

## **Service: Group Outpatient Services – Group Training**

### Service Definition

A therapeutic interaction 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. Illness and medication self-management knowledge and skills (e.g., symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed);
2. Problem solving skills;
3. Healthy coping mechanisms;
4. Adaptive skills;
5. Interpersonal skills;
6. Daily living skills;
7. Resource management skills;
8. Knowledge regarding emotional disturbance, substance related disorders and other relevant topics that assist in meeting the youth's and family's needs; and skills necessary to access and build community resources and natural support systems.

### 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

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).

#### 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.
5. Youth with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the behavioral health diagnosis: Intellectual/Developmental Disabilities, Autism, Neurocognitive Disorder, and Traumatic Brain Injury.

#### Required Components

The functional goals addressed through this service 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.

#### 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. Out-of-clinic group skills training is allowable and clinically valuable for some individuals; therefore, this option should be explored to the benefit of the individual. In this event, staff must be able to assess and address the individual needs and progress of each individual consistently throughout the intervention/activity (e.g. in an example of teaching 2-3 individuals to access public transportation in the community, group training may be given to help each individual individually to understand the bus schedule in a way that makes sense to them, to address questions/concerns each may have about how to use the bus, perhaps to spend time riding the bus with the individuals and assisting each to understand and become comfortable with riding the bus in accordance with individual goals, etc.)
2. The membership of a multiple family Group Training session (H2014 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.

#### Billing & Reporting Requirements

Out-of-clinic group skills training is denoted by the U7 modifier.