# Intensive Outpatient Program (IOP)
# PERFORMANCE SPECIFICATIONS

| Performance Specifications (PS) Title: Intensive Outpatient Services (IOP) | | |
|---|---|---|
| **PS #: 014** | **☒SCO ☒One Care**<br>**☒ MA Medicare Premier**<br>**☒ MA Medicare Value**<br>**☒RI Medicare Preferred**<br>**☒RI Medicare Value**<br>**☒ RI Medicare Maximum** | **Prior Authorization Needed?**<br>**☐ Yes ☒ No** |
| **Clinical: ☒** | **Operational: ☐** | **Informational: ☐** |
| **Medicare Benefit:**<br>**☒ Yes ☐ No** | **Approval Date:**<br>9/02/2021; | **Effective Date:**<br>2/06/2022; |
| **Last Revised Date:**<br>4/19/2023; | **Next Annual Review Date:**<br>9/02/2022; 4/19/2024; | **Retire Date:** |

**COVERED SERVICES:**

Intensive Outpatient Services (IOP) offer time-limited, multi-disciplinary and multimodal structure treatment in an outpatient setting offering treatment 3 hours per day/5 days per week although 7 days per week availability is preferable. Participation should attend 3 times per week at a minimum based on clinical need with a 3 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. IOP is less intensive than a partial hospitalization or psychiatric day treatment but are significantly more intensive than standard outpatient services.

**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 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 diagnosis, inclusive of psychosocial factors as well as psychiatric, substance use, or co-occurring diagnosis that require intensive structured interventions
- The member will be evaluated/assessed within one business day of referral and will be admitted into the program within one business day of the initial evaluation
- 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 and 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
- Program must have written procedures for handling medical/psychiatric emergencies
- The IOP Psychiatrist will review each admission to assess the medical, psychiatric and pharmacological treatment needs of the member
- 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
- 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 ESP 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
- The program has written admission and discharge criteria

# Intensive Outpatient Program (IOP)
# PERFORMANCE SPECIFICATIONS

**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
- 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)

**Transgender Inclusive and Affirming Expectations:**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and

affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

**Trauma-Informed Care Expectations:**

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in 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)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

**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 1 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 Members 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 BH/SUD history
- 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

- Care Coordination is an expectation between the IOP provider and CCA. The IOP provider **contacts Commonwealth Care Alliances (CCA' s) Care Team by contacting CCA's Provider Line 866-420-9332 (Option #4) for Care Partner Team to coordinate care**
- 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
  - ATS for Substance Use Level 3.7
  - E-ATS for Individuals with Co-occurring Mental Health and Substance Use
  - Structured Outpatient Addiction Programs (SOAP)
  - Regional court clinics
  - Residential Rehabilitation Services (RRS)
  - Residential Support Services (halfway house)
  - Opioid Replacement Therapy
  - Department of Mental Health (DMH) residential programs
  - Transitional supportive housing
  - Transitional Support Services (TSS) for substance use
  - Sober housing
  - Outpatient counseling services
  - Shelter programs
  - Recovery Learning Communities (RLCs)

# Intensive Outpatient Program (IOP)
# PERFORMANCE SPECIFICATIONS

- 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 after-care 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 after-care transportation. Transportation is a CCA provided benefit. **The CCA Care Team can be reached by calling 866-420-9332 (Option #4)**

**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 the members relies 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). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual

# Intensive Outpatient Program (IOP)
# PERFORMANCE SPECIFICATIONS

**REIMBURSEMENT:**

Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: Here

**PAYMENT POLICIES:**

Please refer to CCA's Payment Policies
Link: Here

**BILLING PROCEDURES:**

Please refer to SECTION 6: Claims and Billing Procedures section in CCA's Provider Manual.
Link: Here

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System (EVS).

**APPROVALS:**

| **CCA Business Process Owner** | |
|---|---|
| Julie Fine | VP, Clinical Strategy & Implementation • |
| **Print Name** | **Print Title** |
| Julie D. Fine, LICSW | 4/12/2023 |
| **Signature** | **Date** |

| **CCA Senior Clinical/Operational Lead** | |
|---|---|
| | |
| **Print Name** | **Print Title** |
| | |
| **Signature** | **Date** |

| **CCA CMO or Designee** | |
|---|---|
| Nazlim Hagmann, MD | Associate Chief Medical Officer |
| **Print Name** | **Print Title** |
| Nazlim Hagmann | 4/12/2023 |
| **Signature** | **Date** |