

OUTPATIENT SERVICES

I. Definition of Service:

Outpatient Services can be provided in an office, home, school, vocational or other community setting. The focus of treatment varies and depends upon the patient's diagnosis, presenting symptoms and stated goals. Outpatient Services may include individual, family, or group counseling; case management services; medication management; respite; and other alternative treatment modalities not classified as higher levels of care. The treatment focus is client-driven with emphasis on problem solution, symptom reduction or resolution, stabilization, recovery, rehabilitation, regaining skills lost or compromised by a mental illness, and/or prevention of movement to a higher level of care for the treatment of an individual's covered diagnosis.

II. Treatment Criteria:

All of the following criteria are necessary:

- A. Individual presents with psychological symptomology consistent with a covered ICD and/or DSM (Axis I-V) diagnosis, which requires, and is likely to respond to therapeutic intervention. Assessments are provided regardless of the diagnostic outcome.
- B. The individual presents with significant impairment of functioning in at least one major life area.
- C. Suicidal/homicidal ideation may be present, but does not suggest an imminent danger to self or others.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care:

- A. A primary diagnosis of one or more of the following *only*; Substance Abuse, Delirium, Dementia, or other Cognitive Disorder, or disorders due to a general medical condition. *A minority of people with developmental, genetic, and brain diseases also have a BHO covered diagnosis. Treatment of the covered diagnoses is the responsibility of the provider, regardless of the fact that the person also has non-covered diagnoses.
- B. The individual meets criteria for a higher level of care.

IV. Continued Stay Criteria:

- A. The individual continues to meet treatment criteria.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

- A. The individual meets criteria for an alternative level of care.
- B. The individual has met treatment goals.
- C. The individual is not actively participating in treatment and/or is not working towards mutually agreed upon treatment goals.

VI. Frequency of Review:

- A. As identified through an outlier management process or as specified based on the clinical presentation of the case.