NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

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Mental Health Outpatient Treatment and Rehabilitative Services Based Intensive Outpatient Program Guidance

Background

This **Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Based Intensive Outpatient Program (IOP) Guidance** document updates and replaces any previously released **Clinic-Based Intensive Outpatient Treatment** Guidance document and the related 06/26/18 Memorandum.

In accordance with 14 NYCRR 599.8(e), licensed MHOTRS programs may obtain prior approval from the Office of Mental Health (OMH) to provide IOP. Prior approval may be obtained utilizing the Administrative Action (AA) process. IOP approval allows MHOTRS programs to bill Medicaid for additional outpatient services provided to individuals who may benefit from more intensive, time-limited treatment. Approved programs may bill Medicaid at a full rate for up to four MHOTRS program services provided to an individual in one day without utilization threshold restriction.

IOP provides additional options and increased continuity of care to individuals. The individual who participates in IOP services may experience less disruption to their community life than if they sought treatment from Comprehensive Psychiatric Emergency Room (CPEP), Partial Hospitalization Program (PHP), or inpatient psychiatric hospitalization. The individual may continue to participate in services in their current MHOTRS program at a more intensive level, rather than seek IOP treatment at another agency. This may improve clinical outcomes as a result of improving continuity of care (e.g., removing the referral barrier for individuals unsure about changing programs temporarily, removing barriers to collaboration between MHOTRS programs and IOP clinicians). However, programs providing IOP services should also accept referrals from other MHOTRS programs as well. Guidance on clinical and billing issues around co-enrollment will be addressed in forthcoming MHOTRS guidance.

MHOTRS programs may vary in their design and development of IOP services in order to match the needs of their own community. Traditional IOPs focus on group psychotherapy (e.g., three days per week, two to three hours per day, totaling six to nine hours per week) alongside individual and family psychotherapy as well as medication management. MHOTRS programs should not be limited to that type of model and should provide offerings which meet the specific needs of the individuals to be served. IOP services should vary according to the range of needs of participating individuals.

Request Requirements

Providers must submit an AA via the Mental Health Provider Data Exchange (MHPD) for approval to provide IOP services. Each MHOTRS program, including satellite sites, must submit separate AAs for IOP to be added as an optional service to the Operating Certificate.

The AA request should include a succinct description (approximately two pages) of the program's IOP proposal. The description should include considerations such as:

- Target population to be served and the anticipated clinical needs
- Analysis of need for IOP (i.e., availability of the same or similar service in the community)
- Intended clinical treatment approaches to meet the identified needs, including any evidence-based/evidence-informed practices
- IOP staff training and clinical competencies (e.g., including in group therapy; person-centered and recovery orientations; Evidence-Based Practices such as CBT, DBT, screening/assessment/treatment of co-occurring disorders (including tobacco and opioid use); Motivational Interviewing; stagewise treatment; family treatment approaches; trauma specific treatment)
- IOP admission process including admission procedures for individuals referred from within the same MHOTRS program vs. from an outside program.
- Protocols for engagement of IOP referrals (e.g., warm handoff prior to CPEP/inpatient discharge, immediate needs screening/assessment, collaboration with referring therapists, calls from a peer or engagement specialist)
- Circumstances and process for the utilization of off-site interventions
- Utilization of ancillary support and services provided either directly via the MHOTRS program and/or via external entity, including Peer Support Services, as applicable
- Protocols for involvement of family, collaterals, and other supports
- Collaboration/coordination of IOP services with community providers (e.g., work, school, medical and SUD providers, probation/parole, court, ACS/CPS, care managers)
- Initial and projected IOP census estimates
- Initial and projected IOP staff caseload estimates
- Staffing plan and staff scheduling for staff providing IOP services)
- Preliminary person/family centered IOP schedule, including group schedule, group description, and program hours which are reflective of community needs
- Factors relating to choices regarding future services for individual receiving IOP services (e.g., may/may not choose to return to referring program)
- IOP discharge process including discharge procedures for individuals referred from within the same MHOTRS program vs. from an outside program
- Projected program budgeting and service volume related to IOP
- Marketing and networking strategies related to IOP
- Initial and future referral sources to IOP, including any plans for cultivating additional or stronger referral sources
- NPI number

Note: The inclusion of information not specific to the IOP proposal (e.g., general clinical program information) may result in a delay in the review process.

Integrated Outpatient Services (IOS) Providers and Original Certified Community Behavioral Health Clinic (CCBHC) Demonstration Programs

IOS providers are eligible to develop an IOP within their programs. For tracking purposes, and to ensure the reimbursement of up to four services per day is accurate, providers will use the appropriate IOS/IOP rate code for any IOP service that is delivered.

Original CCBHC Demonstration programs do not need to submit an AA request to provide multiple services in a single day under their existing billing structure. However, if they want to be formally recognized by OMH as a provider of MHOTRS Based IOP services, they must submit an AA for review and approval. CCBHC Demonstration programs will continue to use the 1147 rate code.

Billing

Programs may not bill for more than four IOP services in a day. There is no billing restriction on the type of services provided in one day (e.g., more than one group in one day is acceptable; all services provided in one day may be health services).

Managed Care Organizations (MCOs) are expected to reimburse at an amount equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by New York State, for IOP services provided by approved programs. Nothing in this section shall prohibit MCOs and providers from negotiating different rates and methods of payment, subject to the approval of New York State, and programs developing IOP services may find it helpful to initiate discussions with MCOs to consider any benefits of negotiating an alternative payment arrangement.

IOP services are intended to provide a higher level of care in a focused manner. Programs should ensure that modifications to treatment planning are made as needed and in real time to provide dynamic and effective treatment. Where individuals are enrolled in the larger MHOTRS program or other MHOTRS programs, MHOTRS and IOP staff should collaborate on a regular and routine basis to provide the most effective treatment.

All MHOTRS programs providing IOP services are required to use a distinct rate code for OMH service delivery tracking and utilization management. AA approval is required to obtain access to the IOP rate codes even if individuals participate in fewer IOP services than initially planned and even if Medicaid Fee-For-Service will not be billed. See below:

Identification of Rate Codes:

Description	Non-Hospital	Hospital
Intensive Outpatient Program (IOP)	1042	1048
IOS/IOP Off-site	1084	1086