

SERVICE CATEGORY: OUTPATIENT SERVICES
System Requirement: REGISTERED

SERVICE DEFINITION

| Service Name | OUTPATIENT <i>INDIVIDUAL</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH) |
|-----------------------------|---|
| Funding Source | Behavioral Health Services (registered service, does not require prior authorization under this funding source) |
| Setting | Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service. |
| Facility License | As required by DHHS Division of Public Health |
| Basic Definition | Outpatient psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the individual. The focus of outpatient psychotherapy treatment is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment |
| Service Expectations | <ul style="list-style-type: none"> • A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as individual psychotherapy • It is the provider’s responsibility to coordinate with other treating professionals as needed |
| Length of Services | Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to benefit from individual treatment/recovery goals. |
| 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) |

| | |
|-----------------------------------|---|
| Service Name | OUTPATIENT <i>INDIVIDUAL</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH) |
| | <ul style="list-style-type: none"> • Psychiatrist |
| Staffing Ratio | 1:1 |
| Hours of Operation | Typical business hours with weekend and evening hours available to provide this service by appointment. |
| Desired Individual Outcome | <ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community |
| Rate | See Behavioral Services rate schedule |

UTILIZATION GUIDELINES

OUTPATIENT INDIVIDUALIZED 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

System Requirement: REGISTERED

SERVICE DEFINITION

| Service Name | OUTPATIENT <i>GROUP</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH) |
|-----------------------------|--|
| Eligibility | Behavioral Health Services (Registered service, does not require prior authorization under this funding source) |
| Setting | Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service. |
| Facility License | As required by DHHS Division of Public Health |
| Basic Definition | Outpatient group psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the patient in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group psychotherapy treatment is to improve or maintain an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Group therapy must provide active treatment for a primary DSM (current version) diagnosis. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment. |
| Service Expectations | <ul style="list-style-type: none"> • A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as group psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed |
| Length of Services | Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from treatment. |
| 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 |

Behavioral Health Rules and Regulations: http://dhhs.ne.gov/Pages/reg_bhregs.aspx
January 2016

| Service Name | OUTPATIENT <i>GROUP</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH) |
|-----------------------------------|---|
| | <ul style="list-style-type: none"> • 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 by appointment to provide this service |
| Desired Individual Outcome | <ul style="list-style-type: none"> • The individual has substantially met their group treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community |
| Rate | See Behavioral Services rate schedule |

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

System Requirement: REGISTERED

SERVICE DEFINITION

| Service Name | OUTPATIENT FAMILY PSYCHOTHERAPY (MENTAL HEALTH) |
|-----------------------------|---|
| Eligibility | Behavioral Health Services (Registered service, does not require prior authorization under this funding source) |
| Setting | Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service. |
| Facility License | As required by DHHS Division of Public Health |
| Basic Definition | Outpatient family psychotherapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the identified patient |
| Service Expectations | <ul style="list-style-type: none"> • Assessment/Evaluation: A Bio psychosocial Assessment (including a detailed family assessment) must be completed prior to the implementation of outpatient family therapy treatment sessions. Assessments should address mental health needs, and potentially, other co-occurring disorders • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated • Consultation and/or referral for general medical, psychiatric, psychological and psychopharmacology needs • Provided as family psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed |
| Length of Services | Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the family's ability to benefit from treatment. |
| 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 |

| | |
|-----------------------------------|---|
| Service Name | OUTPATIENT <i>FAMILY</i> PSYCHOTHERAPY (MENTAL HEALTH) |
| | <ul style="list-style-type: none"> • 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 by appointment to provide this service |
| Desired Individual Outcome | <ul style="list-style-type: none"> • The family has substantially met their treatment plan goals and objectives • Family has support systems secured to help them maintain stability in the community |
| Rate | See Behavioral Services rate schedule |

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 abuse 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 abuse 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.
3. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
4. Progress in relation to specific dysfunction 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.
5. Care is rendered in a clinically appropriate manner and focused on the family's behavioral and functional outcomes as described in the discharge plan.
6. There is documented active discharge planning