

Service Name	<b>Intensive Outpatient Mental Health and Substance Use Disorder for Youth ASAM level 2.1</b>
Setting	<p>Intensive Outpatient (IOP) Mental Health and Substance Use Disorder (MH and SUD) can be provided in any of the following settings:</p> <ul style="list-style-type: none"> <li>• Clinic</li> <li>• Office</li> <li>• Home</li> <li>• Community setting that is appropriate for the provision of this service</li> </ul>
Licensure, Certification, or Accreditation	<p>The agency providing this service must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC).</p> <p>Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC).</p>
Basic Definition	<p>Intensive Outpatient Services for youth aged 20 and younger provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and psychoeducation 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 natural environments and promotes a rapid and stable integration into the community. IOP provides time-limited, comprehensive, and coordinated multidisciplinary treatment.</p> <p>IOP programs may be developed with a particular focus to treat mental health disorders, substance use disorders, co-occurring mental health and substance use disorders, and other co-occurring diagnoses such as eating disorders or risk of sexual harm.</p> <p>For programs providing substance use disorder or co-occurring mental health and substance use disorder treatment, services align with current edition ASAM 2.1 guidance</p>
Service Expectations	<p><b>For individuals in Dual Diagnosis and Mental Health IOP programs:</b></p> <ul style="list-style-type: none"> <li>• An Initial Diagnostic Interview (IDI) must be completed, if one has not been completed within the previous 12 months of admission to the IOP MH and SUD, prior to the initiation of treatment interventions. The IDI must establish the need for IOP MH and SUD. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition</li> <li>• If the IDI was completed within the previous 12 months of admission to IOP MH and SUD, a licensed clinician who is able to diagnose and treat major mental illness within their scope of practice, must review the IDI to determine if the diagnosis and treatment, recovery, and rehabilitation plan are still applicable. If there is new information available, including</li> </ul>

changes in the treatment, recovery, and rehabilitation plan, an update to the IDI must be documented in the form of an IDI addendum. The IDI addendum must reflect the individual's current functional status

- All individuals are to be screened for co-occurring SUD Disorders throughout the IDI. If a co-occurring SUD condition is known or suspected, a substance use disorder (SUD) assessment must be completed prior to the beginning of treatment by a licensed clinician who is able to diagnose and treat SUD conditions within their scope of practice and license

**For individuals in Substance Use Disorder only IOP programs:**

- A Substance Use Disorder Assessment must be completed prior to the beginning of treatment by a licensed clinician operating within their scope of practice. The SUD Assessment must meet the requirements as noted in the SUD Assessment Medicaid Service Definition
- If a substance use disorder assessment was conducted within the previous 12 months prior to admission to the service, and is determined to be clinically relevant, it can serve as the SUD assessment for this service. If there is new information available, an update to the SUD assessment must be documented in the form of an SUD addendum. The SUD addendum must reflect the individual's current status
- If a substance use disorder assessment is indicated and was not conducted within the previous 12 months prior to admission to the service, or the prior SUD assessment is not relevant and does not contain the necessary information, then a substance use disorder assessment must be performed

**For individuals in all programs:**

- An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first two contacts
- Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan and relapse prevention, with the individual (consider community, family and other supports) within the first two contacts
- Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 14 days or more often as clinically indicated. Review must be completed under a licensed clinician with the individual and must include family, guardians, other supports as authorized by the individual
- Provide access to Medication Assisted Treatment (MAT) as medically appropriate
- Therapies and interventions include individual, family, and group psychotherapy, psychoeducational groups, motivational enhancement and engagement strategies
- Other services could include family education, self-help group and support group orientation
- Monitoring stabilized co-occurring mental health problems

	<ul style="list-style-type: none"> <li>• Consultation, referral, or both for medical, psychological, and psychopharmacology needs</li> <li>• Access to a licensed clinician on a 24/7 basis</li> <li>• It is the provider’s responsibility to coordinate with other treating professionals.</li> <li>• IOP MH and SUD provides six or more hours a week of skilled treatment, three to seven times a week, with at least three hours of availability a day.</li> <li>• Discharge planning is an ongoing process that occurs through the duration of service. A Discharge summary must be completed prior to discharge</li> <li>• Initial and full Individualized Treatment, Rehabilitation, and Recovery Plans, Discharge Planning and Discharge Summaries must be completed in accordance with the requirements outlined in the document titled <i>Medicaid Requirements for Behavioral Health Services</i></li> <li>• All services must be provided with cultural competence</li> <li>• Crisis assistance must be available 24 hours a day, 7 days a week</li> </ul>
<p>Length of Service</p>	<p>Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service must be documented in the treatment plan</p>
<p>Staffing</p> <p>(Detailed training and licensure requirements are referenced in the document titled <i>Medicaid Requirements for Behavioral Health Services</i>)</p>	<p><b>Clinical Director:</b>  May be a:</p> <ul style="list-style-type: none"> <li>• Physician: psychiatrist is preferable</li> <li>• Psychologist</li> <li>• Advanced practice registered nurse (APRN)</li> <li>• Physician Assistant (PA)</li> <li>• Licensed independent mental health practitioner (LIMHP)</li> <li>• Licensed mental health practitioner (LMHP)</li> </ul> <p>For programs treating substance use disorders only, may also be a:</p> <ul style="list-style-type: none"> <li>• Licensed alcohol and drug counselor (LADC)</li> </ul> <p><b>Licensed Clinicians</b>  May include:</p> <ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Psychologist</li> <li>• Provisionally licensed psychologist</li> <li>• Advanced practice registered nurse (APRN)</li> <li>• Physician Assistant (PA)</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed mental health practitioner (LMHP)</li> <li>• Provisionally licensed mental health practitioner (PLMHP)</li> </ul> <p>For programs treating substance use disorders only, clinicians may also include:</p>

	<ul style="list-style-type: none"> <li>• Licensed alcohol and drug counselor (LADC)</li> <li>• Provisionally licensed alcohol and drug counselor (PLADC)</li> </ul> <p>All LIMHP, LMHP, PLMHP, LADC and PLADC staff must have the equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or DD services</p> <p><b>Direct Care staff</b></p> <ul style="list-style-type: none"> <li>• Direct care staff must be 20 years of age or older, and at least two years older than the oldest resident</li> </ul> <p>All staff must meet the qualifications and supervision requirements as defined in the document titled <i>Medicaid Requirements for Behavioral Health Providers</i></p> <p>All staff are required to work within their scope of practice to provide mental health, substance use disorder, or co-occurring mental health and substance use disorder treatment</p>
Staffing Ratio	Therapist to individual in group settings: 1:3 minimum and 1:12 maximum
Hours of Operation	Typical business hours with evening and weekend hours available by appointment
Desired Individual Outcome	<ul style="list-style-type: none"> <li>• The individual has substantially met the treatment plan goals and objectives</li> <li>• The precipitating condition and relapse potential is stabilized such that there is sustained improvement in health and psychosocial functioning</li> <li>• The individual’s condition can be managed without the professional external supports and intervention at this level of care</li> <li>• The individual has alternative support systems secured to help maintain active recovery and stability in the community</li> <li>• The individual is connected to the next appropriate level of care necessary to treat the condition</li> </ul>
Admission Guidelines	<p><b>For programs providing mental health treatment only:</b></p> <ul style="list-style-type: none"> <li>• The individual meets the diagnostic criteria for a Mental Health Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition</li> </ul> <p><b>For programs treating eating disorders or individuals at risk of sexual harm:</b></p> <ul style="list-style-type: none"> <li>• The individual has a documented history of eating disorders or sexually harmful behaviors</li> </ul> <p><b>For programs providing substance use disorder or co-occurring substance use and mental health disorder treatment:</b></p>

	<ul style="list-style-type: none"> <li>• The individual meets the diagnostic criteria for a Substance Use Disorder as defined in the Diagnostic and Statistical Manual (DSM), current edition</li> <li>• The individual must meet admission criteria for ASAM level 2.1 as defined in the American Society of Addiction Medicine (ASAM), current edition, dimensional criteria for admission to this service.</li> <li>• The individual meets specifications in each of the six ASAM dimensions.</li> </ul> <p><b>All programs:</b></p> <ul style="list-style-type: none"> <li>• The presence of signs or symptoms negatively impact the individual’s ability to function successfully in home, community and/or school settings</li> <li>• Of all reasonable options available to the individual, this service is the best treatment option with expectation of improvement in the individual's behavioral functioning</li> <li>• It is expected that the individual will be able to benefit from this treatment.</li> <li>• This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the individual</li> </ul>
Continued Stay Guidelines	<ul style="list-style-type: none"> <li>• The individual continues to meet admission guidelines for IOP MH and SUD services</li> <li>• There is reasonable likelihood of substantial benefit as a result of continued IOP MH and SUD services, as demonstrated by objective measurements of improvement</li> <li>• The individual is making progress toward goals and is actively participating in the interventions</li> <li>• The individual should be transferred to a different level of care and referred for a different type of treatment or discharged when review of the individual’s treatment/recovery plan shows that treatment at the current level of care is not adequately addressing the individual’s new or existing problems</li> <li>• The individual continues in IOP MH and SUD until signs or symptoms are sufficiently resolved that they can be safely managed at a less intensive level of care</li> </ul>