

7.14. Mobile Treatment Services – Child/Adolescent

MOBILE TREATMENT SERVICES (MTS) (CHILD/ADOLSCENT)

Principles for Medical Necessity Criteria

Mobile treatment services (MTS) are 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 participant’s clinical needs. These services are provided by a multidisciplinary treatment team and are available to the participant on a 24/7 basis.

CRITERIA

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| Admission Criteria | <p>All of the following criteria are necessary for admission:</p> <ul style="list-style-type: none"> A. The participant has a primary DSM 5 diagnosis that is the cause of significant psychological impairment. B. The participant is at-risk for out-of-home placement and either: <ul style="list-style-type: none"> ▪ The participant has not maintained, on a continuous basis, community mental health services that are prescribed ▪ The participant 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 ▪ Agrees to participate in MTS |
| Severity of Need and Intensity of Service | <p>The participant’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> |
| Criteria for Continued Stay | <p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ul style="list-style-type: none"> A. The participant 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 participant 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. |

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| | <p>D. The primary caretaker continues to support in-home placement and the MTS.</p> |
| <p>Discharge Criteria</p> | <p>I or (II, III and IV) are necessary and sufficient for planned transition from MTS/ACT services:</p> <p>I. A period of transition (as evidenced by overlapping authorizations between MTS/ACT and a less intensive service) has demonstrated the participant’s ability to engage, participate in, and benefit from less intensive services</p> <p>Or</p> <p>II. There is little to no threat of hospitalization or incarceration as evidenced by both:</p> <ul style="list-style-type: none"> ▪ No significant psychological, personal care, or social impairment ▪ No significant threat to self, property, or others <p>And</p> <p>III. There has been no emergency department utilization and no mental health crisis services (as evidenced by services provided by the MTS/ACT during evening or weekend hours) in the last six months.</p> <p>And</p> <p>IV. The participant no longer requires an intensive, assertive, multidisciplinary treatment team to develop/restore specific independent living skills.</p> |