Medical Necessity – Admission Criteria
Psychosocial Rehabilitation

Youth Name: ________________________________________________________________
DOB: ___________________        Medicaid CIN: ______________________________

All criteria (1-4) must be met:

☐ 1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent
   or corresponding with the DSM. Diagnosis:________________________________________

☐ 2. The child/youth is likely to benefit from and respond to the service to prevent the onset or
   the worsening of symptoms

☐ 3. The service is needed to meet rehabilitative goals by restoring, rehabilitating, and/or
   supporting a child/youth’s functional level to facilitate integration of the child/youth as participant
   of their community and family.
   Describe:____________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

☐ 4. The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA)
   operating within the scope of their practice under State License*:

   Recommendation/Signature of LPHA:___________________________________________
   Date:_________________________
   License #:___________________
   NPI#:_______________________

*LPHA includes the following: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental
Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed
Psychoanalyst, Licensed Psychologist, Physician’s Assistant, Psychiatrist, Physician, Registered Professional Nurse
or, Nurse Practitioner