Outpatient Services

Service Name	OUTPATIENT *FAMILY* PSYCHOTHERAPY (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 family psychotherapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the identified patient (**See Limitations for Medicaid : "Family Therapy Without Member Present" for special procedures)**
Service Expectations	• Assessment/Evaluation: A Biopsychosocial Assessment (including a detailed family assessment) must be completed prior to the implementation of outpatient family therapy treatment sessions. Assessments should address mental health needs, and potentially, other co-occurring disorders • An initial diagnostic interview with the identified patient must occur prior to the implementation of treatment (**Medicaid Only)** • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provided as family 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 family's ability to benefit from treatment.
Staffing	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Psychiatrist

Service Name	OUTPATIENT *FAMILY* PSYCHOTHERAPY (MENTAL HEALTH)
	• Advanced Practice Registered Nurse (APRN)
Staffing Ratio	1 Therapist to 1 Family
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	• The family has substantially met their treatment plan goals and objectives • Family has support systems secured to help them maintain stability in the community
Limitations	• See "Family Therapy Without Member Present" for special procedures related to this service available to NMMCP eligible individuals. Instructions can be found under the Medicaid Managed Care Provider Handbook, Appendix C.
Rate	BHS: See Behavioral Services rate schedule; NMMCP: See Medicaid rate schedule