Outpatient Services

Service Name	OUTPATIENT *GROUP* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Eligibility	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 group psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the patient in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group psychotherapy treatment is to improve or maintain an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Group therapy must provide active treatment for a primary DSM (current version) diagnosis. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment. ***Groups that are educational or supportive in nature do not meet the definition of outpatient group psychotherapy for Medicaid and, as such, are not reimbursable**
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 individual's ability to benefit from treatment.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP)

Service Name	OUTPATIENT *GROUP* PSYCHOTHERAPY (ADULT MENTAL HEALTH)
	• Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The individual has substantially met their group 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