

## Medical Necessity Form Recommendation for Children & Family Treatment and Support Services

**Instructions:** This form can only be completed and signed by a Licensed Practitioner of the Healing Arts (LPHA) licensed as a Registered Professional Nurse, Nurse Practitioner, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Marriage & Family Therapist, Licensed Mental Health Counselor or Licensed Creative Arts Therapist or Physician.

### Recommendation for Rehabilitative Service(s)

Participant Name:	Date of Birth:
Parent/Caregiver:	Relationship:
Address:	Phone:
County of Residence:	Medicaid CIN#:

**Behavioral Health Information:** (\*A MH/SUD diagnosis is only required for a recommendation of PSR) *Check all that apply:*

List	Diagnosis Category	Specific Diagnosis or Symptoms of Mental Illness (MH)/Substance Use (SUD)	DX Code
Primary			
Secondary			
Other			

**Areas of Functioning:** (as a result of the symptoms of diagnosis of MH/SUD, the child/youth has functional impairment that interferes with or limits functioning in at least one of the following areas and is likely to benefit from and respond to the service(s) recommended to prevent the onset or worsening of symptoms.) *Check all that apply:*

Check	Domain	Description of Impairment
	Self-Direction/Control	
	Self-Care	
	Family Life	
	Social Relationships	
	Symptom Management	

**Recommended Child and Family Treatment and Support Service(s):** *Check all that apply: If currently providing clinical services include current goals to avoid duplicate goals in treatment plans*

Check	Rehabilitative Service	Description of Needed Intervention (if known/applicable)
	Other Licensed Practitioner (OLP)	
	Community Psychiatric Supports and Treatment (Intensive counseling)	
	*Psychosocial Rehabilitation (Skill development and building)	

**Reason for recommendation:**

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*\*By signing below, I am recommending the above-named individual for Child and Family Treatment and Support Service(s)*

\_\_\_\_\_  
\*\*LPHA Signature

\_\_\_\_\_  
Printed Name & NPI#

\_\_\_\_\_  
Date