



Purchase of Therapeutic Services for Children Eligibility Form

CBC Name:

CBC Contact #:

Child's Person ID:

Child's Age:

1. Does the child have a mental, behavioral, or emotional diagnosis or Z code?
 Yes No *(If no, the child is not eligible. If yes, complete remainder of form.)*
 - a. Documentation includes the evaluator's name and credentials? Yes No
 - b. Is the date of the diagnosis prior to initiation of services and within the preceding 12 months of service provision services? Yes No
2. Provide a brief description of the child's functional impairment in family, school, or community activities, or a list of treatments or other supports provided to prevent functional impairment.
3. Provide a brief statement to confirm that the child is in out-of-home care or are at risk of placement in out-of-home care (e.g. abuse intake number and/or dependency court case number, etc.)
4. List the name(s) of the direct community-based services and/or supports that will address the child's treatment needs using the 100806 funds.
5. Are the identified services and/or supports Medicaid reimbursable? Yes No
(If yes, please provide an explanation as to why Medicaid is not paying, such as no Medicaid provider in the area, maximum Medicaid services received, etc.)
6. Are the identified services and/or supports able to be separated (i.e., mental health overlay provided at a community residential home) and are not covered by Medicaid? Yes No
(If yes, please provide an explanation as to how the 100806 funds are used to cover those services.)

Printed Name of CBC Representative

Signature of CBC Representative

Date