

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	OUTPATIENT INDIVIDUAL PSYCHOTHERAPY
Funding Source	Behavioral Health
Setting	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Outpatient psychotherapy is the treatment of mental health and/or co-occurring substance use disorders through therapeutic principles, structure and technique between the therapist and the individual. Outpatient psychotherapy uses various active treatment modalities to improve or alleviate symptoms that may be troubling and significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.).
Service Expectations	<ul style="list-style-type: none"> • A comprehensive Mental Health Assessment must be completed prior to the beginning of treatment which indicates the need for this level of treatment • The individualized treatment/recovery plan is developed with the individual at the beginning of treatment, uses formal and informal supports, includes discharge and relapse prevention, is reviewed on an ongoing basis and adjusted as medically indicated. • Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs • It is the provider's responsibility to coordinate with other treating professionals as needed • All services must be culturally sensitive
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment. The amount, duration, and frequency of the service should be documented in the treatment plan.

Service Name	OUTPATIENT INDIVIDUAL PSYCHOTHERAPY
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	1:1
Hours of Operation	Typical business hours with weekend and evening hours available.
Individual Desired Outcome	<ul style="list-style-type: none"> • The individual has substantially met the treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment • Individual has support systems secured as needed • The individual is connected to a higher level of care if needed

UTILIZATION GUIDELINES

OUTPATIENT INDIVIDUAL PSYCHOTHERAPY

I. Admission Guidelines:

All of the following Guidelines are necessary for admission:

1. The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
2. There are significant symptoms that interfere with the individual's ability to function in at least one life area.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

II. Continuing Stay Guidelines:

All of the following Guidelines are necessary for continuing treatment at this level of care:

1. The individual's condition continues to meet admission Guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.
4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
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.
6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.
7. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
8. There is documented active discharge planning.

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	OUTPATIENT FAMILY PSYCHOTHERAPY
Funding Source	Behavioral Health
Setting	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Outpatient family psychotherapy uses therapeutic principles, structure and technique to examine family patterns, strengthen communication, and resolve conflicts between an individual and family. The family members are defined by the individual. The objective of treatment is to stabilize or alleviate symptoms of psychiatric disorders that may significantly interfere with interpersonal functioning particularly in the family life domain.
Service Expectations	<ul style="list-style-type: none"> • A comprehensive Mental Health Assessment (including a detailed family assessment) must be completed prior to the implementation of outpatient family therapy treatment sessions which indicates the need for this level of treatment • A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual and the appropriate family members. The individualized treatment/recovery plan is developed with the individual at the beginning of treatment, uses formal and informal supports, includes discharge and relapse prevention, is reviewed on an ongoing basis and adjusted as clinically indicated • Treatment is provided with the appropriate family members and the individual • Consultation and/or referral for medical, psychiatric, psychological and psychopharmacology needs • It is the provider's responsibility to coordinate with other treating professionals as needed • All services must be culturally sensitive

Service Name	OUTPATIENT FAMILY PSYCHOTHERAPY
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continuing stay. The amount, duration, and frequency of the service should be documented in the treatment plan.
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Psychiatrist • Advanced Practice Registered Nurse (APRN)
Staffing Ratio	1 Therapist to 1 Family
Hours of Operation	Typical business hours with weekend and evening hours available
Individual Desired Outcome	<ul style="list-style-type: none"> • The family has substantially met the treatment plan goals and objectives • Each family member understands how to access support to maintain wellness and stability in the community

UTILIZATION GUIDELINES

OUTPATIENT FAMILY PSYCHOTHERAPY

I. Admission Guidelines:

Both criteria are met:

1. Involve the individual *and* his/her family with a therapist for the purpose of changing a behavior health/substance misuse condition focusing on the level of family functioning as a whole and address issues related to the entire family system.
2. Family therapy is recommended through thorough assessments completed by licensed clinicians as medically necessary to achieve goals/objectives for treatment of a behavior health/substance misuse condition.

II. Continued Stay Guidelines:

All of the following Guidelines are necessary for continuing treatment:

1. Admission guidelines continue to be met.
2. Treatment planning is individualized and appropriate to the family's changing condition, with realistic and specific goals and objectives clearly stated.

SERVICE CATEGORY: OUTPATIENT SERVICES**SERVICE DEFINITION**

Service Name	OUTPATIENT GROUP PSYCHOTHERAPY
Funding Source	Behavioral Health
Setting	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Outpatient group psychotherapy is the use of therapeutic principles, structure and technique to treat psychiatric disorders through scheduled therapeutic visits between participants with a common treatment goal. Outpatient group psychotherapy treatment uses various active treatment modalities and group interaction to stabilize or alleviate symptoms of psychiatric disorders that may significantly interfere with interpersonal functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.).
Service Expectations	<ul style="list-style-type: none"> • A comprehensive Mental Health Assessment must be completed prior to the beginning of treatment which indicates the need for this level of treatment • The individualized treatment/recovery plan is developed with the individual at the beginning of treatment, uses formal and informal supports, includes discharge and relapse prevention, is reviewed on an ongoing basis and adjusted as medically indicated. • Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs • It is the provider's responsibility to coordinate with other treating professionals as needed • All services must be culturally sensitive
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continuing stay. The amount, duration, and frequency of the service should be documented in the treatment plan.

Service Name	OUTPATIENT GROUP PSYCHOTHERAPY
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants
Hours of Operation	Typical business hours with weekend and evening hours available
Individual Desired Outcome	<ul style="list-style-type: none"> • The individual has substantially met the treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment • Individual has support systems secured as needed • The individual is connected to a higher level of care if needed

UTILIZATION GUIDELINES

OUTPATIENT GROUP PSYCHOTHERAPY

I. Admission Guidelines

All of the following Guidelines are necessary for admission:

1. The individual demonstrates symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to group therapeutic intervention.
2. The individual participant has an interpersonal problem related to their diagnosis and functional impairments.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment from interaction with others who may have a similar experience.
4. The individual has the competency to function in a group therapy.
5. The individual has a therapeutic goal common to the group.
6. The individual may benefit from confrontation by and/or accountability to a group of peers.

II. Continuing Stay Guidelines

All of the following Guidelines are necessary for continuing treatment at this level of care:

1. The individual's condition continues to meet admission Guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.
4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
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.
6. Care is rendered in a clinically appropriate manner and focused on the individual's behavioral and functional outcomes as described in the discharge plan.
7. There is documented active discharge planning.

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	THERAPEUTIC CONSULTATION
Funding Source	Behavioral Health
Setting	Child or adolescent's natural school environment, which in this context means: approved or accredited schools, licensed childcare centers, afterschool programs, and child-serving organizations. This may also include other natural environments, such as the child's home or other community settings in order to complete comprehensive consultative services.
Facility or Professional License	N/A
Basic Definition	Therapeutic Consultation , which in this context means: collaborative, organized clinical consultations and recommendations for a child or adolescent who experience symptomology of a <i>Serious Emotional Disturbance (SED)</i> * and related behavioral health concerns. School staff and/or the family or caregiver initially identify the student's need for behavioral health services. Consultation is designed to focus on the child, with recommendations for behavioral health skills development and potential treatment of critical behavioral health issues that will allow the student to participate and function successfully in academics and career preparation in their natural school environment. An interdisciplinary team, consisting of behavioral health professionals, educators or school staff, the student, family or caregiver, and other key individuals (as identified by the team), will develop and implement recommendations, using a family-driven, multi-disciplinary approach that acknowledges the child and family as equal partners and utilizes the least restrictive environment and least intrusive, developmentally appropriate interventions.

Service Name	THERAPEUTIC CONSULTATION
Service Expectations	<ul style="list-style-type: none"> • Observation and Assessment of the child or adolescent in natural school environment. • Involvement of the Student and Family or Caregiver as an equal partner on the interdisciplinary team. • Consultation with current treating clinician (if applicable). • Interviews with Educators, School Staff, and the Family or Caregiver with relevant knowledge about the child or adolescent. Interviews with other key individuals identified by the interdisciplinary team. • Review of relevant and appropriate Documentation, with prior written consent from the child’s parent or guardian. • Participation on the Interdisciplinary Team in the development and implementation of the student’s behavioral health plan (as necessary), including written recommendations. • Coaching, and mentoring of educators and school staff on implementing the student’s behavioral health plan in the school environment, as needed. • Service Provision and Recommendations on strength-based, trauma-informed, and culturally/linguistically-sensitive strategies, utilizing evidence-based practice(s), promising practice(s), or best practice(s) that promote the student’s social-emotional development, interpersonal growth, and self- management skills. • Continued Consultation, through subsequent follow-up at regular intervals (e.g., 30 days, 90 days, etc.), as needed.
Length of Services	From initial consultation, until <i>Service Expectations</i> are met. Typically, consultation, plan development and written recommendations are completed within 30 days, with any additional referral and follow-up completed within 90 days.
Staffing	Appropriately licensed behavioral health professionals (PLMHP, LMHP, LIMHP, or Psychologist) with experience working with children and adolescents. The BH Professional must be trained, within their scope of practice, in trauma-informed care, social-emotional development, behavioral interventions, resiliency, medications, crisis mitigation and response. A dually-licensed clinician is preferred for any child or adolescent with a dual diagnosis of both serious emotional disturbance and substance misuse.
Staffing Ratio	N/A
Hours of Operation	Primarily school hours, with availability after school, evenings, and weekends, as necessary to complete the consultation process. Scheduling of consultations must be flexible, with availability during times that meet the needs of the child or adolescent and their family or caregiver.

Service Name	THERAPEUTIC CONSULTATION
Child/ Adolescent Desired Outcome	<ul style="list-style-type: none">• The child’s interdisciplinary team, including the student and the family or caregiver, have identified and implemented recommendations designed to address and minimize behavioral and emotional challenges related to student’s mental health and/or substance misuse; and• Promote social-emotional development, interpersonal growth, and self-management skills necessary for the student to participate and function successfully in academics and career preparation in their natural school environment.