



Entry Criteria | Transition Criteria | Exit Criteria

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Principles for Medical Necessity Criteria:

Outpatient Program services facilitate the Client's recovery and develop or restore an Client's independent living and social skills, including the Client's ability to make decision regarding: self-care management of illness, life, work and community participation; and promote the use of resources to integrate the Client into the community. Services may be provided in an onsite facility, or in a setting most conducive to promoting the participation of the Client in community life.

When clients have a mental disorder that require professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Entry/Admission Criteria

- A. The client has a specialty mental health DSM 5 diagnosis included in the Priority Population and the client's impairment(s) can be expected to be stabilized at this level of care.
- B. The impairment results in at least one of the following:
 - A clear, current threat to the client's ability to live in his/her customary setting ☹️
 - An inability to be employed or attend school without support
 - An inability to manage the effects of his/her mental illness
- C. The client's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the client's recovery.
- D. The client must be concurrently engaged in outpatient mental health treatment.
- E. All clients residing in a RRP must have PRP services available.
- F. The client does not require a more intensive level of care.



G. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Severity of Need and Intensity of Service

Medical necessity for admission to Outpatient Program services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the client's needs and medical necessity. Profession and/or social supports must be identified and available to the client outside of program hours, and the client must be capable of seeking them as needed. Active involvement of the client, family, caretakers, or significant others involved in the client's treatment should be sought.

Continued Stay Criteria

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

- A. The client continues to meet admission criteria.
- B. Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the client's mental disorder.
- C. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the client's response to treatment.)
- D. There is evidence that the client, family, caretaker or significant other is involved in treatment in the frequency and manner indicated by the treatment plan.
- E. There is documented active planning for transition to a less intensive level of care

Minor and Adolescent

Principles for Medical Necessity Criteria:

Outpatient Program services are for children and adolescents with serious mental illness of emotional disturbance who have been referred by a licensed professional of the healing arts based on a screening, assessment, or ongoing treatment of the client. The services



must be goal directed and outcome focused. The services are time-limited interventions provided only as long as they continue to be medically necessary to reduce symptoms of the client's mental illness and to restore the client to an appropriate functional level.

When clients have a mental disorder that require professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Entry Criteria

All of the following criteria are necessary for entry/admission:

A. The client has a specialty mental health DSM 5 diagnosis, and the client's impairment(s) and functional behavior can reasonably be expected to be improved or maintained by using these services.

B. The client's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community)

C. The impairment as a result of the client's mental illness results in: Y A clear, current threat to the client's ability to be maintained in his/her customary setting, or Y An emerging/pending risk to the safety of the client and others, or Y Other evidence of significant psychological or social impairments, such as inappropriate social behavior, causing serious problems with peer relationships and/or family members.

D. The client, due to the dysfunction, is at risk for requiring a higher level of care or is returning from a higher level of care.

E. The client's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the client's recovery.

F. The client does not require a more intensive level of care and is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.

G. A documented crisis response plan for the client is in progress or completed. H. An Individual Rehabilitation Plan (IRP) is in progress or completed.



I. Outpatient services will be rendered by staff that are supervised by a licensed mental health professional.

And either:

There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the client's symptoms and functional behavioral impairment resulting from the mental illness and restore him/her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the client or others; or

For client transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care.

Severity of Need and Intensity of Service

Medical necessity for admission to Outpatient Program services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the client's needs and medical necessity. Professional and/or social supports must be identified and available to the client outside of program hours and the client or the client's parent/caretaker must be capable of seeking them as needed. Active involvement of the client, family, caretakers, or significant others involved in the client's treatment should be sought.

Continued Stay Criteria:

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

- A. The client continues to meet admission criteria.
- B. Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the client's mental disorder.
- C. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to



address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the client's response to treatment.)

D. The IRP and written crisis plan are complete and the IRP has been signed by at least two licensed mental health professionals who have collaborated regarding the IRP. The IRP is being carried out in accordance with the Child and Adolescent PRP regulations (COMAR 10.21.29).

E. There is evidence that the client, family, caretaker or significant other is involved in treatment in the frequency and indicated by the treatment plan.

F. There is documented active planning for transition to a less intensive level of care

Exit Criteria

Clients will be routinely exit or discharged from mental health outpatient services after their treatment has reached the degree that the client has achieved their goals as stated on their treatment plan or when the client decides to discontinue services. This will be a collaborative decision between the client, the therapist and other persons directly involved in the client's treatment.

Discharge from outpatient services after formal admission may also occur if the client has failed to make and keep at least two appointment with the therapist within a year from the date of the latest treatment plan and/or psychosocial assessment.

Transition Criteria

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program, such as TRP, MRDD, RCD, or other programs within Brightlife Enhancement Services. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Readmission/Reentry Criteria



Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or Ineligibility Criteria

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. Brightlife Enhancement Services does not provide the appropriate services for the presenting issue.