Outpatient Services

Service Name	OUTPATIENT *INDIVIDUAL* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Funding Source	Medicaid Behavioral Health Services (registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	NA
Basic Definition	Outpatient psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the individual. The focus of outpatient psychotherapy treatment is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment
Service Expectations	• A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • An initial diagnostic interview by a physician (psychiatrist preferred), psychologist, or licensed independent mental health practitioner (LIMHP) must be conducted prior to the beginning of treatment (**Medicaid only requirement**) • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provided as individual psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist

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Staffing Ratio	1:1
Hours of Operation	Typical business hours with weekend and evening hours available to provide this service by appointment.
Desired Individual Outcome	• The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	BHS: See Behavioral Services rate schedule; NMMCP: See Medicaid rate schedule