

# Outpatient Behavioral Health Level of Care, Adult

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## Admission Guidelines

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- Admission to **Outpatient Level of Care for Adult** is indicated due to **ALL** of the following<sup>[A][B]</sup>:
  - Patient risk or severity of behavioral health disorder is appropriate to proposed level of care and patient has active symptoms that require ongoing treatment as indicated by **ALL** of the following<sup>(1)(2)(3)(4)(5)(6)(7)</sup>:
    - **Mild [Psychiatric, behavioral, or other comorbid conditions for adult](#)**<sup>[C]</sup>
    - **[Mild dysfunction in daily living for adult](#)**

Treatment services available at proposed level of care are necessary to meet patient needs and **1 or more** of the following<sup>[D]</sup>:

- Specific condition related to admission diagnosis is present and judged likely to further improve at proposed level of care.
- Specific condition related to admission diagnosis is present and judged likely to deteriorate in absence of treatment at proposed level of care.

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- Patient is receiving continuing care (eg, transition of care from more or less intensive level of care).

Situation and expectations are appropriate for outpatient care for adult as indicated by **ALL** of the following(2)(7):

- Recommended treatment is necessary and appropriate, given patient condition or history.<sup>[E]</sup>
- Patient is willing to participate in treatment voluntarily.<sup>[E][G]</sup>
- Patient has sufficient ability to respond as planned to individual and group therapeutic interventions.<sup>[H]</sup>
- [Biopsychosocial stressors](#) have been assessed and are absent or manageable at proposed level of care (eg, any identified deficits can be managed by program directly or through alternative arrangements).<sup>[I]</sup>

## Recovery Course

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Stage	Clinical Status	Interventions	Evaluation
1	<ul style="list-style-type: none"> <li>• Clinical Indications met<sup>[J]</sup></li> <li>• <a href="#">Treatment plan with goals and progress measurement in place</a></li> <li>• Response to treatment (progress toward goals) is likely</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Treatment planning with patient and supports</a></li> <li>• Crisis plan reviewed with patient and supports</li> <li>• <a href="#">Appropriate treatment plan review</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Evaluation completed and reviewed</a></li> <li>• Symptom and functioning assessment at appropriate frequency (eg, 1 to 3 times per week) documented</li> <li>• Review of progress and medication need or adjustment at appropriate frequency documented</li> </ul>

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2	<ul style="list-style-type: none"> <li>• <b>Patient and supports understand follow-up treatment and crisis plan</b></li> <li>• <u>Risk status minimized</u></li> <li>• <u>Functional improvement sufficient</u></li> <li>• <u>Symptom relief sufficient</u></li> </ul>	<ul style="list-style-type: none"> <li>• <u>Medical needs absent or manageable</u></li> </ul>	
(1)(2)(17)(18)(19)(20)			

Recovery Milestones are indicated in **bold**.

## Care Planning and Evaluation

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- Planning and evaluating appropriate care should address(1)(2)(7)(17)(18)(19):
  - Outpatient evaluation and care needs, which may include:
    - Treatments and procedures, including:
      - Cognitive behavioral therapy, interpersonal psychotherapy, or other evidence-based psychosocial therapy appropriate for diagnosis
      - Clinical management and psychoeducation if medication is prescribed
      - Physical monitoring (eg, primary care)
    - Consultation, assessment, and other services, including:
      - Psychiatric consultation if treating physician is not psychiatrist
      - Substance-related disorder assessment
      - Self-help or support group referral

## Discharge Guidelines

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- Continued outpatient care generally is needed until **1 or more** of the following(1)(20):
  - Outpatient care is no longer necessary due to adequate patient stabilization or improvement as indicated by **ALL** of the following:
    - Patient and supports understand follow-up treatment and crisis plan.
    - Risk status minimized as indicated by **ALL** of the following:
      - No recent [Thoughts of suicide](#) or serious [Harm](#) to self
      - No recent thoughts of homicide or serious [Harm](#) to another
      - Patient and supports, as appropriate, understand follow-up treatment and crisis plan.
    - Functional improvement sufficient as indicated by **1 or more** of the following:
      - Minimal or no current impairment in self-care or role functioning attributable to psychiatric disorder
      - Functioning optimized as indicated by **ALL** of the following:
        - Functioning stable with current treatment and support
        - No current plan for significant change in treatment or re-evaluation
    - Symptom relief sufficient as indicated by **ALL** of the following:
      - Treatment goals met
      - Symptom status acceptable as indicated by **ALL** of the following:
        - Symptoms stabilized
        - No current plan for significant change in treatment or re-evaluation
    - Medical needs absent or manageable at available lower level of care as indicated by **ALL** of the following:
      - Adverse medication effects absent or manageable
      - Medical comorbidity absent or manageable
      - Medical complications absent or manageable (eg, complications of eating disorder)
      - Substance-related disorder absent or manageable
  - Outpatient care is no longer indicated due to **1 or more** of the following:
    - Higher level of care is indicated (eg, patient condition has deteriorated, greater service intensity is necessary to support engagement in care or reinforce skills, or more intensive supervision is necessary to address clinical needs).
    - Patient or guardian refuses treatment.<sup>[K]</sup>

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# Discharge Planning

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- Discharge planning needs may include(1):
  - Preparation of patient and supports for transition to maintenance care, including:
    - Ensure sufficient knowledge of:
      - Patient's illness
      - Medication
      - Warning signs or risk factors for relapse or illness exacerbation
      - Treatment resources
      - Community supports
    - Review crisis plan with patient and supports.(20)
  - Appointments for maintenance care, including:
    - Psychiatrist for pharmacotherapy and clinical management
    - Therapist for maintenance cognitive behavioral therapy, interpersonal psychotherapy, or other evidence-based psychosocial therapy appropriate for diagnosis
    - Medical care visit (eg, primary care) for medical comorbidity
  - Referrals for community assistance and support, including:
    - Self-help or support groups for patient, family, and caregivers
    - Community services for housing, financial, or transportation needs
  - Medications and supplies, including:
    - Psychotropic medications
    - Medications for comorbid medical conditions

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