

Intensive Outpatient Program (IOP)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The performance specifications contained within pertain to the following service:

- Intensive Outpatient Program (IOP).

Intensive Outpatient Programs (IOPs) provide time-limited, multi-disciplinary, multimodal structured treatment in an outpatient setting. Such programs are less intensive than a partial hospitalization program or psychiatric day treatment (e.g., IOPs may not always include medical oversight and medication evaluation and management) but are significantly more intensive than standard outpatient services. This level of care is used to intervene in a complex or refractory clinical presentation and is differentiated from longer term, structured day programs intended to achieve or maintain stability for individuals with severe and persistent mental illness. IOPs may be developed to address the unique needs of a special population. Clinical interventions are targeted toward the specific clinical population or presentation and generally include modalities typically delivered in office-based settings, such as individual, couple, and family therapy, group therapies, medication management, and psycho-educational services. Adjunctive therapies such as life planning skills (assistance with vocational, educational, and financial issues) and expressive therapies may be provided, but must have a specific function within a given Member's treatment plan.

As the targeted clinical presentation and the Member's functioning improve, treatment intensity and duration is modified, i.e., the Member receives a diminishing number of treatment hours and/or discharge planning occurs. All treatment plans are individualized and focus on acute stabilization and transition to community-based outpatient treatment and supports as needed. Although Members may present as sub-acute, the program is sufficiently staffed to allow rapid professional assessment of a change in mental status that warrants a shift to a more intensive level of care, a change in medication, and/or discharge.

The following specifications, apply to all IOPs.

Components of Service

1. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a. Bio-psychosocial evaluation
 - b. Case and family consultation
 - c. Development and/or updating of crisis prevention plan, and/or safety plan, as applicable
 - d. Discharge planning/case management
 - e. Individual, group, and family therapy, as indicated

Performance Specifications

Intensive Outpatient Program

- f. Multi-disciplinary treatment team review
- g. Peer support and recovery-oriented services
- h. Provision of access to medication evaluation and medication management, as indicated, directly or by referral
- i. Psycho-education
- j. Substance use disorder assessment and treatment services, as indicated
2. IOP services meet the special needs of Members who demonstrate symptomatology consistent with a DSM-5 diagnosis, inclusive of psychosocial and contextual factors and disability, as applicable. Psychiatric, substance use, or co-occurring disorders that require intensive structured interventions may be served through IOP services.
3. IOP programming addresses the needs of specific clinical presentations or populations. The program provides a combination of individual therapy, group therapy, case consultation, and/or medication management, as defined by the program specifications authorized by Senior Whole Health for the particular IOP.
4. If medication evaluation and medication management services are not provided within the IOP, the IOP provider ensures access to these services within their Outpatient Services program and/or maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose.
5. IOP services are accessible to the Member seven days per week, directly or on an on-call basis. Outside business hours, the provider offers telephonic coverage. An answering machine or answering service directing callers to call 911, call the nearest Adult Mobile Crisis Intervention provider, or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirement.
6. If a Member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs and under the guidance of his/her supervisor, may: 1) refer the Member to his/her outpatient provider; 2) refer the Member to a Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization; and/or 3) implement other interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention plan and/or safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow up and assess the safety of the Member and other involved parties, as applicable.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual as referenced at www.SWHMA.com.
2. Staffing requirements are appropriate to the program specifications authorized by Senior Whole Health for the particular IOP, and will include, but not be limited to, licensed

master's-level clinicians.

Process Specifications**Assessment, Treatment Planning, and Documentation**

1. The treatment plan includes the services appropriate to the particular IOP and minimally includes:
 - a. A combination of individual, family, caregiver, and/or group counseling based on the Member's individual needs and at least one time per week;
 - b. Peer support and recovery-oriented services; and
 - c. Medication evaluation and medication management provided by the IOP or by referral
2. The program completes a bio-psychosocial evaluation, an initial treatment plan, and a preliminary discharge plan within 48 hours of admission.

Service, Community and Collateral Linkage

1. The provider develops and maintains service linkages appropriate to the particular IOP.
2. If medication evaluation and medication management services are not provided within the IOP, the IOP provider develops and maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose. These agreements outline the referral process.
3. With Member consent, the provider collaborates with the Member's PCP and/or Primary Care Team (PCT).