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Medical Necessity Level of Care Criteria
(Column Legend: 1 Outpatient, 2 IOP, 3 PHP, 4 RTC, 5 Inpatient)

1. Low Risk of Harm	2. Some Risk of Harm	3. Significant Risk of Harm	4. Serious Risk of Harm (Requires Care at Level 5)	5. Extreme Risk of Harm (Requires Care at Level 6)
A. No indication of current suicidal or homicidal thoughts or impulses, with no significant distress, and no history of suicidal or homicidal ideation B. No indication or report of physically or sexually aggressive impulses C. Developmentally appropriate ability to maintain physical safety and/or use environment for safety D. Low risk for victimization, abuse, or neglect	A. Past history of fleeting suicidal or homicidal thoughts with no current ideation, plan, or intention, and no significant distress B. Mild suicidal ideation with no intent or conscious plan and with no past history C. Indication or report of occasional impulsivity, and/or some physically or sexually aggressive impulses with minimal consequences for self or others D. Substance use without significant endangerment of self or others E. Infrequent, brief lapses in the ability to care for self and/or use environment for safety F. Some risk for victimization, abuse, or neglect	A. Significant current suicidal or homicidal ideation with some intent and plan, with the ability of the child and family to contract for safety and carry out a safety plan. Child expresses some aversion to carrying out such behavior. B. No active suicidal/homicidal ideation, but extreme distress and/or history of suicidal/ homicidal behavior C. Indication or report of episodic impulsivity, or physically or sexually aggressive impulses that are moderately endangering to self or others (ie status offenses, impulsive acts while intoxicated, self-mutilation, running away with voluntary return, fire-setting, violence toward animals, affiliation with dangerous peer group) D. Binge or excessive use of alcohol and other drugs resulting in potentially harmful behaviors E. Episodic inability to care for self and/or maintain physical safety in developmentally appropriate ways F. Serious or extreme risk for victimization, abuse, or neglect	A. Current suicidal or homicidal ideation with either clear, expressed intentions and/or past history of carrying out such behavior. Child has expressed ambivalence about carrying out the safety plan and/or family's ability to carry out the safety plan is compromised. B. Indication or report of significant impulsivity and/or physical or sexual aggression, with poor judgment and insight, and that is/are significantly endangering to self or others (property destruction, repetitive fire-setting or violence toward animals) C. Indication of consistent deficits in ability to care for self and/or use environment for safety D. Recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability of child or family to restrict use E. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety	A. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior: 1) without expressed ambivalence or significant barriers to not doing so, or 2) with a history of serious past attempts that are not of a chronic, impulsive or consistent nature, or in presence of command hallucinations or delusions that threaten to override usual impulse control B. Indication or report of repeated behavior, including physical or sexual aggression, that is clearly injurious to self or others (eg fire setting with intent of serious property destruction or harm to others or self, planned and/or group violence) with history, plan, or intent, and no insight and judgment (forceful and violent repetitive sexual acts against others. C. Relentlessly engaging in acutely self-endangering behaviors D. A pattern of nearly constant and uncontrolled use of alcohol or other drugs, resulting in behavior that is clearly endangering.

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Dimension II - Functional Status

1. Minimal Functional Impairment	2. Mild Functional Impairment	3. Moderate Functional Impairment	4. Serious Functional Impairment (Requires Care at Level 5)	5. Severe Functional Impairment (Requires Care at Level 6)
A. Consistent functioning appropriate to age and developmental level in school behavior and/or academic achievement, relationships with peers, adults, and family, and self-care/ hygiene/ control of bodily functions. B. No more than transient impairment in functioning following exposure to an identifiable stressor with consistent and normative sleep, eating, energy, and self-care.	A. Evidence of minor deterioration, or episodic failure to achieve expected levels of functioning, in relationship with peers, adults, and/or family (eg defiance, provocative behavior, lying/cheating/not sharing, or avoidance/lack of follow through); school behavior and/or academic achievement (difficulty turning in homework, occasional attendance problems) or biologic functions (feeding or elimination problems) but with adequate functioning in at least some areas and/or ability to respond to redirection/intervention. B. Sporadic episodes during which some aspects of sleep, eating, energy, and self-care are compromised. C. Demonstrates significant improvement in function following a period of deterioration	A. Conflicted, withdrawn, or otherwise troubled in relationships with peers, adults, and/or family, but without episodes of physical aggression. B. Self-care/hygiene deteriorates below usual or expected standards on a frequent basis. C. Consistent failure to achieve self-care/hygiene at levels appropriate to age and/or developmental level. D. School behavior has deteriorated to the point that in-school suspension has occurred and the child or youth is at risk for placement in an alternative school or expulsion due to their disruptive behavior. E. Chronic and/or variably severe deficits in interpersonal relationships, ability to engage in constructive activities, and ability to maintain responsibilities. F. Recent gains and/or stabilization in functioning have been achieved while participating in services in a structured, protected, and or/ enriched setting.	A. Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive or abusive behaviors. B. Significant withdrawal and avoidance of almost all social interaction. C. Consistent failure to achieve self-care/hygiene at levels appropriate to age and/or developmental level. D. Serious disturbances in vegetative status, such as weight change, disrupted sleep or fatigue, and feeding or elimination, which threaten physical functioning. E. Inability to perform adequately even in a specialized school setting due to disrupted or aggressive behaviors. School attendance may be sporadic. The child has multiple academic failures.	A. Extreme deterioration in interactions with peers, adults and/or family that may include chaotic communication or assaultive behaviors with little or no provocation, minimal control over impulses that may result in abusive behaviors. B. Complete withdrawal from all social interactions. C. Complete neglect of and inability to attend to self-care/hygiene/ control of biological functions with associated impairment in physical status. D. Extreme disruption in physical functions causing serious comprise of health and well-being. E. Nearly complete inability to maintain any appropriate school behavior and/or academic achievement given age and developmental level.

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Dimension III - Co-Occurrence of Conditions: Medical, Substance Use, Developmental, and Psychiatric

1. No Co-Occurrence	2. Minor Co-Occurrence	3. Significant Co-Occurrence	4. Major Co-Occurrence (Requires Care at Level 5)	5. Severe Co-Occurrence (Requires Care at Level 6)
A. No medical, substance abuse, developmental disability, or psychiatric disturbances apart from presenting problem. B. Past medical, substance use, developmental, or psychiatric conditions stable and pose no threat to child's or adolescent's current functioning or presenting problem.	A. Minimal developmental delay or disorder is present that has no impact on the presenting problem and for which the child or adolescent has achieved satisfactory adaptation and or compensation. B. Self-limited medical problems are present that are not immediately threatening or debilitating and have no impact on the presenting problem and are not affected by it. C. Occasional, self-limited episodes of substance use are present that show no escalation, no indication of adverse effect on function or presenting problem. D. Transient, occasional, stress-related psychiatric symptoms are present that have no impact on presenting problem.	A. Developmental disability is present that may/does adversely affect the presenting problem, or require significant alteration of services for the presenting problem or co-occurring condition. B. Medical conditions are present requiring significant medical monitoring C. Medical conditions are present that may adversely affect, or be adversely affected by, the presenting problem. D. Substance abuse is present, with significant adverse effect on functioning and the presenting problem. E. Recent substance use that has a significant impact on presenting problem and that has been arrested stopped due to use of a highly structured/protected setting or through external means. F. Psychiatric signs and symptoms are present and persist in the absence of stress, are moderately debilitating, and adversely affect the presenting problem.	A. Medical conditions present or have a high likelihood of developing that may require intensive, although not constant, medical monitoring. B. Medical conditions are present that will adversely affect, or be affected by, the presenting disorder. C. Uncontrolled substance use that poses a serious threat to health if unabated and impedes recovery from presenting problem. D. Developmental delay or disorder is present that will adversely affect the course, treatment, or outcome of the presenting disorder. E. Psychiatric symptoms are present that clearly impair functioning, persist in the absence of stressors, and seriously impair recovery from the presenting problem.	A. Significant medical condition poorly controlled and/or potentially life threatening in absence of close medical management B. Medical condition acutely or chronically worsens or is worsened by the presenting problem. C. Substance dependence present, with inability to control use, intense withdrawal symptoms, & extreme negative impact on the presenting disorder. D. Developmental disorder that seriously complicates, or is seriously compromised by, the presenting disorder. E. Acute or severe psychiatric symptoms that seriously impair functioning, and/or prevent voluntary participation in treatment for presenting problem, or prevent recovery.

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Dimension IV (A) - Environmental Stress

1. Minimally Stressful Environment	2. Mild Environmental Stress	3. Moderate Environmental Stress	4. Highly Stressful Environment	5. Extremely Stressful Environment
A. Absence of significant or enduring difficulties in environment and life circumstances are stable. B. Absence of recent transitions or losses of consequence C. Material needs met without significant cause for concern that they may diminish in the near future with no threats to safety or health. D. Living environment is conducive to normative growth, development, and recovery. E. Role expectations normative and congruent with child's age, capacities and/or developmental level.	A. Significant normative transition requiring adjustment, such as change in household members, or new school or teacher. B. Minor interpersonal loss or conflict, such as peer relationship ending due to change in residence or school, illness or death of distant extended family member that has a mild effect on child and family. C. Transient but significant illness or injury (pneumonia, broken bone). D. Somewhat inadequate material resources or threat of loss of resources due to parental underemployment, separation, etc. E. Expectations for performance at home or school create discomfort. F. Potential for exposure to substance use exists.	A. Disruption of family/social milieu B. Interpersonal or material loss that has significant impact child and family. C. Serious prolonged illness or injury, unremitting pain, other disabling condition. D. Danger or threat in neighborhood or community, or sustained harassment by peers or others. E. Exposure to substance abuse and its effects. F. Role expectations that exceed child's or adolescent's capacity, given his/her age, status and developmental level.	A. Serious disruption of family or social milieu due to illness, death, divorce, or separation of parent and child or adolescent; severe conflict; torment and/or physical/sexual abuse or maltreatment. B. Threat of severe disruption in life circumstances, including threat of imminent incarceration, lack of permanent residence or immersion in alien and hostile culture. C. Inability to meet needs for physical and/or material well-being. D. Exposure to endangering criminal activities in family/community. E. Difficulty avoiding substance use and its effects.	A. Traumatic or enduring and highly disturbing circumstances, such as: 1) Violence, sexual abuse or illegal activity in the home or community 2) The child or adolescent is witness to or a victim of natural disaster 3) The sudden or unexpected death of a loved one 4) Unexpected or unwanted pregnancy B. Political or racial persecution, immigration, social isolation, language barriers, and/or illegal status. C. Incarceration, foster home placement or re-placement, inadequate residence, and/or extreme poverty or constant threat of such. D. Severe pain, injury or disability or imminent threat of death due to severe illness or injury.

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Dimension IV (B) - Environmental Support

1. Highly Supportive Environment	2. Supportive Environment	3. Limited Environmental Support	4. Minimal Environmental Support	5. No Environmental Support
A. Family and ordinary community resources are adequate to address child's developmental and material needs. B. Continuity of active, engaged care takers, with a warm, caring relationship with at least one care taker.	A. Continuity of family members/care takers is only occasionally disrupted, and/or relationships with family members/care takers are only occasionally inconsistent. B. Family/care takers willing and able to participate in treatment if requested and have capacity to effect needed changes. C. Special needs addressed through successful involvement in systems of care D. Community resources are sufficient to address child=s developmental and material needs.	A. Family has limited ability to respond appropriately to child or adolescent's developmental needs and/or problems, or is ambivalent toward meeting these needs or addressing these problems. B. Community resources only partially compensate for unmet material and emotional needs and/or child or adolescent has limited or inconsistent access to network. C. Family or primary care takers demonstrate only partial ability to make necessary changes during treatment.	A. Family or primary care taker is seriously limited in ability to provide for the child or adolescent's developmental, material, and emotional needs. B. Few community supports and/or serious limitations in access to sources of support so that material, health, and/or emotional needs are mostly unmet. C. Family and other care takers display limited ability to participate in treatment and/or service plan	A. Family and/or other care takers are completely unable to meet the child or adolescent's developmental, material, and/or emotional needs. B. Community has deteriorated so that it is unsafe and/or hostile to the needs of children and adolescents for education, recreation, constructive peer relations and mentoring from unrelated adults. C. Lack of liaison and cooperation between child/youth-serving agencies. D. Inability of family or other primary care takers to make changes or participate in services E. Lack of even minimal attachment to benevolent other, or multiple attachments to abusive, violent and/or threatening others.

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Dimension V - Resilience and/or Response to Services

1. Full Resiliency	2. Significant Resiliency	3. Moderate/Equivocal Resiliency	4. Poor Resiliency	5. Negligible Resiliency
A. Child has no previous experience with services. B. Child/youth has demonstrated significant and consistent capacity to maintain development in the face of normal challenges. C. Prior experience indicates that efforts in most types of services have been helpful in controlling the presenting problem in a relatively short period of time. D. There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent services. E. Able to transition successfully and accept changes in routine without support; optimal flexibility	A. Child/youth have demonstrated average ability to deal with stressors and maintain developmental progress. B. Previous experience with services has been successful in controlling symptoms but more lengthy intervention is required. C. Significant ability to manage recovery demonstrated for extended periods, but has required structured setting or ongoing care and/or peer support. D. Recovery has been managed for short periods of time with limited support or structure. E. Able to transition successfully and accept changes in routine with minimal support	A. Child/youth has demonstrated an inconsistent or equivocal capacity to deal with stressors and maintain normal development. B. Previous experiences with services at low level of intensity has not been successful in relief of symptoms or optimal control of symptoms. C. Recovery has been maintained for moderate periods, but only with strong professional/peer support or in structured settings. D. Developmental pressures and life changes have created temporary stress. E. Able to transition successfully and accept change in routine most of the time with a moderate intensity of support.	A. Child/youth has demonstrated frequent evidence of innate vulnerability under stress and difficulty resuming progress toward expected developmental level. B. Previous services have not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated interventions. C. Attempts to maintain whatever gains that can be attained with intensive services have limited success, even for limited time periods or in structured settings. D. Developmental pressures and life changes have created episodes of turmoil or sustained distress. E. Transitions with changes in routine are difficult even with a high degree of support.	A. Child/youth has demonstrated significant and consistent evidence of innate vulnerability under stress, with lack of any resumption of progress toward expected developmental level. B. Past response to services has been quite minimal, even when treated at high levels of service intensity for extended periods of time. C. Symptoms are persistent and functional ability shows no significant improvement despite receiving services. D. Developmental pressures and life changes have created sustained turmoil and/or developmental regression. E. Unable to transition or accept changes in routine successfully despite intensive support.

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Dimension VI (A) - Child or Adolescent Engagement in Services

1. Optimal Involvement in Services	2. Adequate Involvement in Services	3. Limited Involvement in Services	4. Minimal Involvement in Services	5. Absent Involvement in Services
A. Quickly forms a trusting and respectful positive therapeutic relationship with clinicians and other care providers. B. Able to define problem(s) as developmentally appropriate and accepts others' definition of the problem(s), and consequences. C. Accepts age-appropriate responsibility for behavior that causes and/or exacerbates primary problem. D. Cooperates and actively participates in services.	A. Able to develop a trusting, positive relationship with clinicians and other care providers. B. Unable to define the problem as developmentally appropriate, but accepts others definition of the problem and its consequences. C. Accepts limited age-appropriate responsibility for behavior. D. Passively cooperates in services.	A. Ambivalent, avoidant, or distrustful relationship with clinicians and other care providers. B. Acknowledges existence of problem, but has trouble accepting limited age-appropriate responsibility for development, perpetuation, or consequences of the problem. C. Minimizes or rationalizes problem behaviors and consequences. D. Unable to accept others definition of the problem and its consequences. E. Frequently misses or is late for appointments and/or does not follow the service plan.	A. A difficult and unproductive relationship with clinician and other care providers. B. Accepts no age-appropriate responsibility role in development, perpetuation, or consequences of the problem. C. Frequently disrupts assessment and services.	A. Unable to form therapeutic working relationship with clinicians or other care providers due to severe withdrawal, psychosis, or other profound disturbance in relatedness. B. Unaware of problem or its consequences. C. Unable to communicate with clinician due to severe cognitive delay or speech/language impairment.

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Dimension VI (B) - Parent/Primary Care Engagement in Services

1. Optimal Involvement in Services	2. Adequate Involvement in Services	3. Limited Involvement in Services	4. Minimal Involvement in Services	5. Absent Involvement in Services
A. Quickly and actively engages in a trusting and positive relationship with clinician and other service providers. B. Sensitive and aware of the child or adolescent's needs and strengths as they pertain to the presenting problem. C. Sensitive and aware of their child or adolescent's problems and how they can contribute to their child's recovery. D. Active and enthusiastic participation in services assessment and services.	A. Develops positive therapeutic relationship with clinicians and other primary care takers. B. Explores the problem and accept others definition of the problem. C. Works collaboratively with clinicians and other care takers in development of service plan. D. Cooperates with service plan, with behavior change and good follow-through on interventions.	A. Inconsistent and/or avoidant relationship with clinicians and other care providers. B. Defines problem, but has difficulty creating a shared definition of development, perpetuation, or consequences of the problem. C. Unable to collaborate in development of service plan. D. Unable to participate consistently in service plan, with inconsistent follow-through.	A. A difficult and unproductive relationship with clinician and other care providers. B. Unable to reach shared definition of the development, perpetuation, or consequences of problem. C. Able to accept child or adolescent's need to change, but unable or unwilling to consider the need for any change in other family members. D. Engages in behaviors that are inconsistent with the service plan.	A. No awareness of problem. B. Not physically available. C. Refuses to accept child or adolescents, or other family members' need to change. D. Unable to form relationship with clinician or other care provider due to significant cognitive difficulties, psychosis, intoxication, or major mental illness or impairment.