

Intensive Outpatient Psychotherapy - Adult

Definition

Intensive Outpatient Psychotherapy services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education to improve symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). 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. The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment.

Policy

Outpatient mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

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

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 multidisciplinary, multi-modal structured treatment, 3 – 5 times per week with groups of no fewer than three and no more than 12 clients.

Intensive Outpatient Psychotherapy services may be provided in an office, clinic or other professional service environment. Typical business hours with weekend and evening hours should be available to provide this service by appointment. The service provider must provide or otherwise demonstrate that members have on-call access to a mental health provider on a 24-hour, seven-day per week basis.

Service Expectations

- A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and:
- The initial diagnostic interview must be conducted by a physician (psychiatrist preferred), psychologist, or licensed independent mental health practitioner (LIMHP) prior to the beginning of treatment
- Assessment should be ongoing with 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), reviewed on an ongoing basis, adjusted as medically indicated, and signed by all team members including the individual
- Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders
- Provided as group, family, or individual psychotherapy
- Includes psychoeducational components as appropriate to the individual's needs
- 2 of every 3 hours of service provided must be furnished by a licensed clinician
- Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs
- 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:

- Licensed Mental Health Practitioner (LMHP)
- Provisionally Licensed Mental Health Practitioner (PLMHP)
- Licensed Independent Mental Health Practitioner (LIMHP)
- Licensed Psychologist
- Provisionally Licensed Psychologist
- Advanced Practice Registered Nurse (APRN)
- Psychiatrist
- Supervising Practitioner (Psychiatrist, Licensed Clinical Psychologist, Licensed Independent Mental Health Practitioner)

Supervising Practitioner Involvement

- Provide face-to-face service to the member at least annually or as often as medically necessary.
- Meet with the client face-to-face to complete the initial diagnostic interview
- Review the Biopsychosocial Assessment (Part I of the Pretreatment Assessment) which was completed by the therapist)
- Complete the Initial Diagnostic Interview (90801 Part II of the Pretreatment Assessment) which includes a summary of the chief complaint, a history of the mental health condition, a mental status exam, formulation of a diagnosis and the development of a plan.
- Provide the therapist an individualized narrative document (see Pre-Treatment Assessment for assessment format) that includes all of the

components of the Initial Diagnostic Interview (90801) and the recommendations for treatment if ongoing treatment is necessary

- Provide a supervisory contact with the provisionally licensed therapist every 30 days or more often as necessary, and every 90 days for the fully licensed therapist, or more often as necessary. Direct face-to-face contact is preferred; however, communication may occur by telephone. Supervisory contact will include:
 - Review of the treatment recommendations developed in the Pretreatment Assessment (Biopsychosocial Assessment and Initial Diagnostic Interview) by the therapist and the Supervising Practitioner.
 - Update on the status of the client, including progress achieved, barriers that impaired movement in treatment, to include any critical incidents which involve safety to self or others such as aggression or self-harm. (The incident depending on severity may have been previously reported at the time of the incident.)
 - Review of the treatment/recovery plan and the progress notes provided by the therapist.
 - Determination of the plan for ongoing treatment, with any change in focus or direction of treatment.
 - Review of the discharge plan and the recommendation for changes in discharge as necessary.
 - Changes in the discharge plan are documented in the client's clinical record.

Documentation

The therapist will maintain a complete clinical record of the client's mental health condition. The clinical record will contain the Pretreatment Assessment, 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 Stay

Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.

Special Procedures

None allowed.

Clinical Guidelines: Intensive Outpatient Psychotherapy (Adult Mental Health)

Admission Guidelines:

All of the following Guidelines are necessary for admission:

1. The individual demonstrates symptomatology consistent with a DSM (current version) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

2. There are significant symptoms that interfere with the individual's ability to function in at least one life area.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment goals.

And at least one of the following:

1. Complex family dysfunction interferes with the individual's ability to benefit from traditional outpatient treatment without family involvement.
2. Noncompliance makes outpatient psychotherapy management impossible without team interventions and structure.
3. The individual's condition requires a coordinated, office-based treatment plan of services that may require different modalities and/or clinical disciplines for progress to occur.

Exclusion Guidelines:

Any of the following Guidelines is sufficient for exclusion from this level of care:

1. The individual is a danger to self and others or sufficient impairment exists that a more intensive level of service is required.
2. The individual has medical conditions or impairments that warrant a medical/surgical setting for treatment.
3. The individual requires a level of structure and supervision beyond the scope of the program.
4. The individual can be safely maintained and effectively treated at a less intensive level of care.
5. The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting Guidelines for this level of care, or admission is being used as an alternative to incarceration.

Continued Stay Guidelines:

All of the following Guidelines are necessary for continuing treatment at this level of care:

1. The individual's condition continues to meet Admission Guidelines at this level of care.
2. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. Treatment planning is individualized, appropriate to the individual's changing condition, with realistic and specific goals and objectives clearly stated.
4. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
6. Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.
7. The individual is an active participant in continued treatment as evidenced by compliance with program rules and procedures.
8. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
9. There is documented active discharge planning.

Discharge Guidelines:

Any of the following Guidelines may be sufficient for discharge from this level of care:

1. The individual's documented treatment plan goals and objectives have been substantially met.
2. The individual no longer meets Continued Stay Guidelines, or meets Guidelines for less or more intensive level of care.
3. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.

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