



INTENSIVE OUTPATIENT PROGRAM (IOP)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Intensive Outpatient Program (IOP) provide time-limited, multi-disciplinary, multimodal structured treatment in an outpatient setting. Such programs are less intensive than a partial hospitalization program or psychiatric day treatment (e.g., IOPs may not always include medical oversight and medication evaluation and management) but are significantly more intensive than standard outpatient services. This level of care is used to intervene in a complex or refractory clinical presentation and is differentiated from longer term, structured day programs intended to achieve or maintain stability for individuals with severe and persistent mental illness. IOPs may be developed to address the unique needs of a special population. Clinical interventions are targeted toward the specific clinical population or presentation and generally 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 (assistance with vocational, educational, and financial issues) and expressive therapies may be provided but must have a specific function within a given Enrollee's treatment plan.

As the targeted clinical presentation and the Enrollee's functioning improve, treatment intensity and duration are modified, i.e., the Enrollee receives a diminishing number of treatment hours and/or discharge planning occurs. All treatment plans are individualized and focus on acute stabilization and transition to community-based outpatient treatment and supports as needed.

Although Enrollees may present as sub-acute, the program is sufficiently staffed to allow rapid professional assessment of a change in mental status that warrants a shift to a more intensive level of care, a change in medication, and/or discharge. The following specifications, as well as any additional

admission criteria that are necessary to identify the special population (e.g., Enrollees who are deaf and hard of hearing), apply to all IOPs.

This performance specification applies to the following:

- Intensive Outpatient Program (IOP)
- Intensive Outpatient Program (IOP) for Enrollees who are Deaf and Hard of Hearing (DHOH)

SERVICE COMPONENTS

1. The scope of required service components provided in this level of care includes, but is not limited to, the following:
 - a) Bio-psychosocial evaluation
 - b) Case and family consultation
 - c) Development and/or updating of crisis prevention plan, and/or safety plan as part of the Crisis Planning Tools for youth, as applicable
 - d) Discharge planning/case management
 - e) Individual, group, and family therapy, as indicated
 - f) Multi-disciplinary treatment team review
 - g) Peer support and recovery-oriented services
 - h) Provision of access to medication evaluation and medication management, as indicated, directly or by referral
 - i) Psycho-education
 - j) Substance use disorder assessment and treatment services, as indicated
2. IOP services meet the special needs of Enrollees who demonstrate symptomatology consistent with a DSM-5 diagnosis, inclusive of psychosocial and contextual factors and disability, as applicable. Psychiatric, substance use, or co-occurring disorders that require intensive structured interventions may be served through IOP services.
3. IOP programming addresses the needs of specific clinical presentations or populations. The program provides a combination of individual therapy, group therapy, case consultation, and/or medication management, as defined by the program specifications authorized by Plan for the IOP.
4. If medication evaluation and medication management services are not provided within the IOP, the IOP provider ensures access to these services within their Outpatient Services program and/or maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose.
5. IOP services are accessible to the Enrollee seven days per week, directly or on an on-call basis. Outside business hours, the provider offers telephonic coverage. An answering machine or answering service directing callers to call 911, call the nearest ESP/MCI, or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirement.
6. If a Enrollee experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Enrollee's needs and under the guidance of his/her supervisor, may: 1) refer the Enrollee to his/her outpatient provider; 2) refer the Enrollee to an ESP/MCI for emergency behavioral health crisis assessment, intervention, and stabilization; and/or 3) implement other interventions to support

the Enrollee and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Enrollee's crisis prevention plan and/or safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Enrollee may apply, and/or follow up and assess the safety of the Enrollee and other involved parties, as applicable.

STAFFING REQUIREMENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications and the credentialing criteria outlined in your provider manual that can be found at providerexpress.com.
2. Staffing requirements are appropriate to the program specifications authorized by Plan for IOP, and will include, but not be limited to, licensed master's-level clinicians.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider develops and maintains service linkages appropriate to the IOP.
2. If medication evaluation and medication management services are not provided within the IOP, the IOP provider develops and maintains written Affiliation Agreements or Memoranda of Understanding (MOUs) with other providers for this purpose. These agreements outline the referral process.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. The treatment plan includes the services appropriate to the IOP and minimally includes:
 - a) A combination of individual, family, and/or group counseling based on the Enrollee's individual needs and at least one time per week; and
 - b) Peer support and recovery-oriented services
 - c) Medication evaluation and medication management provided by the IOP or by referral
2. The program completes a bio-psychosocial evaluation, an initial treatment plan, and a preliminary discharge plan within 48 hours of admission.

Discharge Planning and Documentation

None

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.