Eligibility Criteria Assessment:

1. The client must demonstrate a clinical necessity arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Client MUST meet at least TWO of the following criteria on a continuing or intermittent basis:

1. Has difficulty in establishing or maintaining normal interpersonal relationships to such a degree that he/she is at risk of out-of-home placement because of conflicts with family and/or community, risking possible placement to: detention/court services, Juvenile Corrections, foster care, or residential treatment

2. Exhibits such inappropriate behavior that repeated intervention by the mental health, social services/CPS, school system/truancy, police/law enforcement, juvenile court services/probation/parole are necessary.

3. Exhibits difficulty in cognitive ability such that child is unable to recognize personal danger or recognize significantly inappropriate social behavior:

2. Services shall be used when out-of-home placement due to clinical needs of the client is a risk AND either:

Services that are far more intensive than outpatient clinic care are required to stabilize the child in the family situation; **OR**

The client's residence, as the setting for services, is more likely to be successful than a clinic; **AND**

At least one parent or responsible adult with whom the client is living must be willing to participate in in-home services, with the goal of keeping the client with the family.

3. Services may also be used to facilitate the transition to home from an out-of-home placement when services more intensive than out patient clinic care are required for the transition to be successful. The client and responsible parent or guardian MUST be available and MUST agree to participate in the transition.

( ) Applicable to client ( ) Not applicable

4. In-home services are recommended on the plan of care (ISP). The ISP shall demonstrate the need for a minimum of three hours per week service delivery. Variation in the pattern of service delivery will be consistent with the objectives of the treatment plan.

( ) Yes ( ) No