

## ALTERNATIVE OUTPATIENT SERVICES

### I. Definition of Service:

Alternative Outpatient Services include a wide variety of individual, family and group services provided in an outpatient or a non-traditional setting such as, but not limited to, outdoor therapeutic activities, animal or equine assisted psychotherapy, vocational services, home based services, intensive case management and mentoring. These services are meant to develop individual, family and/or group skills targeting emotional and behavioral controls, problem solving, social interaction and improvement of family/social functioning.

Alternative Outpatient Services are characterized by a frequency of greater than two therapeutic contacts per week and greater than one hour of service per contact. Clinicians providing these types of services will do so within the scope of his/her practice and training while providing consumers a clear explanation as to the expected benefits and course of treatment.

### II. Treatment Criteria:

*All of the following criteria are necessary for treatment:*

- A. Individual presents psychological symptomology consistent with a Medicaid covered ICD-9-CM and DSM-IV TR (Axis I-IV) diagnoses, which require and are likely to respond to therapeutic intervention.
- B. Symptoms are significant enough that they impair the individual's ability to function effectively in more than one life area.
- C. If the individual exhibits suicidal or homicidal ideation, he or she is able to contract for safety in a non-hospital environment.
- D. Individual demonstrates capacity to benefit from a therapeutic activity-based treatment setting.
- E. The client/parents are informed of the nature and type of service and agree to participate to the level required for maximum benefit from the program.

### III. Exclusion Criteria:

*Any of the following criteria are sufficient for exclusion from this level of care:*

- A. A primary diagnosis of Substance Abuse, Delirium, Dementia, or other Cognitive Disorder.
- B. Presence of any condition requiring acute inpatient medical or surgical care.
- C. Individual meets criteria for a higher or lower level of care.
- D. Current concern and risk of physical violence, inappropriate sexual behaviors and/or risk to self or others

### IV. Continued Stay Criteria:

*All of the following criteria are necessary for continuing treatment at this level of care:*

- A. Continues to meet treatment criteria.
- B. Individual or family has demonstrated measurable progress towards goals.

**V. Discharge Criteria:**

*Any of the following criteria are sufficient for discharge from this level of care:*

- A. Individual's treatment plan and discharge goals have been substantially met;
- B. Consent for treatment is withdrawn;
- C. Individual meets criteria for a less/more intensive level of care; or
- D. Individual or parents choose not to participate in services at this level of care.

**VI. Frequency of Review:**

- A. As indicated by the particular program.