

### NMNC 3.601.02 Family Stabilization

Family stabilization provides short-term, flexible services to stabilize dependents in their home environment. This program treats all individuals of a family, including caretakers and the specific 'at-risk' dependent. Goals include maintaining a dependent in the home; preventing repeated hospitalizations/out-of-home placements; and/or enabling dependents to move to the least restrictive setting when clinically indicated. Treatment focuses on resiliency, strengths, and addressing skill deficits of the dependent; strengthening the ability of the parents to provide the necessary advocacy for meeting the dependent's developmental needs. Therapeutic interventions promote family recovery and resiliency; helping the caregivers and dependent rebound from adversity and establish a sense of mastery, competence, and hope; and developing positive thoughts, necessary life-skills and strong self-esteem.

Services are delivered during an acute psychiatric episode or following out-of-home treatment (e.g., inpatient care). Family stabilization programs can be used as an independent level of care or as an adjunct to another level of care. Programs utilize a team approach with both licensed and/or certified professionals and paraprofessionals, delivering a flexible variety of services under a comprehensive and coordinated treatment plan. Services may include counseling, crisis intervention, case management, skill-building, mentoring, parenting education/training, and other non-traditional services. Parent education assists caregivers struggling to provide effective behavior management with their children. This training may take place in a self-help group of other parents, and training sessions normally occur outside direct therapy hours.

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) Dependent demonstrates symptoms consistent with a <i>DSM</i> and corresponding ICD diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention</li> <li>2) Dependent has had psychiatric inpatient or residential treatment admission or is at imminent risk of being placed out of the home in a treatment facility</li> <li>3) Outpatient services are not sufficient to meet the family's needs for support and education</li> <li>4) Family is not receiving similar services from any other agency</li> <li>5) Dependent and family members give consent and are motivated to participate in the program</li> </ol>	<p><b>All of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Treatment planning is individualized and appropriate to the member's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active treatment with family or other support systems, social, occupational and interpersonal assessment with involvement when indicated; expected benefit from all relevant treatment modalities is documented.</li> <li>2) Clinical condition continues to warrant family stabilization services in order to maintain the dependent in the community and continue progress toward treatment plan goals</li> <li>3) Dependent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate</li> <li>4) All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible, consistent with sound clinical practice</li> <li>5) Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident</li> <li>6) Dependent and family (when appropriate) are participating to the extent all parties are able</li> <li>7) When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated</li> <li>8) There is documented active discharge planning from the beginning of treatment</li> <li>9) There is a documented active attempt at coordination of care with relevant providers when appropriate</li> </ol>	<p><b>Any one of the following criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1) Dependent's treatment plan goals and objectives have been substantially met; or</li> <li>2) Dependent no longer meets admission criteria, or meets criteria for a less/more intensive level of care; or</li> <li>3) Dependent, family, guardian, and/or custodian are non-participatory with treatment, or are non-participatory in following program rules and regulations, despite attempts to address non-participation issues</li> </ol>

10) Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them

### Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care:

- 1) Dependent's home environment presents safety risks to the staff making home visits; or
- 2) Dependent is at risk to harm self or others, or sufficient impairment exists that requires a more intensive level of care beyond community-based intervention;  
or
- 3) Dependent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications

### Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)