

# **HOSPITAL SERVICES – MENTAL HEALTH**

## SERVICE CATEGORY: HOSPITAL SERVICES

### SERVICE DEFINITION

Service Name	ACUTE INPATIENT HOSPITALIZATION
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Psychiatric Hospital or General Hospital w/Psychiatric Unit
<b>Facility or Professional License</b>	Hospital as required by DHHS Division of Public Health
<b>Basic Definition</b>	An acute inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to individuals who have a DSM (current version) diagnosis and/or co-occurring disorder and are experiencing an acute exacerbation of a psychiatric condition. Using comprehensive medical, nursing, and multidisciplinary treatment, the acute inpatient setting provides highly structured care to serve patients requiring a safe and secured setting. The acute inpatient setting provides continuous care using multiple treatment modalities to stabilize the individual's acute psychiatric conditions.
<b>Program Expectations</b>	<ul style="list-style-type: none"> <li>• A medical evaluation by a physician that indicates the individual's need for care in the hospital setting</li> <li>• A multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians, which helps inform the treatment plan</li> <li>• Screening for substance use disorder and further assessment if indicated</li> <li>• Under direction of the physician, develop and implement an active treatment plan with provisions for resolution of acute mental health and medical problems; evaluation of, and needs assessment for, medications; protocol to ensure individual's safety; and discharge plan initiated at the time of admission.</li> <li>• Under direction of the physician, plan of care reviews and complete interdisciplinary team meetings should be conducted daily, or more frequently as medically necessary. The team includes the interdisciplinary professionals, the individual served, family, and other supports as appropriate. Updates to the written plan of care should be made as often as medically indicated.</li> <li>• Psychiatric nursing interventions are available 24/7</li> <li>• Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, nursing, social work, psychological, and activity therapies required to carry out an</li> </ul>

Service Name	ACUTE INPATIENT HOSPITALIZATION
	<p>individual treatment plan for each individual and their family, which are available/provided daily, seven days per week beginning at admission</p> <ul style="list-style-type: none"> <li>• Medication management, consultation and education</li> <li>• Individual, group, and family therapy available and offered as tolerated and/or appropriate</li> <li>• Face-to-face service with the physician (psychiatrist preferred) or APRN, 6 of 7 days</li> <li>• Psychological services as needed</li> <li>• Consultation services for medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic and educational activities</li> <li>• Laboratory, radiological, physical and neurological exams, and other diagnostic services as needed</li> <li>• Discharge plan developed at admission to include referral to community-based rehabilitation/social services to assist in safe transition to community living; linkage to treatment services at next appropriate level of care; and incorporates natural supports</li> </ul>
<b>Length of Services</b>	Until the individual is stabilized, able to be treated at a less intensive level of care, and meets the conditions of the discharge plan.
<b>Staffing</b>	<p>Staff Requirements as per licensing and/or accreditation standards, may include:</p> <p>Medical Director (Boarded or Board eligible Psychiatrist)</p> <p>Psychiatrist (s) and/or Physicians (s)</p> <p>LMHP, LADC, LIMHP, PLMHP, Psychologist</p> <p>RN(s) and APRN(s) (psychiatric experience preferable)</p> <p>Social Worker(s) (at least one social worker, holding an MSW degree)</p> <p>Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</p>
<b>Staffing Ratio</b>	Staff ratio as per licensing and/or accreditation standards
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• Symptoms are stabilized and the individual no longer meets clinical guidelines for acute care</li> <li>• Sufficient supports are in place and individual can move to a less restrictive environment</li> </ul>

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|  | <ul style="list-style-type: none"><li>• Treatment plan goals and objectives are substantially met</li></ul> |
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## SERVICE CATEGORY: HOSPITAL SERVICES

### SERVICE DEFINITION

Service Name	SUBACUTE INPATIENT HOSPITALIZATION
<b>Funding Source</b>	Behavioral Health Services
<b>Setting</b>	Psychiatric Hospital or General Hospital w/Psychiatric Unit
<b>Facility or Professional License</b>	Hospital as required by DHHS Division of Public Health
<b>Basic Definition</b>	<p>The purpose of subacute care is to provide stabilization, support, engage the individual in comprehensive treatment, rehabilitation and recovery activities, and transition them to the least restrictive setting as rapidly as possible. Subacute mental health treatment is designed to resolve the presence of acute or crisis mental health symptoms, or the imminent risk of onset of acute or crisis mental health symptoms, for individuals experiencing a decreased level of functioning due to a mental health condition. The subacute treatment setting provides 24/7 care in a protective environment that is intended to be short-term, intensive, and recovery-oriented.</p>
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A medical evaluation by a physician that indicates the individual's need for subacute level of care</li> <li>• A multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians, which helps inform the treatment plan</li> <li>• Under direction of the physician, develop and implement an active treatment plan with provisions for stabilization of mental health and medical problems; evaluation of, and needs assessment for, medications; protocol to ensure individual's safety; relapse/crisis prevention plan, and discharge plan initiated at the time of admission.</li> <li>• Under direction of the physician, plan of care reviews and complete interdisciplinary team meetings should be held three times a week, or more frequently as medically necessary. The team includes the interdisciplinary professionals, the individual served, family, and other supports as appropriate. Updates to the written plan of care should be made as often as medically indicated.</li> <li>• Screening for substance use disorder conducted as needed, and addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process</li> <li>• Psychiatric nursing interventions are available to patients 24/7</li> <li>• Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, nursing, social work, psychological, and activity therapies required to carry out an</li> </ul>

Service Name	SUBACUTE INPATIENT HOSPITALIZATION
	<p>individual treatment plan for each individual and their family, which are available/provided daily, seven days per week beginning at admission</p> <ul style="list-style-type: none"> <li>• 35 hours of active treatment available/provided to each client weekly, seven days per week</li> <li>• Qualified staff must be available to provide treatment intervention, social interaction and experiences, education regarding psychiatric issues such as medication management, nutrition, signs and symptoms of illness, substance abuse education, recovery, appropriate nursing interventions and structured milieu therapy.</li> <li>• Medication management, consultation and education</li> <li>• Face to Face service with a psychiatrist or APRN three or more times weekly</li> <li>• Individual, group, and family therapy as appropriate</li> <li>• Available services must include occupational and recreational therapy and other prescribed therapeutic activities to maintain or increase the individual's capacity to manage his/her psychiatric condition and activities of daily living.</li> <li>• Psychological services as needed</li> <li>• Consultation services for medical, dental, pharmacology, dietary, pastoral, emergency medical</li> <li>• Laboratory, radiological, physical and neurological exams, and other diagnostic services as needed</li> <li>• Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual</li> </ul>
<b>Length of Services</b>	Until the individual is stabilized, able to be treated at a less intensive level of care, and meets the conditions of the discharge plan.
<b>Staffing</b>	<p>Staff Requirements as per licensing and/or accreditation standards, may include:</p> <p>Medical Director (Boarded or Board eligible Psychiatrist)</p> <p>Psychiatrist (s) and/or Physicians (s)</p> <p>LMHP, LADC, LIMHP, PLMHP, Psychologist</p> <p>RN(s) and APRN(s) (psychiatric experience preferable)</p> <p>Social Worker(s) (at least one social worker, holding an MSW degree)</p> <p>Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</p>

Service Name	SUBACUTE INPATIENT HOSPITALIZATION
<b>Staffing Ratio</b>	Staff ratio as per licensing and/or accreditation standards
<b>Hours of Operation</b>	24/7
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• Symptoms are stabilized and the individual is able to be treated at a less intensive level of care</li> <li>• The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions</li> <li>• The individual can safely maintain in a less restrictive environment</li> <li>• Treatment plan goals and objectives are substantially met</li> </ul>

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# **OUTPATIENT SERVICES – MENTAL HEALTH**

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>MENTAL HEALTH ASSESSMENT</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Mental Health assessments may be provided in an outpatient office/clinic, individual's home and/or community setting.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	A Mental Health Assessment is a comprehensive biopsychosocial, strengths-based assessment of an individual experiencing mental health and/or co-occurring symptoms. It must be completed prior to the initiation of any non-emergent mental health treatment or rehabilitative service. The mental health assessment is a process of gathering information to assess functioning, determine if the symptoms meet the diagnostic criteria for a mental health or co-occurring disorder, and identify treatment needs. The purpose is to rule in or rule out one or more behavioral health disorders.
<b>Service Expectations</b>	<p>A Mental Health Assessment will include the following areas:</p> <ul style="list-style-type: none"> <li>• Reason the individual is seeking services</li> <li>• Psychosocial history, to include cultural/ethnic influences</li> <li>• Medical history and status, including screening for infectious diseases and follow-up recommendations regarding positive screening</li> <li>• School, military, and/or work history</li> <li>• Mental health and behavioral/cognitive/emotional functioning and history</li> <li>• Maladaptive or problem behaviors, functioning/functional status</li> <li>• Substance use screening and/or psychometric tool, as well as recommendations &amp; referral, as appropriate</li> <li>• History of drug/alcohol/addictive behaviors, including current use</li> <li>• Social and peer-group history</li> <li>• Family relationships/circumstances/custody status/environment and home</li> <li>• Strengths, skills, abilities, motivation</li> <li>• Legal history and criminogenic risk</li> <li>• Current and past suicide/homicide risk assessment</li> </ul>

Service Name	MENTAL HEALTH ASSESSMENT
	<ul style="list-style-type: none"> <li>• Trauma screening and assessment summary recommendations include need for trauma specific follow-up/referral, as applicable, and impact on current functioning/behavior</li> <li>• Collateral information (information about the individual, behaviors, patterns and/or consequences learned from other sources, e.g., family/friends/criminal justice/current and/or previous MH providers)</li> <li>• Summary to include a complete diagnosis which lists mental health and/or substance use needs, as well as all psychosocial factors (ICD 10 Z codes) and medical needs identified by the consumer</li> <li>• Individualized recommendations with rationale</li> </ul>
<b>Length of Services</b>	The Mental Health Assessment may be done annually or as needed related to significant changes in clinical needs/presentation. Subsequent mental health assessments may be appropriate if there has been a break in services of at least several months or a new practitioner assumes the individual's care.
<b>Staffing</b>	<p>Mental Health clinician as allowed within their scope of practice and licensed in the State of Nebraska:</p> <ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Psychiatrist</li> <li>• APRN</li> <li>• Nurse Practitioner</li> </ul>
<b>Staffing Ratio</b>	1 Therapist to 1 Individual
<b>Hours of Operation</b>	In an office setting during day or evening hours, weekends or by special appointment at other hours, if necessary.
<b>Desired Individual Outcome</b>	Upon completion of the mental health assessment, a mental health and/or co-occurring diagnosis will be determined, if appropriate, with recommendations for treatment planning including level of care and referrals to appropriate service providers, as needed.

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

Service Name	DAY TREATMENT
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Hospital or non-hospital community based
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Psychiatric Day Treatment provides a community based, intensive, and coordinated set of individualized treatment services to individuals with psychiatric disorders who have difficulty functioning full-time in a school, work, and/or home environment and need the additional structured activities of this level of care. This service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a highly structured setting.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A mental health assessment completed prior to admission, which recommends this level of care, and functions as the initial treatment plan until a comprehensive treatment plan is developed.</li> <li>• Clinically appropriate assessments, as determined necessary, to assess the individual for substance use disorders, or specialized treatment needs such as eating disorders.</li> <li>• A treatment/recovery plan developed by the multidisciplinary team within 72 hours of admission that integrates individual strengths &amp; needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan</li> <li>• The individual treatment plan is reviewed at least twice monthly and more often as necessary, updated as medically indicated, and signed by the supervising practitioner and other treatment team members, including the individual being served</li> <li>• Medication management, education and consultation</li> <li>• Consultation services available for medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory, dietary if meals are served, and other diagnostic services</li> <li>• Ancillary service referral as needed, such as dental, optometry, ophthalmology, other mental health and/or social services</li> </ul>

Service Name	DAY TREATMENT
	<ul style="list-style-type: none"> <li>• Active treatment for the psychiatric condition using individual, group, and family therapy services, recreation, occupational, and social services</li> <li>• Access to community based rehabilitation/social services that can be used to help the individual transition to the community</li> <li>• Face-to-face psychiatrist/APRN visits once weekly</li> <li>• All services are culturally sensitive.</li> </ul>
<b>Length of Services</b>	Length of service 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.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Supervising Practitioner (psychiatrist)</li> <li>• Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. Depending on the size of the program more than one Clinical Director may be needed to meet these expectations.</li> <li>• Nursing (APRN, RN) (psychiatric experience preferred)</li> <li>• Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP)</li> <li>• All staff must be Nebraska licensed and working within their scope of practice as required.</li> <li>• Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> <li>• All staff should be educated/trained in rehabilitation and recovery principles</li> </ul>
<b>Staffing Ratio</b>	Clinical Director to direct care staff ratio as needed to meet all responsibilities; Therapist/Individual: 1 to 12; Care Worker/Individual: 1 to 6
<b>Hours of Operation</b>	May be available 7 days/week with a minimum availability of 5 days /week including days, evenings and weekends
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without this level of professional external supports and interventions</li> <li>• Individual has formal and informal support systems to maintain stability in a lower level of care</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>MEDICATION MANAGEMENT</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Medical office, clinic, hospital, or other appropriate outpatient setting
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Medication Management is the evaluation of the individual's need for psychotropic medications, provision of a prescription, and ongoing medical monitoring of those medications.
<b>Service Expectations</b>	<ul style="list-style-type: none"><li>• Completion of an evaluation that identifies that the individual would benefit from medication and the need for medication management</li><li>• Medication evaluation and documentation of monitoring</li><li>• Medication monitoring routinely and as needed</li><li>• Education pertaining to the medication to support the individual in making an informed decision for its use.</li><li>• The service provider must make a good faith attempt to coordinate care with the individual's primary medical provider and other treating professionals as needed</li></ul>
<b>Length of Services</b>	As often and for as long as deemed medically necessary and individual/guardian continues to consent
<b>Staffing</b>	Psychiatrist, or other physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) within their scope of practice d to evaluate the need for and provide this service
<b>Staffing Ratio</b>	As per physician or approved designee caseload
<b>Hours of Operation</b>	Generally outpatient, typically business or facility hours

<b>Service Name</b>	<b>MEDICATION MANAGEMENT</b>
<b>Desired Individual Outcome</b>	Stabilization/resolution of psychiatric symptoms for which medication was intended as an intervention

**SERVICE CATEGORY: OUTPATIENT SERVICES**

**SERVICE DEFINITION**

<b>Service Name</b>	<b>INTENSIVE CASE MANAGEMENT</b>
	Recommendation to retire this service

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>INTENSIVE COMMUNITY SERVICES</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Community Based, including individual's home
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Intensive Community Services are designed to promote independent and community living skills and prevent the need for a higher level of care. Services are designed for individuals, including those with co-occurring disorders, who experience frequent and debilitating symptoms resulting in high rates of use of acute and other intensive levels of care.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A mental health assessment completed prior to admission, which recommends this level of care, and functions as the initial treatment plan until a comprehensive treatment plan is developed</li> <li>• If the mental health assessment was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 10 days of admission</li> <li>• Development of a treatment/rehabilitation/recovery team including formal and informal supports as chosen by the individual</li> <li>• A treatment/recovery plan developed by the team within 30 days of admission that integrates individual strengths &amp; needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan</li> <li>• Review the treatment/rehabilitation/recovery and discharge plan with the consumer's team, including the individual, every 90 days, or as clinically indicated. Each review should be signed by members of the team.</li> <li>• Care coordination activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified.</li> <li>• Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/rehabilitation/recovery plan), crisis/relapse prevention, social skills, and other independent living skills that enable the consumer to reside in the community.</li> </ul>

Service Name	INTENSIVE COMMUNITY SERVICES
	<ul style="list-style-type: none"> <li>• Provide education, support, and coordination with the appropriate services prior, during, and after crisis interventions.</li> <li>• If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge.</li> <li>• Service must be trauma-informed and culturally/linguistically sensitive.</li> <li>• Frequency of contacts as needed to address the presenting problem(s) with a minimum of face-to-face contact 6 times per month or 6 total hours of contact per month</li> </ul>
<b>Length of Services</b>	Length of service 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.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A bachelor's degree in a human service field required, master's degree in a human service field preferred.</li> <li>• Clinical Supervisor: Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Psychologist) working with the program to provide clinical consultation on the individualized treatment/rehabilitation/recovery plan at least once a month.</li> <li>• Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.</li> </ul>
<b>Staffing Ratio</b>	1 Intensive Community Services Worker to 10 individuals
<b>Hours of Operation</b>	24/7 Access to service during weekend/evening hours, or in time of crisis with the support of a mental health professional
<b>Desired Consumer Outcome</b>	<ul style="list-style-type: none"> <li>• Successful transition to a less intensive level of care</li> <li>• Individualized goals and objectives substantially met</li> <li>• Crisis/relapse prevention plan is in place</li> <li>• Precipitating condition and relapse potential stabilized for management at lower level of care</li> <li>• Decreased frequency and duration of hospital stays, increased community tenure</li> <li>• Formal and informal support system in place</li> <li>• Sustained, stable housing</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>OUTPATIENT INDIVIDUAL PSYCHOTHERAPY</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	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.).
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A comprehensive mental health assessment must be completed prior to the beginning of treatment which indicates the need for this level of treatment</li> <li>• The individualized treatment/recovery plan is developed with the individual prior to 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</li> <li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li> <li>• It is the provider's responsibility to coordinate with other treating professionals as needed</li> <li>• All services must be culturally sensitive</li> </ul>
<b>Length of Services</b>	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
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Psychiatrist</li> </ul>
<b>Staffing Ratio</b>	1:1
<b>Hours of Operation</b>	Typical business hours with weekend and evening hours available.
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their treatment plan goals and objectives</li> <li>• Individual is able to remain stable in the community without this treatment</li> <li>• Individual has support systems secured as needed</li> <li>• The individual is connected to a higher level of care if needed</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>OUTPATIENT GROUP PSYCHOTHERAPY</b>
<b>Eligibility</b>	Behavioral Health
<b>Setting</b>	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	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.).
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A mental health assessment must be completed prior to the beginning of treatment which indicates the need for this level of treatment</li> <li>• The individualized treatment/recovery plan is developed with the individual prior to 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</li> <li>• Consultation and/or referral for medical, psychiatric, psychological, and psychopharmacology needs</li> <li>• It is the provider's responsibility to coordinate with other treating professionals as needed</li> <li>• All services must be culturally sensitive</li> </ul>
<b>Length of Services</b>	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 GROUP PSYCHOTHERAPY
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Advanced Practice Registered Nurse (APRN)</li> <li>• Psychiatrist</li> </ul>
<b>Staffing Ratio</b>	One therapist to a group of at least three and no more than twelve individual participants
<b>Hours of Operation</b>	Typical business hours with weekend and evening hours available
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual has substantially met their group treatment plan goals and objectives</li> <li>• Individual is able to remain stable in the community without this treatment.</li> <li>• Individual has support systems secured as needed</li> <li>• The individual is connected to a higher level of care if needed</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

Service Name	OUTPATIENT FAMILY PSYCHOTHERAPY
<b>Eligibility</b>	Behavioral Health
<b>Setting</b>	Outpatient Services are rendered in a professional office, clinic, or community environment appropriate to the provision of psychotherapy service.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	Outpatient family psychotherapy uses therapeutic principles, structure and technique to examine family patterns, strengthen communication, and resolve conflicts between an individual and family as 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.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 and the treatment and discharge plan must be evaluated and revised as medically indicated. The individualized treatment/recovery plan is developed with the individual prior to 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</li> <li>• Provided with the appropriate family members and the individual</li> <li>• Consultation and/or referral for medical, psychiatric, psychological and psychopharmacology needs</li> <li>• It is the provider's responsibility to coordinate with other treating professionals as needed</li> <li>• All services must be culturally sensitive</li> </ul>
<b>Length of Services</b>	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 FAMILY PSYCHOTHERAPY
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Psychiatrist</li> <li>• Advanced Practice Registered Nurse (APRN)</li> </ul>
<b>Staffing Ratio</b>	1 Therapist to 1 Family
<b>Hours of Operation</b>	Typical business hours with weekend and evening hours available
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The family has substantially met their treatment plan goals and objectives</li> <li>• Each family member understands how to access support to maintain wellness and stability in the community</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

Service Name	PEER SUPPORT
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Peer support services may be provided in an outpatient office/clinic, individual's home and/or community setting.
<b>Facility or Professional License</b>	As required by DHHS Division of Public Health
<b>Basic Definition</b>	<p>The provision of Peer Support services facilitates recovery as the person served defines it. The service is designed to assist individuals and families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to promote health and wellness. The core element of the service is the development of a relationship based on shared lived experience and mutuality between the provider and the individual/family. Services facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. This service can be provided to individuals and families in individual and group settings.</p>
<b>Program Expectations</b>	<ul style="list-style-type: none"> <li>• A mental health or substance use disorder assessment describing the service needs of the individual, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services and recommends this level of care. A copy of the assessment(s) should be found in the individual's peer support file; if unable to obtain, documentation will be found describing efforts to obtain.</li> <li>• A Wellness and Recovery Service Plan (WRSP) is developed through shared decision making inclusive of the individual/family and must identify specific areas to be addressed; clear and realistic goals and objectives; strategies, and recovery support services to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; a discharge plan, wellness plan, and crisis prevention plan that includes defining early warning signs and triggers and response.</li> <li>• The Wellness and Recovery Service Plan (WRSP) is developed within 30 days following admission, reviewed and updated a minimum of every 90 days, or more frequently as clinically necessary. The clinical consultant is responsible for reviewing and signing off on the Wellness and Recovery Service Plan.</li> <li>• Clinical consultation between a licensed provider and the peer support provider must occur every 90 days or as often as necessary to update progress or revise the WRSP. Clinical consultation shall be available to provide consultation as needed, including for crisis needs</li> </ul>

Service Name	PEER SUPPORT
	<ul style="list-style-type: none"> <li>• Care coordination activities must include collaboration with other treatment providers, including obtaining copies of treatment/service plans to aid in development of the WRSP.</li> <li>• Family Peer Support Services provided to care-givers/family supports the acquisition of skills to assist in improved outcomes for youth with complex needs, education of the family to support building parenting skills and understanding trauma.</li> <li>• Developmentally appropriate screenings are used to identify strengths, ability, and at-risk behavior, including suicide risk, at admission and throughout program; if imminent danger is identified appropriate steps must be taken to minimize risk.</li> <li>• Interventions include:            Person centered-strength based planning; system navigation, accessing community resources, and engagement with formal and informal resources and supports through coaching/mentoring; assisting individuals in locating and joining existing self-help groups; education about topics such as healthy personal boundaries, individual rights, self-management, and the significance of shared decision making; and self-advocacy activities that enhance problem solving abilities and improve health and well-being</li> <li>• Crisis support to advocate and liaison with other crisis response services.</li> <li>• Collaborate as a member of the individual/family/guardian's care team.</li> <li>• Adapts services to be person centered and fit the needs of particular individuals, such as veterans, transitional age youth, families, and those with law enforcement contact.</li> <li>• Face to face service delivery is preferable. If in person service delivery is unavailable, telephone is acceptable with documentation regarding the barriers preventing in person service delivery</li> </ul>
<b>Length of Services</b>	As identified by the individual, the coordinated treatment team, and as determined clinically necessary.
<b>Staffing</b>	<p>The peer support provider must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Be 19 years of age or older;</li> <li>• Self-identify as having lived experience as an individual with a mental health/substance use disorder or as a parent/care-giver to a child with a mental health/substance use disorder; for family peer support providers must have experience parenting a child/youth with a behavioral health challenge.</li> <li>• Have a high school diploma or equivalent with two years of lived recovery.</li> <li>• Have certification as described by the Division of Behavioral Health.</li> </ul>

Service Name	PEER SUPPORT
	<p>The clinical consultant assumes professional responsibility for the services provided by the peer support provider. Clinical consultants must be licensed as one of the following:</p> <ul style="list-style-type: none"> <li>• Psychiatrist;</li> <li>• Licensed Psychologist;</li> <li>• Provisionally Licensed Psychologist;</li> <li>• Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP); or Registered Nurse (RN)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP);</li> <li>• Licensed Mental Health Practitioner (LMHP);</li> <li>• Provisionally Licensed Mental Health Professional (PLMHP);</li> <li>• Licensed Alcohol and Drug Counselor (LADC) for substance use only; and</li> <li>• Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use only.</li> </ul>
<b>Staffing Ratio</b>	<ul style="list-style-type: none"> <li>• The ratio for clinical consultant to peer support provider as needed to meet clinical consultation expectations described above.</li> <li>• Caseloads for peer support providers must not exceed 1:25.</li> <li>• Peer support groups are a minimum of three participants.</li> </ul>
<b>Hours of Operation</b>	Peer support services will be available during times that meet the need of the individual and families served which may include evenings and weekends.
<b>Desired Individual Outcome</b>	<ul style="list-style-type: none"> <li>• The individual/family's recovery and wellness plan is sustainable. The individual/family demonstrates the ability to identify their strengths, needs, access resources and successfully navigate various systems to engage with those resources;</li> <li>• The individual/family has formal and informal supports in place;</li> <li>• Improved stability as indicated by using support system to reduce crisis contacts as appropriate and safe</li> </ul>

## SERVICE CATEGORY: OUTPATIENT SERVICES

### SERVICE DEFINITION

<b>Service Name</b>	<b>MULTISYSTEMIC THERAPY (MST)</b>
<b>Funding Source</b>	Behavioral Health
<b>Setting</b>	Services are rendered in a professional office, clinic, home or other environment appropriate to the provision of psychotherapy services.
<b>License</b>	<ul style="list-style-type: none"> <li>• As required by DHHS Division of Public Health.</li> <li>• In order to be considered a MST service, the provider will be trained and licensed in MST with MST Services and the Medical University of South Carolina. Teams will also receive regular consultation from MST Services or an MST network partnering agency.</li> </ul>
<b>Basic Definition</b>	MST is an evidenced based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood and community) that contribute to, or influence an individual's involvement, or potential involvement in the juvenile justice system. The target age range is youth 12-17 but youth of other ages can be receive the service if medically necessary. The therapeutic modality uses family strengths to promote positive coping activities, works with the caregivers to reinforce positive behaviors, and reduce negative behavior, and helps the family increase accountability and problem solving. Families accepting MST receive assessment and home based treatment that strives to change how the individuals, who are at risk of out-of-home placement or who are returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior.
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A Mental Health Assessment will be completed prior to the beginning of treatment, which indicates the need for this service and will serve as the initial treatment plan until a comprehensive treatment plan is completed.</li> <li>• The treatment plan will be individualized and include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented. The treatment plan is to be developed with the individual, the identified, appropriate family members, and key participants as part of the outpatient family therapy treatment planning process.</li> <li>• Treatment plans will be reviewed every 90 days or more often if clinically indicated.</li> </ul>

Service Name	<b>MULTISYSTEMIC THERAPY (MST)</b>
	<ul style="list-style-type: none"> <li>• The treating provider may consult with and/or refer to other providers for medical, psychiatric, and psychological needs as indicated.</li> <li>• It is the provider's responsibility to coordinate with other treating professionals as needed.</li> <li>• Services include collateral and telephone contacts with significant others that affect the individual including, but not limited to, the neighborhood, social, educational, and vocational environments, as well as those from the criminal justice, individual welfare, health and mental health systems.</li> <li>• All psychiatric/therapy services for provisionally licensed psychologists, LMHP's, PLHMP's will be provided under the direction of a supervising practitioner (physicians; licensed psychologists; and/or Licensed Independent Mental Health Practitioners). Supervision is not a billable service.</li> <li>• Supervision entails: critical oversight of a treatment activity or course of action; review of the treatment plan and progress notes; individual specific case discussion; periodic assessments of the individual; and diagnosis, treatment intervention or issue specific discussion. Involvement of the supervising practitioner will be reflected in the Mental Health Assessment, the treatment plan and the interventions provided. The Supervisor should track progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.</li> <li>• After hours crisis assistance is to be available and staffed by MST team members.</li> <li>• Services are to be culturally sensitive, age and developmentally appropriate, and incorporate evidence based practices when appropriate.</li> </ul>
<b>Length of Service</b>	<p>Length of treatment is individualized and based on the progress of the individual and family according to their treatment goals.</p> <p>Duration of treatment is an average of four months with an expected range of three to five months.</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• MST treatment providers (i.e., therapists) will have a master's degree or greater and be a member of a licensed MST treatment program in order to be trained to provide the service. An active MST team requires an MST trained clinical supervisor and two to four MST trained treatment providers(i.e., therapists) working collaboratively with one another using the MST model as defined by the international MST services program.</li> <li>• MST therapists are assigned to the MST program solely and have no other agency responsibilities.</li> <li>• One part-time clinical supervisor, spending 50% of their time, is assigned to one MST team, or one full-time clinical supervisor to two MST teams.</li> <li>• MST supervisors carrying a partial MST caseload should be assigned to the program on a full-time basis.</li> </ul>

<b>Service Name</b>	<b>MULTISYSTEMIC THERAPY (MST)</b>
	<ul style="list-style-type: none"> <li>• Clinical supervisors will be physicians, licensed psychologists and/or Licensed Independent Mental Health Practitioners (LIMHP). All clinical supervisors will be trained in the MST model, with experience in the practice in behavioral and cognitive behavioral therapies and pragmatic family therapies (i.e., Structural Family Therapy and Strategic Family Therapy).</li> <li>• Assessment providers may be any of the following: physician, psychiatric Advanced Practice Registered Nurse (APRN), Nurse Practitioners (NP) licensed psychologists, provisionally licensed psychologist and a LIMHP, all acting within their scope of practice.</li> <li>• Treatment providers (i.e., MST therapists) may be any of the following: physician, APRN, NP, licensed psychologist, provisionally licensed psychologist, LIMHP, LMHP, and a PLMHP, acting within their scope of practice.</li> <li>• Non-licensed master and bachelor's level providers may not provide clinical services. All non-licensed providers will be supervised by a licensed master's level practitioner for any support activities.</li> </ul>
<b>Staffing Ratio</b>	All staffing shall be adequate to meet the individualized treatment needs of the individual and meet the responsibilities of each staff position as outlined in the MST model. MST caseloads do not exceed six families per therapists with an average caseload of five families per therapist over time and a normal range being four to six families per therapist.
<b>Hours of Operation</b>	Services include a 24/7 on-call system to provide coverage when the designated MST treatment provider is unavailable. This system will be staffed by MST treatment providers or supervisors who are familiar with the details of each MST case.
<b>Desired Individual Outcome</b>	The individual and the family maintain connections to his or her home or community and have an improved level of functioning in order to successfully function in the home setting.