



Medical Necessity Criteria
Family Focused Supplemental Services: ADULT

Admission Criteria (must meet criteria I and II)

I. Diagnostic Evaluation and Documentation

- A. For adults with dependent children who have completed an evaluation and have a diagnosis on DSM IV Axis I, as part of a complete multi-axial, face-to-face assessment (MR or D&A cannot stand alone), by a masters level Mental Health Professional with review and recommendation by a licensed psychologist or psychiatrist stating that this service is the most clinically appropriate.

and

- B. Family involvement in the child welfare or juvenile justice system, or involvement in an in-home or prevention service funded by child welfare or juvenile probation;

and

- C. Other less restrictive, less intrusive in-home services have been provided or determined to be potentially ineffective;

or

the adult has been discharged from an inpatient psychiatric unit, a residential treatment facility or incarceration and is returning home; other less restrictive, less intrusive services cannot offer either an expectation of improvement or prevention of deterioration of the family's condition;

and

- D. Symptoms and/or behaviors indicate manageable risk for safety to self, others and the community and these symptoms do not require observation and/or structured treatment in a psychiatric inpatient setting or residential treatment facility.

II. Severity of Symptoms

A. Family Focused Supplemental Services are determined by the treatment team to be necessary within the context of the family in order to effectively improve family functioning, because:

1. a dependent child is at risk of out of home placement due to the severity of the adult's own mental health issues;

or

2. the adult is returning home from a more restrictive setting and Family Focused Supplemental Services are needed as a step down to reintegrate the adult into the family, improve family functioning and maintain stability within the home

and

B. The adult symptoms and/or functional impairment discussed in the presenting history and clinical evaluation must include at least one of the following:

1. Suicidal/Homicidal Ideation
2. Psycho-Physiological Condition (i.e., bulimia, anorexia nervosa)
3. Psychomotor Retardation or Excitation.
4. Affect/Function Impairment (i.e., withdrawn, reclusive, labile, reactive, depressed)
5. Psychosocial Functional Impairment
6. Thought Impairment
7. Cognitive Impairment, however, the adult must have an IQ of 60 or above
8. Substance Abuse
9. Domestic Violence
10. Court involvement

and

C. There is serious and/or persistent impairment of psychosocial functioning due to a psychiatric disorder or mental illness or MISA, requiring services in the home to prevent family instability and to prevent relapse in the adult of symptoms and/or behaviors which are in partial or tentative remission;

or

D. There is an exacerbation of impaired judgment or functional capacity and capability with the adult such that self-maintenance in the home is severely compromised, and intervention involving family is necessary;

or

- E. Significant psychosocial stressors that are affecting the adult or family as a whole will increase the risk that a dependent child's developmental functioning will decrease;

or

- F. Adult's symptoms improved in response to comprehensive treatment at a higher level of care, but the family needs Family Focused Supplemental Services to sustain and reinforce stability.

Requirements for Continued Stay (must meet criteria I and II)

I. Diagnostic Evaluation

- A. Recommendation to continue Family Focused Supplemental Services must occur by the treatment team every 30 days through an updated treatment plan; and
- B. The updated treatment plan must indicate family's progress toward the goals, the progress of the family as a unit, revision of goals reflecting documented changes, and the adult and family involvement in the treatment planning process.

II. Severity of Symptoms

- A. Adult and family are making progress toward goals, and the treatment team review recommends continued stay;

or

- B. The adult's presenting conditions, symptoms or behaviors continue, such that family and natural community supports alone are insufficient to stabilize the family and Family Focused Supplemental Services continue to be the most clinically appropriate service option;

or

- C. The appearance of new conditions, symptoms or behaviors in the adult are meeting the admission criteria.

Continued Care Documentation

Progress towards goals will be reviewed with a Community Care care manager at the end of 12 weeks of services to determine if family meets requirements for continued stay.

The review must clarify the:

- A. adult's progress within the family context and progress toward developing community linkages (behavioral health and natural resources/supports);
- B. adult's demonstrated improvement and/or utilization of alternative/replacement behaviors;
- C. increased or continued conditions, symptoms or behaviors with continued expectation for improvement;
- D. treatment plan is addressing the conditions, symptoms or behaviors within the context of the adult's problem and/or contributing psychosocial stressor(s)/event(s);
- E. goals in continuing Family Focus Supplemental Services;
- F. need for continuing Family Focused Supplemental Services for up to another 12 week service period.

Whenever Family Focused Supplemental Services are needed for a term greater than 24 weeks:

1. the master's level therapist must update the diagnosis and review with the licensed psychologist or physician; and
2. the treatment team concurs with the recommendation for the continuation of services; and
3. review must include consideration/evaluation of alternative levels of care, therapeutic approaches, informal approaches and resources; and
4. adult meets criteria for continuing stay

Discharge Criteria and Service Transition Guidelines

The treatment team, determines that:

A. Up to 24 weeks of Family Focused Services has been completed;

and

B. Family Focused Supplemental Services resulted in an expected level of stability and treatment goal attainment such that:

1. the adult achieved goals related to symptom stabilization, behavioral change and any other conditions that led to the need for Family Focused Solution Based intervention in the home,

and/or

2. Family Focused Supplemental Services are no longer necessary and services at a reduced level of support are indicated;

and/or

3. Family Focused Supplemental Services should be discontinued because of ineffectiveness, requiring reassessment of services and alternative planning;

and/or

The adult requests reduction in service or termination of the Family Focused Supplemental Services.