

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 004	<b>SUBJECT</b> 60
<b>SECTION</b> Clinical and Support Services		<b>DESCRIPTION</b> Outpatient Therapy Services	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) provides a range of outpatient therapy services to improve the quality of life through accessible, affordable, and effective care, treatment and education.

**STANDARDS:**

- A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no prospective individual is denied access to services because of place of residence or homelessness or lack of permanent residence.
- B. Outpatient therapy services are offered to adults regardless of their ability to pay.
- C. Full-time and part-time master-level therapists offer individual and group therapy. Certified peer support specialists and psychiatrists are available based on individual need.
- D. LCCMH offers outpatient therapy services through several areas, including:
  1. Co-Occurring Disorders Department

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2. Outpatient Services Department

3. Triage Department

E. The program outcomes may include:

1. Improving communication skills for the person served
2. Improving affect/mood of the person served
3. Stabilizing moods of the person served
4. Improving parenting skills
5. Improving relationships
6. Improving family functioning
7. Advocating for the person served
8. Linking the person served with community resources and utilizing natural supports
9. Monitoring the progress of the person served
10. Abstinence from substance use

## **PROCEDURES:**

### Entry/Re-entry to Outpatient Therapy Services

- A. Person Served must have a primary diagnosis of a mental illness, emotional/behavioral disturbances, co-occurring substance use, or related conditions to be eligible for outpatient therapy services.
- B. Referral to Outpatient therapy services is made through the LCCMH intake process or by the LCCMH primary case holder.

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1. Individuals not receiving LCCMH services contact LCCMH for services, see LCCMH Policy 02.003.30 Intake Procedures.
2. For persons already receiving LCCMH services in another department, the LCCMH Referral Form # 374 is completed by the primary case holder and signed by the supervisor. The form is reviewed by the receiving outpatient therapy services supervisor for approval.
  - a. A Level of Care Utilization System (LOCUS) assessment is completed for people served diagnosed with a mental health illness.
  - b. An Adverse Benefit Determination Notice for a decrease or increase in service is sent if the transfer is not noted in a Periodic Review or IPOS.

#### Eligibility Criteria

- A. Person served is open to LCCMH services.
- B. The person served meets medical necessity criteria for outpatient services, as identified during the person-centered planning process.

#### Discharge / Exit Criteria for Outpatient Therapy Services:

- A. Person served requires a less intensive or higher level of care to meet their treatment needs, based on the LOCUS score.
- B. Person served identifies goals/objectives to support this change in services.
- C. Person served is in an extended inpatient unit.
- D. Person served has satisfactorily achieved therapy goals.
- E. Person served has withdrawn unilaterally or has not been seen for more than thirty days and does not respond to attempts to schedule further appointments by phone or outreach.

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F. Person served is deceased.

G. Procedure for Discharge / Transition:

1. Person served is provided a Notice of Adverse Benefit Determination Letter and a Discharge-Summary.
2. Any decision on discharge may be appealed through the agency grievance and appeal process, see LCCMH Policy 04.001.10 Grievance and Appeals and Second Opinion Process.
3. If transitioning to a different level of service, LCCMH Form # 374 Referral Form is completed by the primary case holder, signed by the supervisor, and reviewed by the receiving department's supervisor.
  - i. A LOCUS assessment is completed for persons served diagnosed with a mental health illness.
  - ii. An Adverse Benefit Determination Notice for decrease in service is sent, if the transfer is not noted in a Periodic Review or IPOS.

#### **DEFINITION:**

**Level of Care Utilization System (LOCUS):** An assessment and placement instrument developed by the American Association of Community Psychiatrists (ACCP) created to guide assessments, level of care placement decisions, continued stay criteria and clinical outcomes.

#### **REFERENCES:**

LCCMH Form #374 Referral Form

LCCMH Policy 02.003.30 Intake Procedures

LCCMH Policy 04.001.10 Grievance and Appeals and Second Opinion Process BS:lr

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**Supersedes** #10/08051dated 10/21/2008