



SIoux RIVERS MHDS Notice of Decision

Jail Diversion Outpatient Services (Copy provided to Jail and Outpatient Program)

Sioux Rivers has received all the required information necessary to pay for Jail Diversion Outpatient Services for the following individual, _____, while incarcerated at the _____ jail.

Outpatient Therapy Evaluation Notice of Decision for Above-Named Individual:

Individual has a scheduled appointment for an outpatient evaluation via telehealth on _____

(Provider) _____ requested that the jail contact the provider to set up and complete paperwork prior to outpatient evaluation being completed.

ROI has been obtained between Sioux Rivers and _____ (Provider)
 Yes No

Sioux Rivers has received recommendations following the outpatient evaluation and the following on-going services are approved. The jail is responsible for scheduling and ensuring that the individual is available via telehealth for all scheduled appointment services.

Outpatient Therapy Services Notice of Decision for the Above-Named Individual:

Outpatient Jail Diversion Therapy session(s) **HAVE BEEN** approved as outlined below.

- weekly
- every two weeks
- one time monthly
- Other: _____

ROI has been obtained between Sioux Rivers and _____ (Provider)
 Yes No

Outpatient Jail Diversion Therapy session(s) **HAVE NOT** been approved for reasons outlined below.

- Not eligible for regional funding based on residency.
- Not eligible for regional funding based upon _____
- Other: _____

Outpatient Jail Diversion Therapy Sessions(s) **HAVE BEEN REVOKED** as individual is not participating in sessions as recommended by MH Therapist and/or has stopped attending services.

Service Coordinator:

Date: