



CLINICAL SERVICES POLICY AND PROCEDURES

INTENSIVE OUTPATIENT PROGRAM (IOP)

Last Updated: 2/23/21	Created: 3/14/17
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I. DESCRIPTION

IOP is a structured, short-term treatment modality that provides a combination of individual, group, and family therapy. Based upon initial clinical assessment and ongoing evaluations, intensive outpatient programs consist of group and individual therapy of typically 9 hours per week. A licensed mental health professional must supervise intensive outpatient programs. Intensive outpatient treatment is an alternative to inpatient or partial hospital care and offers intensive, coordinated, multidisciplinary services for members with an active psychiatric or substance related illness that can function in the community at a minimally appropriate level and present no imminent potential for harm to themselves or others.

II. CLINICAL INDICATIONS

A. Admission Criteria:

PEHP considers IOP to be medically necessary when **all of the following** are present:

1. The presence of moderate symptoms of a serious psychiatric diagnosis; AND
2. Significant impairment in one or more spheres of personal functioning; AND
3. The clear potential to regress further without specific IOP services; AND
4. The need for direct monitoring less than daily but more than weekly; AND
5. Specific Deficits that are directly related to services rendered; AND
6. Significant variability in day to day capacity to cope with life situations.

B. Expectations for Intensive Outpatient Program:

1. Treatment criteria that includes:
 - a. Minimum 3 days of full program services per week, typically 3 hours per day;
 - b. Minimum of 9 hours per week of therapy. (*3 hours per week must be from individual, group, or family psychotherapy services; 6 hours per week must be from training, education, or activity therapy*);
 - c. Typically, 32 days per adult treatment program;
 - d. Daily progress notes signed by licensed professional (APRN, LCSW, PHD, MD, DO, CMHC) performing the service;
 - e. Aftercare (minimum 1 ½ hours per week for up to one year);
2. With symptom improvement, a gradual decrease in services per week may occur to help plan for successful discharge and greater independent functioning. In some cases, an evidence-based, time limited treatment protocol is provided for a given condition which may include a given number of sessions over several weeks; AND
3. A comprehensive clinical assessment is done on admission that includes cognition/mental status, emotional/psychological function, activities of daily living, historical data (including social, medical, and occupational histories), cultural issues, spirituality, and medical screening. The treatment plan will be updated and individualized following previous treatment either from a higher or lower level of care; AND
4. All services must consist of active treatment that specifically addresses the presenting problems of the members served and realistic goals that can be accomplished within the duration of treatment. Examples of active treatment include: group psychotherapy, psycho-educational (theme-specific) groups, skills training, expressive/activity therapies, medication evaluation/management, individual and family therapy. For children and adolescents, family therapy should be provided at least one time each week, unless clinically contraindicated; AND
5. Group therapy is individualized to meet the member's needs, based on specific clinical needs or functional level; AND
6. Staff members must possess appropriate academic degrees, licensure, or certification as well as experience with the particular populations treated as defined by program function and applicable state regulations; AND

7. Coordination of care with other clinicians providing treatment to the member, such as the outpatient psychiatrist, therapist, and the member's PCP, and where indicated, clinicians providing treatment to other family members is documented; AND
8. A clinical record is to be maintained for each member admitted. This must include the following elements: initial assessment, physician orders and certification of need for this level of care, psychiatric assessment, treatment plan addressing only the needs which are of such severity that the intensity of IOP is needed with clear goals which are achievable within the timeframe of the program, medication management, progress notes and a discharge summary; AND
9. A psychiatric evaluation by a physician should be done by the third day of attendance (unless stepping down from a higher level of care) and thereafter as needed.

C. Continued Stay Criteria:

Must have **all of the following** to qualify:

1. Successful engagement in the clinical process; AND
2. Active attendance and participation; AND
3. Capacity to respond successfully to therapeutic interventions; AND
4. A commitment to developing and following through on a recovery-oriented discharge plan.

AND

Must also have **one or more** of the following to qualify:

1. Symptoms continue to impair multiple areas of daily functioning; OR
2. Impaired judgment, awareness, and skill deficits place one at a significant risk for further functional deterioration; OR
3. Member displays an inability to cope with significant crises or stressors and/or otherwise lacks the necessary skills to cope with marked symptoms; OR
4. There is a continued significant risk for harm to self or others; OR
5. Poor insight, skills, judgment, and /or awareness inhibits their return to critical baseline functioning.

AND

Must also have **one or more** of the following to qualify:

1. Continued need for medication monitoring and intervention; OR
2. Capacity to make progress in the development of coping skills to meet baseline functional needs; OR
3. Need for support and guidance in handling a major life crisis; OR
4. Continued need for managing risk accompanied by capacity to follow a safety plan; ~~OR~~

D. Discharge Planning:

1. An individual psychological assessment is initiated with the first visit.
2. Coordination with family, outpatient providers and community services.
3. Psychiatric/Medication Evaluation as needed
4. Toxicology screen, /Self-help/12-Step/Education group as needed.

III. CODES

HCPCS Code: H0015

Revenue Codes: 0905 or 0906 - Intensive Outpatient (IOP)

IV. REFERENCES

BCBS Michigan, New Directions, Medical Necessity Criteria 2019, 1/1/19

Cigna, Standards and Guidelines / Treatment of Mental Health and Substance Use Disorders, 1/2019

Optum, United Behavioral Health, Level of Care Guidelines, 2/12/19

Approval



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