



Child and Family Intensive Treatment (CFIT)

Child and Family Intensive Treatment (CFIT) are services primarily based in the home for qualifying adults and children with moderate-to-severe psychiatric conditions. At a minimum CFIT consists of ongoing emergency/crisis evaluation, psychiatric assessment, medication evaluation and management, case management, psychiatric nursing services, and individual, group, and family therapy. The program requires the provider to render a minimum of six (6) medically necessary contact hours per week (4 face-to-face clinical hours and 2 care coordination/collateral hours with schools, EAP, court, community resources, etc.).

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member has a current DSM or corresponding ICD diagnosis severe behavioral health symptoms and serious impairment is evident in multiple settings (i.e. family, social, school). 2. Member is presenting with moderate to severe behavioral health symptoms and serious impairment is evident in multiple settings (i.e. family, social, school). 3. There is currently disruption in the Member’s baseline behavior or functional status and the intensity of the member’s impairment cannot be adequately maintained with routine office-based outpatient behavioral health treatment services. 4. Member’s symptoms and/or level of functioning are expected to improve or continue to improve with intensive home-based behavioral health treatment services. 5. Member currently does not have any other therapeutic behavioral health home-based treatment service in place. Non-therapeutic support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation of care coordination. 6. The home setting where treatment will occur is determined to be a safe, stable, and a long term home residence. 7. Parent, guardian, or caregiver agrees to work with the CFIT provider and actively participate in the mutually agreed upon treatment plan. 8. At least One of the following must occur: <ol style="list-style-type: none"> a. Member has been discharged from a higher LOC (inpatient, ARTS, PHP, IOP or Day Treatment) within the past 30 days; 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1. Member continues to meet admission criteria and another LOC is not appropriate. 2. Member is experiencing symptoms of such intensity that member would likely need hospitalization or admission to a higher LOC (e.g. ARTS, PHP, Day Treatment, or IOP) if discharged. 3. Treatment is still necessary to reduce symptoms and improve functioning, so the member may be treated at a less intensive LOC. 4. A treatment plan has been developed that specifically addresses the factors causing the severity of the member’s current condition and ongoing progress toward goals. 5. Member progress is monitored at least weekly, and the treatment plan modified, with specific goals updated to address targeted behaviors and goals for discharge. 6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out. 7. Parent, guardian, or caregiver continue to actively participate in and are present for treatment as clinically indicated and where appropriate or engagement efforts are underway. 8. Coordination of care and active discharge planning is ongoing, with goal of transitioning the member to a less intensive LOC. 	<p>Criteria #1, 2, 3, 4, or 5 are present: Criteria # 6 and 7 are recommended, but optional:</p> <ol style="list-style-type: none"> 1. Member no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive. 2. Member has reached their optimal level of functioning or baseline based on their cognitive, psychological and social limitations. 3. Member, parent, or guardian withdraws consent for treatment and member does not meet criteria for involuntary mandated treatment. 4. Member and parent, guardian, or caregiver does not appear to be actively participating in or are not cooperating with the treatment plan. 5. Member is not making progress toward the treatment goals, nor is there expectation of any progress. 6. Member’s individual treatment plan and goals have been met. 7. Member is clinically appropriate to attend routine outpatient treatment in an office or community based treatment setting.

<p>b. Member has had a recent admission (< 6 months) to a higher LOC and escalation is due to noncompliance with aftercare plan or inadequate community supports;</p> <p>c. Member has been evaluated by EST (or “child competent” clinician) and determined to need diversionary service to avoid a more restrictive LOC;</p> <p>d. A CFIT intervention has been successful prior to the current crisis (within 30 days) and the team’s involvement is likely to stabilize the family.</p>	<p>9. Member currently does not have any other therapeutic behavioral health home-based treatment service in place. Non-therapeutic support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation of care coordination.</p>	
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