



Medical Necessity Criteria
Family Focused Supplemental Services: CHILD

Admission Criteria (must meet criteria I and II)

I. Diagnostic Evaluation and Documentation

- A. For individuals under the age of 18: 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 that this service is the most clinically appropriate, and least restrictive service, to meet the needs of the child.

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 services have been provided or determined to be potentially ineffective;

or

Identified child has been discharged from an inpatient psychiatric unit, residential treatment facility, is returning home from substitute care with CYF or JPO, or is currently receiving services from a child welfare/juvenile probation placement another less restrictive, less intrusive services cannot offer either an expectation of improvement or prevention of deterioration of the child's/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 24-hour supervision, 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 child/family functioning, because
1. the child is at risk of out of home placement due to the severity of the child's own mental health issues;
- or
2. the child is returning home from a more restrictive setting and Family Focused Supplemental Services are needed as a step down to reintegrate the child into the family, improve family functioning and maintain placement within the home
- and
- B. The child's problematic behavior and/or functional impairment discussed in the presenting history and clinical evaluation must include at least one (1) of the following:
1. Suicidal/Homicidal Ideation
 2. Dangerous, Risk-Taking Behavior
 3. Aggression
 4. Psycho-Physiological Condition (i.e., bulimia, anorexia nervosa)
 5. Psychomotor Retardation or Excitation.
 6. Affect/Function Impairment (i.e., withdrawn, reclusive, labile, reactive, depressed)
 7. Psychosocial Functional Impairment
 8. Thought Impairment
 9. Cognitive Impairment, however, the child must have an IQ of 60 or above
 10. Conduct Related Disturbances
- and
- C. There is serious and/or persistent impairment of developmental progression and/or psychosocial functioning due to a psychiatric disorder or serious emotional disturbance, requiring services in the home and family involvement to alleviate acute existing symptoms and/or behaviors; or to prevent relapse in the child with 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, for the child's developmental level such that interpersonal skills, and/or self-maintenance in the home is severely compromised, and intervention involving the child and family is necessary;

or

- E. Significant psychosocial stressors that are affecting the child or family as a whole, increase the risk that the child's functioning will decrease for his/her developmental level;

or

- F. Symptoms improve in response to comprehensive treatment at a higher level of care, but child 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 child's progress toward goals, the progress of the child and family as a unit, revision of goals reflecting documented changes, and the child and family involvement in the treatment planning process.

II. Severity of Symptoms

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

or

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

or

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

Continued Care Documentation

Child's progress towards goals will be reviewed with a Community Care care manager at the end of 12 weeks of services to determine if child meets requirements for continued stay.

The review must clarify the:

- A. child's progress within the family context and progress toward developing community linkages (behavioral health and natural resources/supports);
- B. child's demonstrated improvement and/or utilization of alternative/replacement behaviors;
- C. increased or continued behavioral disturbance with continued expectation for improvement;
- D. treatment plan is addressing the behavior within the context of the child'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. child 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 child met the expected behavioral response,

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

4. The parent/guardian or child (14 years old or older) requests reduction in service or termination of the Family Focused Supplemental Services.