

Intensive outpatient services **may** include:

- Individual counseling **and psychotherapy**
- Group counseling **and psychotherapy**
- Medication management
- ~~Medication Assisted Treatment~~
- Drug Testing
- Family therapy

- Occupational therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

Service Limitations – Intensive Outpatient services may exceed minimum hours when services are clinically indicated based on a patient centered approach. **Mental health Intensive Outpatient Program treatment** services are direct services provided no less than three days a week, with a minimum of three hours a day and not to exceed six hours a day. **Substance Use Intensive Outpatient Program treatment services consist of 9-19 hours per week of structured clinical services provided at least three days per week.** Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services.

Utilization management must include on-going patient assessments, including intensity of needs determinations using ASAM/LOCUS/CASII, to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals. On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patients response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medical necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.

12. *Partial Hospitalization Services:*

Service Definition (Scope) - Services furnished in an outpatient setting, at a hospital or an enrolled federally qualified health center (FQHC) that assumes clinical liability and meets the criteria of a Certified Mental Health Clinic (CMHC). Partial hospitalization services encompass a variety of psychiatric treatment services designed for recipients who require a higher intensity of coordinated, comprehensive and multidisciplinary treatment. These services are expected to restore the individual's condition and functional level and to

prevent relapse or admission to a hospital. The services are intended to be an alternative to inpatient psychiatric care and are generally provided to recipients experiencing an

exacerbation of a severe and persistent mental illness. Partial hospitalization services include active therapeutic treatment and must be targeted to meet the goals of alleviating impairments and restoring functioning.

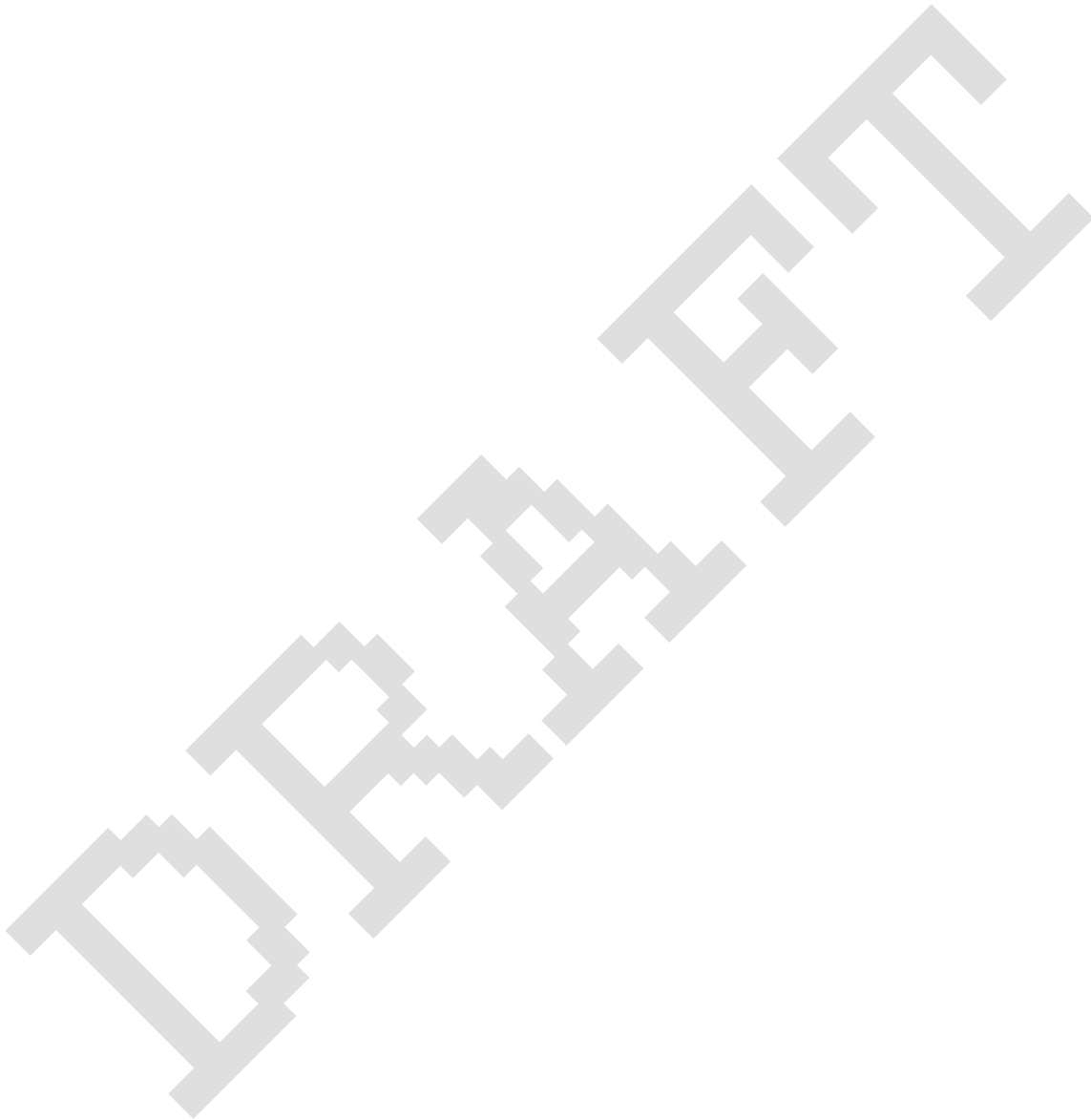
Partial hospitalization services **may** include:

- Individual counseling **and psychotherapy**
- Group counseling **and psychotherapy**
- Medication management
- ~~Medication Assisted Treatment~~
- Drug Testing
- Family therapy
- Occupational therapy
- Behavioral Health Assessment
- Basic Skills Training
- Psychosocial Rehabilitation
- Peer-to-Peer Support Services
- Crisis Services

Direct services are face-to-face interactive services spent with licensed staff. Interns and assistants enrolled as a QMHP can provide partial hospitalization services while under the direct and clinical supervision of a licensed clinician. Direct supervision requires the licensed clinical supervisor to be onsite where services are rendered.

Service Limitations – Partial hospitalization may exceed minimum hours when services are clinically indicated based on a patient centered approach. **Mental health PHP treatment** services are direct services provided no less than five days a week, with a minimum of four hours a day and not to exceed 23 hours a day. **Substance use PHP treatment services consists of at least 20 hours per week of clinically structured high intensity outpatient services.** Individuals needing services that exceed this time frame should be reevaluated for referral to a higher intensity/frequency of services. Individuals who are not able to reside safely in the community with appropriate supports to actively engage in the PHP should not be considered appropriate for this intensity/frequency of services. Utilization management must include on-going patient assessments, including intensity of needs determinations using ASAM/LOCUS/CASII, to evaluate patient's response to treatment interventions and to monitor progress toward treatment plan goals. On-going patient assessments must be completed at regularly scheduled intervals and whenever clinically indicated. Patient assessments must document the individual patient response to the treatment plan, progress towards goals, changes in identified goals and objectives based on progress and substantiate continued stay at the current intensity/frequency of services, or of response to the treatment plan and resolution of issues necessitates transfer to a higher or lower intensity/frequency of services or discharge from treatment as no longer meeting medically necessity at any level. Transfer and discharge planning must reflect best practices recognized by professional and

advocacy organizations that ensure coordination of needed services, follow-up care and recovery supports.



#13 *Residential Substance Use Disorder Services:*

Service Definition (Scope) - Residential SUD programs provide individuals in recovery from SUD and co-occurring disorders a safe and stable 24- hour live-in setting staffed by designated addiction treatment personnel who provide a planned and structured regimen of care in order to develop recovery skills where skill restoration and counseling services are provided on-site to the residents as a condition of tenancy. The type and intensity of services is determined by the patient's need and must be clinically appropriate and medically necessary through prior authorization.

Residential SUD is a clinic model that meets the certification requirement NAC 458.103 for alcohol and substance use programs and is made up of two distinct components: clinical services and therapeutic milieu.

Room and board are not reimbursable services through DHCFFP.

Covered Residential Substance Use treatment services include: Medical and psychiatric consultations available within 24 hours, by telephone or in person, within a time frame appropriate to the severity and urgency of the consultation; 24-hour crisis intervention services, face to face or telephonically, available seven days per week; Medication management; Behavioral Health/Substance Use Covered Screens; Comprehensive assessment; Individual and group counseling; Individual, group, and family psychotherapy; Peer Support Services; psychoeducation services; and Drug testing. The intensity of services must be clinically appropriate and medically necessary as determined by prior authorization.

Service Limitations - Prior authorization for Residential Substance Use Treatment services may be requested as often as needed. Utilization management must include ongoing patient assessment, indicating intensity of needs determination using the American Society of Addiction Medicine (ASAM) assessment.