



**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><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>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).</li> <li>2. Member is presenting with moderate to severe behavioral health symptoms and serious impairment is evident in multiple settings (i.e. family, social, school).</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>6. The home setting where treatment will occur is determined to be a safe, stable, and a long term home residence.</li> <li>7. Parent, guardian, or caregiver agrees to work with the CFIT provider and actively participate in the mutually agreed upon treatment plan.</li> <li>8. At least <b>One</b> of the following must occur:               <ol style="list-style-type: none"> <li>a. Member has been discharged from a higher LOC (inpatient, ARTS, PHP, IOP or Day Treatment ) within the past 30 days;</li> </ol> </li> </ol>	<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. Member continues to meet admission criteria and another LOC is not appropriate.</li> <li>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.</li> <li>3. Treatment is still necessary to reduce symptoms and improve functioning, so the member may be treated at a less intensive LOC.</li> <li>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.</li> <li>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.</li> <li>6. Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.</li> <li>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.</li> <li>8. Coordination of care and active discharge planning is ongoing, with goal of transitioning the member to a less intensive LOC.</li> <li>9. Member currently does not have any other therapeutic behavioral health home-based treatment</li> </ol>	<p><b>Criteria #1, 2, 3, 4, or 5 are present: Criteria # 6 and 7 are recommended, but optional:</b></p> <ol style="list-style-type: none"> <li>1. Member no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive.</li> <li>2. Member has reached their optimal level of functioning or baseline based on their cognitive, psychological and social limitations.</li> <li>3. Member, parent, or guardian withdraws consent for treatment and member does not meet criteria for involuntary mandated treatment.</li> <li>4. Member and parent, guardian, or caregiver does not appear to be actively participating in or are not cooperating with the treatment plan.</li> <li>5. Member is not making progress toward the treatment goals, nor is there expectation of any progress.</li> <li>6. Member’s individual treatment plan and goals have been met.</li> <li>7. Member is clinically appropriate to attend routine outpatient treatment in an office or community based treatment setting.</li> </ol>

<p>b. Member has had a recent admission (&lt; 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>service in place. Non-therapeutic support services (e.g., Kids Connect, PASS or Respite) may continue with the expectation of care coordination.</p>	
--	---	--