

Level of Care V: Mobile Treatment (Children and Adolescents)

<p>I. Principles for Medical Necessity Criteria: Mobile Treatment is designed for children and adolescents with serious mental disorders which are exemplified by non-compliance and vulnerability to provide treatment in the least intensive setting that is able to meet the Individual's clinical needs. These services are provided by a multidisciplinary treatment team and are available to the consumer on a 24/7 basis.</p>	
<p>II. Admission Criteria:</p>	<p><i>All of the following criteria are necessary for admission:</i></p> <ul style="list-style-type: none"> A. The consumer has a primary DSM-IV diagnosis that is the cause of significant psychological impairment. B. The Individual is at risk for out-of-home placement and either: <ul style="list-style-type: none"> ➤ The Individual has not maintained, on a continuous basis, community mental health services that are prescribed, or ➤ The Individual is exhibiting behavior that is a risk of harm or self-harm C. The primary caretaker: <ul style="list-style-type: none"> ➤ Has the goal of maintaining the child or adolescent safely in the home, and ➤ Agrees to participate in Mobile Treatment services.
<p>III. Severity of Need and Intensity of Service</p>	<p>The individual's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary team, providing a minimum of weekly face-to-face contact.</p>
<p>IV. Continued Stay Criteria:</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ul style="list-style-type: none"> A. The consumer continues to meet admission criteria despite treatment efforts, or there is emergence of additional problems consistent with the admission criteria. B. Documentation exists of failed attempts to integrate the Individual into traditional outpatient treatment. C. There is clinical evidence of symptom improvement using the service. If there is no improvement, there is documentation of treatment plan changes and/or a second opinion of the treatment plan. D. The primary caretaker continues to support in-home placement and the Mobile Treatment services.