



## Children's Mobile Intervention Services (CMIS)

### MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

#### Admission Criteria

The youth must meet all of the following criteria:

- A. The youth is between the ages of 0 and 21. Eligibility for services is in place until the youth's 21st birthday.
- B. The youth's caregiver/legal guardian voluntarily consents to treatment or there is a court order/mandate requiring such treatment. Youth who are 14 years of age or older may consent to treatment.
- C. The youth presents with emotional and/or behavioral needs, which represent a change in baseline functioning that is adversely impacting a youth's ability to function typically in one or more life domains (family, living situation, school, community).
- D. There is evidence based on crisis plans, assessments, and other relevant information that timely brief intervention can be reasonably expected to:
  - Resolve or prevent further behavioral/emotional escalation or impairment in functioning.
  - Return youth and family to baseline functioning or improve the youth's emotional symptoms and behaviors.
  - Improve coping skills and resources to help preserve optimal functioning in life domains (family, living situation, school, community).

The youth meets any one of the following criteria or a combination:

- A. The youth exhibits moderate to high level risk to self or others that requires timely brief intervention and 24-hour on-call support for further assessment and safety planning to maintain current living arrangement and life functioning and avoid a more restrictive level of care.
- B. The youth has moderate to high intensity behavioral and/or emotional needs, which without intervention, will further interfere with his/her ability to function in at least one of the following life domains: family, living situation, school, social, work, or community. The youth's/caregiver's strengths and coping skills are exceeded by the demands of the situation and the presenting needs of the youth.

#### Exclusion Criteria

Any of the following criteria is sufficient for exclusion from this level of care:

- A. Assessments and other relevant information indicate that the youth needs either a less intensive therapeutic service or a more intensive therapeutic service.

- B. The absence of voluntary consent to treatment or a court order/mandate requiring such treatment.
- C. The emotional symptoms and/or behaviors are the primary result of a medical condition that warrants medical treatment.
- D. If the youth is involved with another prior-authorized service (Mobile Therapy, Behavior Specialist Consultant, Therapeutic Staff Support, School Therapeutic Services, Family Based Services, Functional Family Therapy, Clinical Transition and Stabilization Services, Philadelphia Intensive In-Home Child and Adolescent Psychiatric Services, or Multi-Systemic Therapy for Problem Sexual Behaviors). This is considered a duplication of service. Children linked to outpatient and case management services are eligible for CMIS. The CMIS provider must collaborate with case management and outpatient providers.

### **Continued Stay Criteria**

All of the following are necessary for continuing treatment at this level of care for up to 8 weeks:

- A. Further work and stabilization is needed to resolve the crisis presenting with the youth and family.
- B. Interventions are focused on reducing risk and behavioral symptoms, improving caregiver capability, and maintaining the youth in the community.
- C. Progress, in relation to specific symptoms or impairments, is clearly evident and can be described in objective measurable terms. However, some goals of treatment have not yet been achieved and adjustments in the treatment plan include strategies for achieving these unmet goals.
- D. When clinically necessary, a psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored. (Minimally, the necessary evaluation has been arranged.)
- E. Treatment planning includes the youth and family's strengths and is based on youth and family needs. Interventions are intended to stabilize and improve functioning and include the following:
  - Crisis intervention
  - Short-term, in home therapy
  - Behavioral assistance
  - Caregiver therapeutic support
  - Youth and family support and education (e.g., symptom management)
  - Substance abuse screening and referral to substance abuse treatment for youth with primary or co-occurring substance use disorders
  - Coordination and development of informal and natural support systems such as faith-based organizations, self-help support, peer support, etc.
- F. There is documented clinical necessity for active, individualized transition planning.

### **Discharge Criteria**

Any of the following criteria is sufficient for discharge from this level of care:

- A. The youth's documented treatment plan goals and objectives for this intensity of service have been met AND a detailed transition plan or barriers to care planning are described and documented.
- B. Assessments and other relevant clinical information indicate that the youth meets medical necessity criteria for a higher or lower intensity level of care, including specialized services such as long-term substance use residential treatment.

- C. The youth and/or the caregiver have withdrawn consent for treatment and there is no court order requiring such treatment.