

LEVEL II.1 SA: INTENSIVE OUTPATIENT - Adult

Definition

The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance- Related Disorders of the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R). Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL Pages 57-69 for the complete criteria.

Intensive Outpatient 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. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. The services follow a defined set of policies and procedures or clinical protocols. The service also provides a coordinated set of individualized treatment services to persons who are able to function in a school, work, and home environment but are in need of treatment services beyond traditional outpatient programs. Treatment may appropriately be used to transition persons from higher levels of care or may be provided for persons at risk of being admitted to higher levels of care.

Policy

Level II.1: Intensive Outpatient services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Medicaid providers of substance abuse treatment services will adhere to all criteria outlined in the American Society of Addiction Medicine, Second Edition Revised (ASAM PPC-2R).

Refer to the program standards common to all levels of care/programs for general requirements.

Licensing/Accreditation

Level II.1 Intensive Outpatient services are organized services which may be delivered by individuals working under a Nebraska Substance Abuse Treatment Center license.

The agency must have written policies and procedures related to:

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

Intensive outpatient programs (IOPs) provide 9 or more hours per week of skilled treatment, 3 – 5 times per week in groups of no fewer than three and no more than 12 clients.

- **Dual Diagnosis Capable Programs**

The above identified therapies and supports are typically offered by Dual Diagnosis Capable programs to patients with co-occurring addictive and mental disorders who are able to tolerate and benefit from a planned program of therapies. In addition to the standards previously listed, Dual Diagnosis Capable programs document the patient’s mental health problems, the relationship between the mental and substance-related disorders, and the patient’s current level of mental functioning.

- **Dual Diagnosis Enhanced Programs**

Dual Diagnosis Enhanced Programs are responsible for all of the requirements of the Level II.1 Intensive Outpatient Program in addition to those specific to meet the needs of the patient with mental illness. In addition to the above mentioned support systems, which encompass Dual Diagnosis Capable programs, Level II.1 Dual Diagnosis Enhanced programs offer psychiatric services appropriate to the patient's mental health condition. Such services are available by telephone and on site, or closely coordinated off site, within a shorter time than in a Dual Diagnosis Capable program. Dual Diagnosis Enhanced programs are staffed by appropriately credentialed mental health professionals, who assess and treat co-occurring mental disorders, in addition to the interdisciplinary team of addiction treatment professionals. Some patients, especially those who are diagnosed as severely and persistently mentally ill, may not be able to benefit from a full program of therapies consistent with Intensive Outpatient Level II.1, and thus may require Dual Diagnosis enhanced program services that constitute the intensity of hours in Level II.1, but involve intensive case management, assertive community treatment, medication management, and psychotherapy, as well as substance- abuse treatment services. Dual Diagnosis Enhanced programs provide a review of the patient's recent psychiatric history and a mental status examination (which are reviewed by a psychiatrist, if necessary). A comprehensive psychiatric history and examination and a psycho diagnostic assessment are performed within a reasonable time frame, as determined by the patient's psychiatric condition. Required documentation includes the patient's mental health problems, the relationship between the mental and substance-related disorders, and the patient's current level of mental functioning.

Service Expectations

- A Substance Abuse Assessment by a fully licensed clinician prior to the beginning of treatment
- Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports) within the first 2 contacts
- Review and update of the treatment/recovery plan under clinical guidance with the individual and other approved family/supports every 2 weeks or more often as medically indicated, and ensure signatures by the treatment team including the individual
- Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies
- Other services could include 24 hours crisis management, family education, self-help group and support group orientation
- Monitoring stabilized co-occurring mental health problems
- Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs
- Provides 9 or more hours per week of skilled treatment, 3 – 5 times per week
- Access to a licensed mental health/substance abuse professional on a 24/7 basis
- If the client has a co-occurring diagnosis (MH/SA) it is the provider's responsibility to coordinate with other treating professionals.

Staffing

Staff, licensed to practice in the State of Nebraska, enrolled with Nebraska Medicaid, contracted and credentialed with the ASO, and acting within their scope may provide this service and include:

- Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP,

LADC, PLADC) working within their scope of practice to provide substance abuse and/or dual (MH/SA) outpatient treatment

- For dually diagnosed clients, a licensed mental health clinician must serve as the primary MH/SA treatment provider.
- A dually licensed clinician is preferred for any dually diagnosed client.

Staffing Ratios

1:1 Individual

1:1 Family

1:3 minimum and no more than 1:12 maximum for group treatment

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Documentation

Individualized progress notes in the patient’s record clearly reflect implementation of the treatment plan and the patient’s response to therapeutic interventions for all disorders treated. Documentation reflects ASAM Adult Patient Placement Criteria. The clinical record will contain assessments, assessment updates, the master treatment/recovery and discharge plan and treatment/recovery and discharge plan updates, therapy progress notes, a complete record of supervisory contacts, narratives of others case management functions, and other information as appropriate.

Length of Service

Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to make progress on individual treatment/recovery goals. Six to 10 weeks may be typical.

Clinical Guidelines: Level II.1 SA: Intensive Outpatient Treatment - Adult

Admission Guidelines:

1. 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 most recent DSM.
2. The individual in need of Level II.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 the current DSM.
3. Direct **admission** to a Level II.1 program is advisable for the individual who meets specifications in 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.
4. **Transfer** to a Level II.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 II.1 in at least one dimension.
5. An individual also may be transferred to Level II.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 1 services have consisted of motivational interventions to prepare the patient for participation in a more intensive level of service, for which he or she now meets the admission criteria.

6. There is an expectation that the individual has the capacity to make significant progress toward treatment goals or treatment.

The following six dimensions and criteria are abbreviated. ***Providers are responsible to refer to the ASAM PPC-2R ADULT PLACEMENT MANUAL (pages 57-69) for the complete criteria.***

Dimension 1: Acute Intoxication &/or Withdrawal Potential: Minimal risk of severe withdrawal.

Dimension 2: Biomedical Conditions & Complications: None or not a distraction from treatment. Such problems are manageable at Level II.1.

Dimension 3: Emotional, Behavioral or Cognitive conditions & Complications: Mild severity, w/potential to distract from recovery; needs monitoring.

Dimension 4: Readiness to change: Has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week to promote progress through the stages of change.

Dimension 5: Relapse, Cont. Use or Cont. Problem Potential: Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week.

Dimension 6: Recovery Environment: Recovery environment is not supportive but, with structure and support, the client can cope.

Exclusionary Guidelines:

N/A in ASAM. Please refer to admission and continued stay criteria as noted.

Continued Stay Guidelines:

It is appropriate to retain the individual at the present level of care if:

1. 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.

OR

2. 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. 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.

AND/OR

3. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the individual's existing or new problem (s), he or she should continue in treatment at the present level of care. If not, refer to the Discharge/Transfer Criteria.

Discharge Guidelines:

It is appropriate to transfer or discharge an individual from the present level of care if he or she meets the following criteria:

1. The individual has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care.

OR

2. The individual has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service is therefore indicated.

OR

3. The individual has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

OR

4. The individual has experienced an intensification of his or her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.

To document and communicate the individual's readiness for discharge or need for transfer to another level of care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the existing or new problem(s), the individual should be discharged or transferred, as appropriate. If not, refer to the Continued Service criteria.

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