1. **Complete demographic information**
2. **Identify a behavioral health diagnosis**
3. **Identify medical necessity if asked (CBH WO does not request this specifically)**

General guidelines from DHS on documenting medical necessity

**(Include a statement like this in addition to ideas below)**: “The use of (*ABA, Mobile Therapy, PCIT, Group Therapy, Behavioral Consultation, Multi-Systemic Therapy, Family Therapy*) services is ***reasonably expected to reduce or ameliorate*** the child’s identified therapeutic needs and increase coping strategies. The use of (*ABA, Mobile Therapy, PCIT, Group Therapy, Multi-Systemic Therapy, Family Therapy*) services is ***necessary to support skill development to promote positive behaviors*** that will assist the child ***achieving or maintaining maximum functional capacity***.”

Additional Info to Include in Support for Medical Necessity:

* Early and intensive behavioral health interventions result in the lower likelihood that an individual will require restrictive educational placements and invasive behavioral health supports in the future.
* These supports are a reasonable and necessary treatment for *CHILD* to improve (adaptive behavior, social-emotional functioning, functional communication, coping strategies, behavioral regulation).

\*\*Be sure to identify any safety risks when endorsing medical necessity and highlight how these services are necessary to ensure safety / prevent harm (e.g., aggression, self-injury, elopement/wandering, suicidal behavior, non-suicidal self-harm).\*\*

1. **Identify measurable goals: Keep goals broad, but objective. Here are a few examples for presenting problems:**

Self-Injury or Aggression

* Decrease self-injury (*e.g., label the behavior: “head banging”*) and frequency, intensity, and duration of tantrum behavior

Functional Communication

* Increase use of functional communication strategies (*e.g., words, gestures, sign*) across pragmatic contexts

Social Engagement

* Increase ability to participate in prosocial behavior with same age peers for increasingly longer periods of time (*e.g., turn taking, functional play*)

Elopement / Community Safety

* Decrease elopement from non-preferred activities (*or home, classroom setting*)
* Increase ability to remain with caregiver when in the community
* Increase ability to respond to inhibitory words (e.g., “no”, “stop”) and follow community safety rules

Independence with /Participation in Daily Routines

* Increase ability to participate in daily routines with increasing independence in absence of problem/challenging behavior

Participation in Academic/Play/Social Settings

* Increase participation in structured learning *and/or* play activities for increasingly longer periods of time

Emotional Regulation / Coping

* Increase ability to independently access coping strategies to support positive behavior

1. **Identify type of treatment / service you are recommending**

You are only make the choice of ABA or any other option (Intensive Family System Therapy, Behavioral Intervention that’s not as intensive as ABA, Mobile Therapy)

**-**Complete the entire row (check all boxes in the row and pick locations in last column)

1. **Sign and Date**
2. **Give to parent and/or clinician or provider email directly to** [**cbh.clinicalrequests@phila.gov**](mailto:cbh.clinicalrequests@phila.gov) **(if in Philadelphia County)**