

CRISIS OUTPATIENT PSYCHOTHERAPY

Funding Source Setting	Behavioral Health Outpatient crisis services are rendered in a professional office, clinic, home, or other appropriate environment conducive to the provision of psychotherapy service.
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Crisis outpatient individual or family therapy is an immediate, short-term treatment service provided to an individual.
Service Expectations	Limited to two sessions. If services are to continue, the provider shall complete a mental health assessment and develop a treatment plan if one has not already been completed. Includes active family involvement unless contraindicated. Services will be trauma informed and sensitive to potential personal safety risks such as suicidal intention. The therapist/provider will coordinate care with the individual's primary medical provider and the therapy provider if ongoing therapy is authorized. The intervention/safety plan identifies the crisis with steps for further resolution, outlines an individualized safety plan for the individual and/or family, and identifies additional formal and informal supports. The clinician will assist in making appropriate referrals. All staff are to be educated/trained in recovery principles and trauma informed care.
Length of Services Staffing	Up to two sessions per episode of crisis Physician/ Psychiatrist, Physician Assistant, Advanced Practice Registered Nurse (APRN), Licensed Psychologist, Provisionally Licensed Psychologist, Licensed Independent Mental Health Practitioner (LIMHP), Licensed Mental Health Practitioner (LMHP), Provisionally Licensed Mental Health Practitioner (PLMHP)

Staffing Ratio 1:1

Hours of Operation 24/7

Individual Desired Outcome

- The individual is able to remain stable in the community without this treatment.
- The individual will receive services to address safety and crisis resolution.
- Referrals completed for more MH and SUD Services

Rate Unit based reimbursement

Admission Guidelines

- The individual demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
- Presenting behavioral, psychological, and/or biological dysfunction and functional impairment are consistent and associated with the DSM (current edition) and/or reports a precipitating event.