



Community Based Services (CBS), Child and Adolescent, Kansas Service Area

Services covered by this guideline:

1. Community Psychiatric Supportive Treatment
2. Child & Adolescent Psychosocial Group

I. **Intensity Guidelines:** (three (3) elements are evaluated):

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

II. **Admission Guidelines** (*all must be met*):

1. The child has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement due to functional impairments associated with a mental health diagnosis
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals
4. Services are supervised by a qualified licensed mental health professional
5. At least one adult member of the child's family agrees to participate in the service
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes
7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

III. **Continued Stay Guidelines** (*all must be met*):

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.



3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

IV. Discharge Criteria:

1. Child no longer meets continued stay criteria.
2. Child has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.