



**2008 LEVEL
OF CARE
GUIDELINES:
MENTAL
HEALTH**

Intensive Outpatient

An intensive outpatient program (IOP) is a freestanding or hospital-based program that includes half-day (i.e., <4 hours/day) partial hospital programs. IOPs provide services for at least 3 hours per day, 2 or more days per week, and can be used to treat mental health conditions or can specialize in the treatment of co-occurring mental health conditions and Substance-Related Disorders.

When supported by the benefit plan, Intensive Outpatient services may be available with less intensity to members who are recovering from severe and/or chronic behavioral health conditions. Intensive Outpatient services for members who are recovering from severe and/or chronic behavioral health conditions may include psychotherapy, pharmacotherapy, and supportive/rehabilitative interventions.

Intensive outpatient programs may be used as an initial point of entry into care, as a step up from routine outpatient services, or as a step down from acute inpatient, residential care or a partial hospital program.

Any one of the following criteria must be met...

1. Impairment and moderate-severe symptoms that interfere with functioning and cannot be adequately managed in a lower level of care.
2. Deterioration and moderate-severe disturbance in mental status or cognition such that a higher level of care will likely be needed if intensive outpatient treatment is not provided.
3. The member has a non-supportive living situation creating an environment in which the member's mental health condition is likely to worsen without the structure and support of the Intensive Outpatient Program.

And all of the following...

1. The member is not at imminent risk of serious harm to self or others.
2. Co-occurring medical conditions, if present, can be safely managed in an outpatient setting.

3. Co-occurring Substance-Related Disorders, if present, can be treated in a dual diagnosis program, or can be safely managed at this level of care
 - a) The member is not at risk for severe withdrawal or delirium tremens
4. The member's condition requires a coordinated multi-modal treatment plan as well as the structure and intensity of services offered in an Intensive Outpatient Program.
5. After admission, the program shall:
 - a) Ensure that a psychiatrist has completed an initial evaluation of any member who has been directly admitted from an inpatient unit within 3 treatment days following admission, and continues to see the member at least weekly;
 - b) Make a multi-axial DSM-IV-TR diagnosis;
 - c) Create a comprehensive treatment plan within 3 treatment days following admission that outlines active, goal-oriented treatments that will be used to reduce and stabilize the member's presenting symptoms;
 - d) Update the treatment plan at least every 3 treatment days in response to changes in the member's condition or provide clear compelling evidence that continued treatment in the current level of care is required to prevent acute deterioration or exacerbation of the member's current condition;
 - e) With the member's documented consent, contact the member's social support system within 3 treatment days of admission to participate in the member's treatment and discharge planning when such participation is essential and clinically appropriate;
 - f) With the member's documented consent, contact the member's previous provider within 48 hours of admission if the member was in treatment to obtain information about the member's presenting condition and its treatment;
 - g) With the member's documented consent, coordinate treatment with the member's primary care provider or medical delivery system when the member is diagnosed with an Axis III condition if clinically indicated;
 - h) With the member's documented consent, coordinate treatment with other behavioral health providers who are simultaneously providing services to the member;

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Mental Health Intensive Outpatient

- i) Create an initial discharge plan within 3 treatment days following admission that includes an anticipated date of discharge, proposed next level of care, proposed linkages with community resources, and a plan for transitioning the member to the next level of care;
- j) Update and complete the discharge plan to include the following:
 - i) Date of discharge
 - ii) Next level of care
 - iii) Name(s) of the providers responsible for post-discharge care
 - iv) Date and time of a first follow-up appointment
 - (1) The first follow-up appointment should be within 7 days of discharge
 - v) Plans to provide the outpatient provider(s) with information about the member's condition and treatment with the member's documented consent
 - (1) Whenever possible, the treatment team should meet with the member and the provider at the next level of care prior to discharge to review the discharge plan.
 - vi) The discharge pharmacotherapy regimen
 - vii) Linkages with community resources
 - viii) Instructions on how to resume service should there be an interruption
 - ix) The response to the discharge plan by the member and the family/social support system;