

Mental Health Family Support Partners

Last Updated: [10/19/2023]

Service Type:

0650 Community Mental Health Rehab Services

Procedure Code:

H0025

Medical Necessity Criteria

Caregivers of youth under age 21 who qualify to receive MH Family Support Partners shall (i) have a youth with a mental health disorder, who requires recovery oriented services, and (ii) meets two or more of the following:

- The member and their caregiver need peer-based recovery oriented services for the maintenance of wellness and the acquisition of skills needed to support the youth;
- The member and their caregiver need assistance to develop self-advocacy skills to assist the youth in achieving self-management of the youth's health status;
- The member and their caregiver need assistance and support to prepare the youth for a successful work/school experience;
- The member and their caregiver need assistance to help the youth and caregiver assume responsibility for recovery. Members aged 18-20 who meet the medical necessity criteria for MH Peer Support Services may choose to receive MH Peer Support Services or Family Support Partners depending on their needs and medical necessity.

Continued Stay Criteria:

To qualify for continued services for Peer Support Services and Family Support Partners for both MH and ARTS the following must occur:

- Medical necessity service criteria shall continue to be met;
- Progress notes shall document the status of progress relative to the goals identified in the Recovery, Resiliency, and Wellness Plan; and
- The member continues to require the monthly minimum contact requirements.

Discharge Criteria:

Discharge criteria for both MH and ARTS Peers Support Services and Family Support Partners shall occur when one or more of the following is met:

- Goals of the Recovery, Resiliency, and Wellness Plan have been substantially met; or

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- The member or as applicable for youth under 21, the caregiver, request discharge; or
- The member or as applicable for youth under 21, the caregiver, fail to make the monthly minimum contact requirements or the member or caregiver, as applicable, discontinues participation in services.