

## Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Program Addendum

For items requiring narrative responses include an attachment labeled “MHOTRS Addendum” that addresses all requested information. Clearly identify the item number each response corresponds to (e.g., 2).

**Name of MHOTRS Team:**

**Address of Program, including zip + 4:**

**MMIS:**

**NPI:**

**Program Manager’s Name:**

**Program Manager’s Email:**

**Additional Services:**

<input type="checkbox"/> Developmental Testing	Diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes.
<input type="checkbox"/> MHOTRS Based Intensive Outpatient Program (IOP)	IOP approval allows MHOTRS programs to bill Medicaid for additional outpatient services provided to individuals who may benefit from more intensive, time-limited treatment. Note: a separate Administrative Action (AA) must be submitted to request to provide IOP as an optional service.
<input type="checkbox"/> Integrated Outpatient Services (IOS) – Primary Care	The Integrated Outpatient Services (IOS) license is site specific. If you intend to integrate primary care services at this site, you must submit an <a href="#">IOS application</a> outside of MHPD unless utilizing the <a href="#">Streamlined IOS Application Process</a> .
<input type="checkbox"/> Integrated Outpatient Services (IOS) - SUD	The Integrated Outpatient Services (IOS) license is site specific. If you intend to integrate substance use disorder services at this site, you must submit an <a href="#">IOS application</a> outside of MHPD unless utilizing the <a href="#">Streamlined IOS Application Process</a> .
<input type="checkbox"/> Neurobehavioral Status Exam	A clinical assessment of thinking, reasoning and judgment, including attention, language, memory, problem solving and visual spatial abilities and interpretation of the results for treatment planning.
<input type="checkbox"/> Psychological Testing	A psychological evaluation, including psychological testing evaluation services and test administration and scoring, using standard assessment methods and instruments to assist in mental health assessment and the treatment planning processes.
<input type="checkbox"/> Telehealth	Attach the completed <a href="#">Attestation of Compliance</a> and Telehealth Policy and Procedures.

**Functional Program**

1. Describe the intake process for new referrals and admissions, including workflow and staff responsible.
2. Describe how the program will handle referrals when clinician caseloads are full, both community referrals and high-priority hospital or DCS referrals.
3. Describe how children/youth and families will be oriented to the program.
4. Describe the process for engaging family and collaterals in the initial and ongoing assessment and treatment planning process.
5. Indicate timeframes for completing initial assessments.
6. Describe the initial risk assessment process for all individuals including non-admitted individuals. Describe the ongoing risk assessment process for admitted individuals.

7. Identify specific screening and assessment tools to be used including those for co-occurring needs (I/DD, SUD), risk of harm to self or others, trauma, etc. Include those specific for children, youth, adolescents, and families.
8. Describe how internal review of high-risk cases will be managed.
9. Describe how Safety Plans are developed and implemented including processes.
10. Describe how crisis services will be provided during regular hours of operation.
11. Describe the plan for after hour crisis response including support for children, adolescents, and families. Include processes for follow up notification to an individual's primary clinician.
12. Describe timeframes for completing initial treatment plans as well as timeframes and factors for completing treatment plan updates and reviews.
13. Describe how discharge is addressed through the course of treatment, efforts to identify when an individual is ready for discharge, and how the individual is prepared for discharge.
14. Describe the process for connecting with the next treatment provider and for sharing of records for planned discharges.