



## PENINSULA RSN

### CLINICAL POLICIES AND PROCEDURES

**Policy Name:** SERVICE MODALITIES – OUTPATIENT

**Policy Number:** 11.03

**Reference:** DSHS Contract

**Effective Date:** 9/2005

**Revision Date(s):**

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Culturally Competent Services
- Policy: Practice Guidelines
- Policy: Rehabilitative and Integrated Mental Health Treatment
- PRSN Levels of Care

#### PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure the full range of outpatient mental health services and modalities, as described in the Medicaid State Plan or Waiver are available within the PRSN to Medicaid eligibles. These services are available and provided based on the individual's needs, medical necessity, PRSN Level of Care criteria, and authorized service level. Additional criteria for non-Medicaid individuals include within available resources.

#### PROCEDURE

1. Outpatient mental health treatment services are a provision of services designed to help an individual attain goals as prescribed in their Individual Service Plan. These services shall be congruent with the age, strengths, and cultural framework of the individual. The services shall include participation with the individual, his or her family, or others at the individual's request that play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. Services shall be offered at the location preferred by the individual. This service is provided by or under the supervision of a mental health professional.

2. The following outpatient modalities must be provided if determined medically necessary (see contract exhibit for service definitions):
  - Brief Intervention Treatment
  - Day Support
  - Family Treatment
  - Group Treatment
  - High Intensity Treatment
  - Individual Treatment Services
  - Intake Assessment/ Intake Evaluation
  - Medication Management
  - Medication Monitoring
  - MH Services within Residential Settings
  - Peer Support
  - Psychological Assessment
  - Special Population Evaluation
  - Rehabilitation Case Management
  - Therapeutic Psychoeducation
  - Mental Health Clubhouse
  - Respite Care
  - Residential Services
  - Supported Employment
  
3. For Medicaid eligibles: If it is determined a service/ modality is required but not available, the network provider shall purchase the medically necessary service/ modality for the duration that is medically necessary.
  
4. For all clients: In addition to the required services/modalities, the network provider may provide or purchase:
  - Assistance with application for entitlement programs
  - Assistance with meeting the requirements of the Medically Needy spend down program; and
  - Services provided to Medicaid eligibles that are not included in the Medicaid State Plan or Waiver
  
5. The PRSN network providers may share resources within the region to meet PRSN sufficiency standards.

## **MONITORING**

1. This policy is a mandate by contract and statute. This policy will be monitored through use of PRSN:
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Monthly Provider Chart Reviews
  - Over and Under Utilization Projects
  - Exhibit N Provider Complaint and PRSN Grievance Tracking
  
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.