NMNC 5.501.04 Outpatient Professional Services

Outpatient Behavioral Health treatment provides an essential service component within a comprehensive health care delivery system. Outpatient treatment benefits individuals with behavioral health conditions, chronic and acute medical illnesses, substance use disorders, family problems, and personal and interpersonal challenges. Treatment goals include restoration, enhancement, and/or maintenance of an individual's level of functioning and the alleviation of disruptive symptoms. The goals, frequency, and length of treatment vary according to individual needs and symptomatology. Effectively designed interventions help individuals and families to recover quickly from setbacks and to cope with stressful life situations and challenges. Best practice includes: 1) routine use of a functional rating scale to inform progress and treatment adjustments; and 2) preparing the member with a plan for managing emergencies or escalating symptoms between treatment sessions, including after-hours resources, (e.g., availability of on-call service, community crisis intervention services). Providers may use approved telehealth services to address geographic and mobility access issues.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
***All* of the following criteria must be met:** 1) Member demonstrates symptoms consistent with a *DSM* or corresponding ICD diagnosis, and treatment focus is to stabilize these symptoms 2) Member must be experiencing at least *one* of the following: a) Mild psychiatric condition; or a chronic affective illness, schizophrenia, or a refractory behavioral disorder, which by history, has required hospitalization; or b) Mild impairment in functioning due to psychiatric symptoms in at least one area of functioning (i.e., self-care, occupational, school, or social function). 3) There is an expectation that the individual: a) has the capacity to make significant progress towards treatment goals; or b) requires treatment to maintain current level of functioning; or c) has the ability to reasonably respond and participate in therapeutic intervention; or d) would be at risk to regress and require a more intensive level of care. 4) Member does not require a more intensive level of care beyond the scope of non- programmatic outpatient services 5) Medication management alone is not sufficient to stabilize or maintain the member's current functioning	***All* of the following criteria must be met:** 1) Member continues to meet admission criteria 2) Member does not require a more intensive level of care, and no less intensive level of care would be appropriate to meet the member's needs 3) Evidence suggests that the identified problems are likely to respond to current treatment plan 4) Member's progress is monitored regularly, informed by objective outcome measurements that assess the member's response to treatment (for example, repeated use of a standardized functioning or symptom rating scale) 5) Treatment plan is individualized and modified as needed if the member is not making substantial progress toward a set of clearly defined and measurable goals 6) Treatment planning includes family or other	**Any *one* of the following criteria must be met:** 1) The precipitating factors leading to admission have been resolved or ameliorated such that the member no longer needs care; or 2) Member has demonstrated sufficient improvement and is able to function adequately without any evidence of risk to self or others; or 3) Member no longer meets admission criteria, or meets criteria for a less or more intensive level of care; or 4) Member has substantially met the specific goals outlined in treatment plan (there is resolution or acceptable reduction in target symptoms that necessitated treatment); or. 5) Member is competent and non-participatory in treatment, or the individual's non-participation is of such degree that treatment at this level of care is rendered ineffective or

6) Member is likely to benefit from, and respond to, psychotherapy due to diagnosis, prognosis, history, or previous response to treatment 7) Treatment is not solely being sought as an alternative to incarceration	support systems unless not clinically indicated 7) Frequency and intensity of treatment contact occurs at a rate that is appropriate to the severity of current symptoms (intermittent treatment allowing the member to function with maximal independence is the goal); and a lower frequency of sessions would not be sufficient to meet the member's needs 8) Evidence exists that member is at current risk of a higher level of care if treatment is discontinued 9) When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated in a timely manner 10) There is documented active discharge-planning from the beginning of treatment	unsafe despite multiple documented attempts to address non-participation issues; or 6) Evidence suggests that the member is not making progress toward the goals and the defined problems are unlikely to respond to continued outpatient treatment with the current treatment approach; or 7) Current treatment plan is not sufficiently goal-oriented and focused to meet behavioral objectives; or 8) Consent for treatment is withdrawn and it is determined that the member has the capacity to make an informed decision and does not meet criteria for inpatient level of care; or 9) It is reasonably predicted that maintaining stabilization can occur with discharge from care and/or with medication management only and community support

Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care*:*

1) Member requires a level of structure and supervision beyond the scope of non- programmatic outpatient services; or
2) Member has medical conditions or impairments that would prevent beneficial utilization of services; or
3) Primary problem is social, occupational, economic (i.e.,. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration; or
4) Treatment plan is designed to address goals other than the treatment of active symptoms consistent with a *DSM* or corresponding ICD diagnosis (e.g., self- actualization); or).
5) Rehabilitative or community services are provided and are adequate to stabilize or assist the member in resuming prior level of roles and responsibility; or
6) Treatment is primarily for the purpose of supportive, respite, social, custodial care

Reference Sources

1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)

2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA);), Substance Abuse and Mental Health Services Administration (SAMHSA)
4) Professional publications and psychiatric texts: [see Beacon's Publication Reference Table]
5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)