TBS when it is no longer needed. This plan should include skills and strategies to help caregivers maintain continuity of care after TBS ends.

TBS shall be decreased or discontinued in the following circumstances:

1. The identified behavioral benchmarks have been met or,
2. Reasonable progress towards behavioral benchmarks is not being achieved.
3. Progress has reached a plateau and the TBS provider determines that no further progress is clinically anticipated.

TBS services are intended to be short-term and time-limited. However, according to [DMH Letter 04-12](#), “TBS services may be continued even after a child has met the behavior goals in his or her TBS plan when TBS is still medically necessary to stabilize the child’s behavior and reduce the risk of regression.”

Authorizations:

Initial 30-Day Authorization:

- TBS services begin with an authorization for an initial period of up to 30 days.

- During this time, the TBS provider must assess the youth's progress, evaluate whether the interventions are effective, and determine if continuing TBS is clinically necessary.

Additional Authorizations:

- If TBS services are still needed beyond the initial 30 days, the provider must submit a separate and distinct inquiry for reauthorization.
- The request should include documentation demonstrating ongoing medical necessity, progress toward behavioral benchmarks, and a justification for continued TBS services.

Medical Necessity:

- Reauthorizations depend on meeting medical necessity criteria, including the youth’s continued risk of higher levels of care (e.g., hospitalization or placement disruption) without TBS.

A service note must be completed for each interaction between the mental health provider and the youth or caregiver adhering to county policy and QM training materials for all documentation requirements.

TBS Billing:

Only TBS treatment codes are to be used for TBS reimbursable services. TBS providers can also use the Targeted Case Management (TCM/ICC) billing code when coordinating discharge planning services if the youth is in an inpatient psychiatric hospital, psychiatric health facility or psychiatric nursing facility. Providers may not bill Medi-Cal clients for missed appointments. ([CCR, Title 9 Sec. 1810.365](#))

Related Policies and Information Notices:

- <https://dhs.saccounty.gov/BHS/Documents/BHS-Policies-and-Procedures/PP-BHS-CCES-01-02-Access to Interpreter Services.pdf>
- https://www.dhcs.ca.gov/services/MH/Documents/L04-04_Enclosure1.pdf
- <https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice08-38.pdf>
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