

Service Name	<b>INTENSIVE OUTPATIENT – LEVEL 2.1: ADULT SUBSTANCE USE DISORDER</b>
Setting	Intensive Outpatient (IOP) Services are provided in an office, clinic, home or other environment appropriate to the provision of psychotherapy or substance use services.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	IOP services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education about substance related and co-occurring mental health problems. Services are goal oriented interactions with the individual or in group/family settings. This community based service allows the individual to apply skills in “real world” environments.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> <li>• A substance use disorder (SUD) assessment completed by a licensed clinician prior to the beginning of treatment.</li> <li>• If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information than an SUD addendum would be necessary.</li> <li>• All Medicaid eligible individuals are to be screened for co-occurring conditions throughout the assessment. If the clinician is a LADC or a PLADC and suspects a possible mental health condition, a referral is to be made to a clinician capable of diagnosing/treating co-occurring mental health and substance use disorders.</li> <li>• The individualized treatment/recovery plan, including discharge and relapse prevention, should be developed with in two sessions with the provider (consideration of community, family and other supports).</li> <li>• Review and update of the treatment/recovery plan under clinical guidance with the individual and other approved family and or supportive individuals every 30 day, or more often as medically indicated. Assure the plan includes the signatures of the individual and all treatment team members.</li> <li>• Therapies/interventions should include individual, family, and group psychotherapy, educational groups, and motivational enhancement and engagement strategies.</li> <li>• Other services could include 24 hours crisis management, family education, self-help group and support group orientation.</li> <li>• Monitor stabilized co-occurring mental health problems.</li> <li>• Consultation and/or referral for general medical, and psychiatric, needs.</li> <li>• Access to a licensed mental health/substance use disorder practitioner on a 24/7 basis.</li> <li>• It is the provider’s responsibility to coordinate with other treating professionals.</li> <li>• IOP programs provide nine or more hours per week of skilled treatment, three to five times per week in groups of no fewer than three and no more than 12 individuals.</li> </ul>

Length of Service	<ul style="list-style-type: none"> <li>Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to make progress on individual treatment/recovery goals.</li> <li>All staff will be educated/trained in recovery principles and trauma informed care.</li> </ul>
Staffing	Appropriately licensed and credentialed professionals (psychiatrist, physician assistant, APRN, psychologist, provisionally licensed psychologist, LIMPH, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment.
Staffing Ratio	<ul style="list-style-type: none"> <li>1:1 individual</li> <li>1:1 family</li> <li>1:3 minimum and no more than 1:12 maximum for group treatment</li> </ul>
Desired Individual Outcome	<ul style="list-style-type: none"> <li>The individual has met their treatment plan goals and objectives.</li> <li>The precipitating condition and relapse potential are stabilized such that the individual is able to remain stable with limited functional impairments.</li> </ul>
Admission guidelines	<ul style="list-style-type: none"> <li>The individual is assessed as meeting the diagnostic criteria for a substance-related disorder (including substance use disorder or substance-induced disorder) as defined in the DSM (current edition), and meets each of the six ASAM Dimensions for level 2.1 programs.</li> <li>The individual in need of Level 2.1 dual diagnosis enhanced program services is assessed as meeting the diagnostic criteria for a mental disorder, as well as a substance-related disorder, as defined in DSM (current edition).</li> <li>Direct admission to a Level 2.1 program is advisable for the individual who meets specifications in ASAM Dimension 2 (if any biomedical conditions or problems exist) and in Dimension 3 (if any emotional, behavioral or cognitive conditions or problems exist) as well as in one of Dimensions 4, 5, or 6.</li> <li>Transfer to a Level 2.1 program is advisable for an individual who (a) has met the essential treatment objectives at a more intensive level of care and (b) requires the intensity of services provided at Level 2.1 in at least one dimension.</li> <li>An individual also may be transferred to Level 2.1 from a Level I program when the services provided at Level I have proved insufficient to address the individual's needs or when Level I services have consisted of motivational interventions to prepare the individual for participation in a more intensive level of service for which he or she now meets the admission criteria.</li> <li>There is an expectation that the individual has the capacity to make significant progress toward treatment goals.</li> </ul>
Continued stay guidelines	<ul style="list-style-type: none"> <li>The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals;</li> </ul>

	<ul style="list-style-type: none"><li>• The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan; and/or;</li><li>• New problems have been identified that are appropriately treated at this level of care;</li><li>• This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.</li></ul>
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