new directions
YOUTH AND FAMILY SERVICES
fostering good.

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 Practictioner 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*