



Intensive Outpatient Program (IOP) Performance Specifications

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specifications. Providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements within this service-specific performance specification take precedence over general performance specifications.

Intensive Outpatient Services (IOP) offer time-limited, multi-disciplinary and multimodal structure treatment in an outpatient setting. IOP programs are less intensive than a partial hospitalization program or psychiatric day treatment. For example, IOPs may not always include medical oversight and medication evaluation and management. IOPs must offer at least 3 hours per day, three to five days per week (one unit is equal to three hours and minimum of two groups). Participation should attend three times per week at a minimum based on clinical need with a three times per week schedule indicating a transition to less intensive outpatient services. Length of stay is generally 1 to 3 weeks with tapering to less intensive outpatient services as Member stabilizes establishing community supports and resumes normal daily activities Clinical interventions 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 and expressive therapies may be provided but must have a specific function within a given Member's treatment plan. IOPs may be provided by either hospital-based or freestanding outpatient programs to members who are experiencing symptoms of such intensity that they are unable to be safely treated in a less intensive setting and would otherwise require admission to a more intensive level of care (LOC). Treatment in an IOP setting requires that the Member's living environment, however compromised, offers enough psychosocial stability to warrant intensive outpatient treatment, and their biomedical condition is stable enough to be managed in an outpatient setting.

COMPONENTS OF SERVICES:

- The program will comply with all applicable Department of Public Health (DPH) and Department of Mental Health (DMH) licensure and resulting requirements.
- The provider must have a written program narrative, as well as written admission and discharge criteria.
- The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - Bio-psychosocial evaluation
 - Case and family consultation

- Development and/or updating of crisis prevention plan, and/or safety plan as part of Crisis Planning
- Discharge planning/case management
- Individual, group, and family therapy
- Multi-disciplinary treatment team review
- Peer support and recovery-oriented services
- Provision of access to medication evaluation and medication management
- Psychoeducation
- Substance use assessment and treatment services
- IOP services meet the special needs of Members who demonstrate symptomatology consistent with a DSM-5 diagnosis, inclusive of psychosocial factors as well as psychiatric, substance use, or co-occurring diagnosis that require intensive structured interventions.
- The program provides individually customized, time limited, comprehensive, and coordinated multidisciplinary treatment plans that include multiple services and modalities delivered in an outpatient setting.
- Programming emphasizes a solution-focused approach to increase the member's ability to function in the community and use a more traditional outpatient model based on the individualized treatment plan.
- A multidisciplinary team, with the consent of the member, coordinates with the member's providers to develop an integrated treatment and discharge plan.
- If medication evaluation and medication management services are not provided within the IOP, the IOP provider ensures access to these services within their Outpatient Service program and/or maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose.
- If medication evaluation and medication management services are not provided within the IOP, the IOP provider ensures access to these services with an outpatient services program where the IOP maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose.
- Program must have written procedures for handling medical/psychiatric emergencies.
- If a member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on their assessment of the Member's needs and under the guidance of their supervisor, is expected to:
 - Refer the Member to their outpatient provider
 - Refer the Member to an Adult Mobile Crisis Intervention (AMCI) for emergency behavioral health crisis assessment, intervention, and stabilization
 - Implement other interventions to support the Member and enable them to remain in the community including highlighting elements of the Member's crisis prevention plan and/or safety plan, encouraging 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
- When clinically appropriate, i.e., highlight elements of the Member's crisis prevention plan and/or safety plan, encourage implementation of the plan, offer constructive, step-by-step interventions which the Member may apply, and/or follow up and assess the safety of the Member and other involved collaterals, as applicable.

STAFFING REQUIREMENTS:

- The provider complies with the staffing requirements of the applicable licensing body.
- The program will follow formal procedures for credentialing, periodic re-credentialing, supervision, orientation to policies and procedures, and training of all staff including special attention to co-occurring mental health and substance use diagnosis.
- The provider will ensure a multidisciplinary staffing model consisting of, at a minimum, to include: an LICSW and/or other clinical master's degree staff, RN, and psychiatrist. In addition, providers are encouraged to staff the team with Recovery and Peer coaches.
- The provider will have psychiatry services available and available to the members being served in the IOP program.
- The provider ensures that all staff receive supervision consistent with credentialing criteria.
- Staffing should reflect the cultural, gender, and linguistic needs of the community it serves. The program ensures access to qualified clinicians able to meet the cultural, linguistic, and ethnic needs of all members served within their local community.

TRAINING EXPECTATIONS:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
 - Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care (i.e., consistently using the name and pronouns that the Member uses for themselves).
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

The provider shall ensure that:

- Assessments are completed
- A multi-disciplinary treatment team has been assigned to each member
- Treatment team has met to review the assessment and establish a provisional treatment plan within one business day of admission that includes:
 - Goals, expected outcomes, and time frames for achieving the goals. Goals should be in behavioral terms and should be measurable, and solution focused.
 - Indication of the strengths of the individual and their family as identified in the assessment.
 - Peer and Recovery support services

- Medication evaluation and medication management delivered by the IOP or via a referral.
- A combination of individual, group or family counseling based on the Member's needs.
- When appropriate, involvement of a state agency or need for involvement with a state agency
- A detailed discharge and after-care plan
- Member's signature or documentation of refusal to sign the treatment plan.
 - The treatment plan will be updated as clinically appropriate with the Member and if appropriate, with the Members family, guardian or natural supports
- The provider will ensure that assessments are conducted, and include but are not limited to, review and assessment of:
 - History of presenting problem, chief complaints, and symptoms
 - Past medical history
 - Family, social history and linguistic cultural background
 - Current substance abuse
 - Mental status exam
 - Previous medication trials, current medications, and any allergies
 - Diagnosis and clinical formulation
 - Level of functioning
 - The individual's strengths, and for children and adolescents, family strengths
 - Name of PCP
- The provider ensures that treatment and discharge plans show significant involvement of member, family/guardian, providers, and other entities and agencies that are significant to the member's aftercare, unless clinically or legally contraindicated. Proper consent must be documented in the member's record.
- The Member records must show evidence of daily progress notes on days of attendance at the program.

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- Discharge is a planned process that begins upon admission and development of a treatment plan and is continuous throughout treatment with updates as necessary and clinically appropriate.
- Discharge plans should include Members' concerns and Members' social risk factors including those related to housing, food security, recovery and relapse services, finances, health care, transportation, occupational and education concerns as well as social supports.
- The provider collaborates with all of the following levels of care/services for service linkages and care coordination, and is able and willing to accept referrals from and refer to these levels of care/services when clinically indicated:
 - Inpatient mental health facilities
 - ASAM Level 4 Detoxification Services
 - Acute Treatment Services (ATS) for Substance Use ASAM Level 3.7
 - E-ATS for Individuals with Co-occurring Mental Health and Substance Use ASAM Level 3.7
 - Structured Outpatient Addiction Programs (SOAP)
 - Regional court clinics
 - Residential Rehabilitation Services (RRS)
 - Residential Support Services (halfway house)
 - Opioid Treatment Programs
 - Medication Assisted Treatment (MAT) services
 - Department of Mental Health (DMH) residential programs
 - Transitional supportive housing

- Transitional Support Services (TSS)
- Sober housing
- Outpatient counseling services
- Shelter programs
- Recovery Learning Communities (RLCs)
- The treatment team implementing the Members discharge plan ensures that the above concerns and planned after-care are documented in the Members record.
- The discharge plan including referral to any agency, appointment times and locations, transportation, medication information, emergency and crisis information is given to the Member and/or the Member's family or guardian at the time of discharge.
- The provider will develop linkages to outside referrals and state agencies that ensure a smooth transition from the IOP to other services. **At least one after-care appointment is scheduled within 7 days of the Members discharge from the IOP. If a member is discharged on medication, then at least one psychiatric aftercare appointment must be scheduled within 14 days of discharge from the IOP.**
- The provider contacts Commonwealth Care Alliances (CCA's) Clinical Team for support with arranging needed aftercare transportation. Transportation to covered medical appointments within 50 miles is a CCA provided benefit. **The CCA Care Team can be reached by calling 866-420-9332.**

EXPECTED OUTCOMES AND QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA's performance standards for IOP level of care.
- The success of the program and the care and well-being of members rely on a collaborative partnership with Commonwealth Care Alliance and its provider network.
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs) and Adverse Incidents.
- Reportable adverse incidents must be reported to CCA and MassHealth Office of Behavioral Health within one business day as per policy and DMH licensing requirements. Providers must follow all laws and regulations for reporting Adverse Incidents (per MassHealth per [MassHealth All Provider Bulletin 316](#)).
- Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

DOCUMENT UPDATES:

- December 2024: Revised template
- March 2026: Annual review