

Service: Group Outpatient Services – Group Counseling

Service Definition

A therapeutic intervention or counseling service shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. Services may address goals/issues such as promoting resiliency, and the restoration, development, enhancement or maintenance of:

1. Cognitive skills;
2. Healthy coping mechanisms;
3. Adaptive behaviors and skills;
4. Interpersonal skills;
5. Identifying and resolving personal, social, intrapersonal and interpersonal concerns.

Admission Criteria

1. Youth must have an emotional disturbance/substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. The youth's level of functioning does not preclude the provision of services in an outpatient milieu; and
3. The individual's resiliency goal/s that are to be addressed by this service must be conducive to response by a group milieu.

Continuing Stay Criteria

1. Youth continues to meet admission criteria; and
2. Youth demonstrates documented progress relative to goals identified in the Individualized Resiliency Plan, but goals have not yet been achieved.

Discharge Criteria

1. An adequate continuing care plan has been established; and one or more of the following:
2. Goals of the Individualized Resiliency Plan have been substantially met; or
3. Youth and family requests discharge and the youth is not in imminent danger of harm to self or others; or
4. Transfer to another service/level of care is warranted by change in youth's condition; or
5. Youth requires more intensive services.

Service Exclusions

1. See Required Components, Item 2, below.
2. The absence of empirical evidence for conversion therapy prohibits the use of this intervention and it is not reimbursed by DBHDD.

Clinical Exclusions

1. Severity of behavioral health issue precludes provision of services.

2. Severity of cognitive impairment precludes provision of services in this level of care.
3. There is a lack of social support systems such that a more intensive level of service is needed.
4. This service is not intended to supplant other services such as IID/IDD Personal and Family Support or any day services where the individual may more appropriately receive these services with staff in various community settings.

Required Components

1. The treatment orientation, modality and goals must be specified and agreed upon by the youth/family/caregiver. If there are disparate goals between the youth and family, this is addressed clinically as part of the resiliency-building plans and interventions.
2. When billed concurrently with IFI services, this service must be curriculum based and/or targeted to a very specific clinical issue (e.g. incest survivor groups, perpetrator groups, sexual abuse survivor groups).

Staffing Requirements

Maximum face-to-face ratio cannot be more than 10 individuals to 1 direct service staff based on average group attendance.

Clinical Operations

1. The membership of a multiple family group (H0004 HQ) consists of multiple family units such as a group of two or more parent(s) from different families either with (HR) or without (HS) participation of their child/children.
2. Practitioners and supervisors of those providing this service are expected to maintain knowledge and skills regarding group practice such as selecting appropriate participants for a particular group, working with the group to establish necessary group norms and goals, and understanding and managing group dynamics and processes.

Billing & Reporting Requirements

1. When using 90853, and the intervention meets the definition of Interactive Complexity, the 90785 code will be submitted with the 90853 base code.
2. If a Medicaid claim for this service denies for a Procedure-to-Procedure edit, a modifier (59) can be added to the claim and resubmitted to the MMIS for payment.