


CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 60
SECTION Clinical and Support Services		DESCRIPTION Outpatient Therapy Services	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input 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 for persons in Lapeer County through accessible, affordable, and effective care, treatment and education.

STANDARDS:

- A. Outpatient therapy services are offered to adults living in Lapeer County.
- 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 in the Co-Occurring Disorders Department, Outpatient Services Department, and Triage Department.

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E. The program interventions 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 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 severe 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 Region 10 Pre-Paid Inpatient Health Plan (PIHP) Access Center or by the LCCMH primary case holder.
 1. Lapeer County residents not receiving LCCMH services contact the Access Center for eligibility.

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- a. Once residential and clinical eligibility are met, a biopsychosocial (BPS) assessment is authorized.
 - b. An initial intake appointment is scheduled by the Access Center staff in consultation with LCCMH staff.
 - c. The clinical supervisor approves the initial assessment to admit the person served and the case is assigned to a clinician to develop an Individual Plan of Service (IPOS).
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 persons served with a severe and persistent mental illness (SPMI) diagnosis.
 - b. If the transfer is not noted in a Periodic Review or IPOS, an Adverse Benefit Determination Notice for decrease or increase in service is sent.

Eligibility Criteria

- A. Person served lives in Lapeer County.
- B. Person served is open to LCCMH services.
- C. Outpatient therapy services must meet Medical Necessity Criteria as defined by the Michigan Department of Health and Human Services (MDHHS), according to the Region 10 PIHP Customer Handbook.
- D. The service was identified during the person center planning process.

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Discharge / Exit Criteria for Outpatient Therapy Services:

- A. Person served no longer requires the service level provided by outpatient therapy services and treatment needs can be met with a less intensive or higher level of care.
- B. The LOCUS score will support a more or less restrictive level of care. Persons served will identify goals/objectives to support this change in services.
- C. Person served no longer resides in Lapeer County.
- D. Person served is in an extended inpatient unit.
- E. Person served has satisfactorily achieved therapy goals.
- F. Person served has not been seen for more than thirty days and has withdrawn unilaterally or does not respond to attempts to schedule further appointments by phone or outreach.
- G. Death.
- H. Procedure for Discharge / Transition:
 - 1. Person served will be 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 or the Region 10 Grievance and Appeals Process Policy# 07.02.01 (Medicaid and non-Medicaid Beneficiaries) as applicable.
 - 3. If transitioning to a different level of service, LCCMH Referral Form # 374 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 with a SPMI diagnosis.

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- ii. If the transfer is not noted in a Periodic Review or IPOS, an Adverse Benefit Determination Notice for decrease in service is sent.

DEFINITION:

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

REFERENCES:

F374 LCCMH Referral Form

Region 10 Policy 07.02.01 Grievance and Appeal System

Region 10 PIHP Customer Handbook

BS:lr

This policy supersedes
#10/08051dated 10/21/2008.
