

## **Outpatient**

**Outpatient consists of visits provided in an ambulatory setting for the purpose of assessing and treating a mental health condition.**

**Any ONE of the following criteria must be met...**

1. The member presents with symptoms of a behavioral health condition.  
OR
2. The member's psychosocial functioning is impaired or is deteriorating due to a behavioral health condition.  
OR
3. The member has a behavioral health condition which requires pharmacological treatment.

**And ALL of the following...**

4. The member is not at imminent risk for harm to self or others;  
AND
5. The member exhibits adequate behavioral control to be treated in this setting;  
AND
6. Co-occurring substance use disorders, if present, are stable and are unlikely to undermine treatment of the mental health condition at this level of care;  
AND
7. The provider uses available information to complete a comprehensive evaluation of the member and a mental status examination. The assessment results in a DSM diagnosis (or ICD equivalent).  
AND
8. The provider and, whenever possible, the member set clear, reasonable and objective treatment and recovery/resiliency goals that are supported by specific treatment strategies addressing the member's symptoms, diagnosis, strengths and readiness for change. If the member is a minor, treatment goals and strategies should be developed with the parent/guardian.
  - a. Where clinically indicated, the provider and member collaborate to assess the need to create/update the member's advance directive, create a plan for managing early warning signs of relapse and create a plan that will enhance the member's self-management skills.  
AND
9. The frequency and duration of outpatient visits should allow for safe and timely achievement of treatment goals and should support the member's recovery/resiliency. Multiple factors should be considered when determining the frequency and duration of treatment including the objectives of treatment, the member's preferences, evidence-based guidance regarding the frequency and duration of treatment, and the degree of intensity needed to monitor and address imminent risk to the member. Initially, the frequency of

outpatient visits generally varies from weekly in routine cases to as often as several times a week. In the later stages of treatment, the frequency of visits may decrease further.

AND

10. When appropriate the treatment plan should include linkage and coordination with other treating providers including the member's primary care provider, available peer support services and other community resources with the member's documented consent.
  - a. For all members seen concurrently by a prescribing provider and a PHD/MA level provider there must be documented communication/coordination of care between the providers. Communication/coordination should allow the prescribing provider to make timely adjustments to the medication regimen.  
Communication/coordination of care between providers must be with the member's documented consent.

AND

11. Where clinically indicated and with the member's documented consent the member's family/social support system should actively participate in treatment. The family/support system will actively participate in the treatment of child and adolescent members on a regular ongoing basis except when clinically contraindicated.

**Consider whether Outpatient needs to continue when any ONE of the following criteria is met....**

12. Treatment goals have been successfully completed, and remaining recover/resiliency goals can be self-managed or managed with peer support. An appropriate termination plan has been developed which includes referral to appropriate and necessary peer support and other community resources as required, as well as instructions for resuming services should the need arise in the future.

OR

13. The member refuses further treatment or repeatedly does not adhere with recommended treatment despite attempts to enhance the member's engagement in treatment, peer support and other community support services. In such cases, the provider explains the risks of discontinuing treatment to the member and, as appropriate, the member's family/social supports; alternative referrals are offered; and the member is provided with instructions for resuming services should the need arise in the future.

OR

14. The member's presenting symptoms have been resolved or sufficiently reduced to the point that the provider and member agree that treatment is no longer necessary.

OR

15. The member's presenting symptoms have responded to medication management, and the member's condition has stabilized to the point that the member's primary care provider has agreed to take over medication management.

OR

16. Treatment is otherwise no longer necessary.