

Outpatient Mental Health Clinical Criteria

The following Outpatient Mental Health Clinical Criteria will be used by the PrimariLink in determining medical necessity, appropriateness, intensity and quality of treatment.

1. A condition diagnosed on either Axis I or Axis II of the DSM-V with a reasonable expectation that the patient is capable of achieving desired clinical goals as a result of the proposed treatment plan.
2. The patient's functional impairments, mental status exam, and mental health and/or substance abuse history must support the DSM-V diagnosis.
3. Treatment plans must include specific, "here and now", time oriented, and measurable treatment goals, interventions, timeframes and expected outcomes.
4. Documentation of treatment must include notation of progress made toward these explicitly defined treatment goals and expected outcomes.
5. Documentation of collaboration wherever appropriate with other providers, including but not limited to Primary Care Physicians and/or medical personnel who are prescribing medications and who are treating the individual.
6. Documentation also clearly indicates that the treatment plan and the intensity/frequency of sessions are directly related to patient's needs.
7. Documentation indicating that patient is playing an active role in their treatment as evidenced by the therapist's use of between session's task, reading, and other "homework" assignments.
8. There is also a documentation emphasis, or inclusion, of consideration of patients' strengths, assets, and resources and how the patient may call upon these to manage or overcome the problems/conditions that led the patient to seek treatment.
9. There is documentation of the utilization of alternative treatment modalities (family, group, etc.) collateral and/or adjunctive services when indicated.
10. There is clearly documented and detailed treatment planning for ETOH/substance abusers, including those patients identified as having potential ETOH/substance abuse issues and/or significant histories that might impact negatively on the therapeutic process. When clinically indicated, there is documentation of referrals for ETOH/SA evaluations and treatment.
11. For children less than 12 years of age, a review of the family system (including the consideration of parent management training) should be part of the initial clinical assessment and when indicated part of the overall treatment plan. In addition individual therapy (play therapy) with the child may be clinically indicated as part of an overall treatment approach that includes work with the parents and/or other significant adults in the child's life.
12. If a patient has an Axis I diagnosis that is generally considered to be subject to improvement or resolution through the use of psychotropic medications, the patient will be referred for an evaluation and possible trial of such medications. Patients receiving psychotropic medications are re-evaluated by their prescribing clinicians are expected to collaborate and communicate with each other regarding every "shared" patient.
13. If a patient has a medical condition, there is evidence of appropriate medical evaluations, treatment and collaboration by/with the medical practitioner.
14. The proposed treatment plan must not include:

- More than one session per day per modality
 - Individual sessions which exceed 60 minutes unless there is clear clinical justification and the session is pre-authorized by PrimariLink.
 - More than one therapist providing the same modality of treatment concurrently.
 - Treatment sessions which are primarily educational or vocational in nature.
14. In concurrent reviews, in addition to the above criteria, an adequate explanation of failure to achieve psychotherapeutic and/or psychopharmacological treatment objectives (as evidenced by no, or little, change in the patient's documented condition) must be provided.

Reviewed/revised 11/16 pa/br/fe