

Mental Health Intensive Outpatient Program (MH-IOP)

Service Type:

0050 Outpatient Psych (Enhanced Behavioral Health Services)

Procedure Code:

S9480

Last Updated: 10/20/2023

Admission Criteria:

Must meet all of the following criteria:

- The individual must exhibit symptoms consistent with a DSM diagnosis (using the most current version of the DSM) that is documented in the initial assessment that requires and can reasonably be expected to respond to treatment interventions
- Within the past 30 days, the individual has experienced persistent or increasing symptoms associated with their primary DSM disorder which has contributed to decreased functioning in their home, school, occupational or community settings that has led to negative consequences and difficulties maintaining supportive, sustaining relationships with identified family and peers due to a psychiatric disorder. Interventions at lower levels of care or in alternative, community-based rehabilitation services have been attempted but have been unsuccessful in adequately addressing the symptoms and supporting recovery for the individual to baseline levels of functional capacity;
- The individual is at risk for admission to inpatient hospitalization, residential treatment services, residential crisis stabilization or partial hospitalization as evidenced by acute intensification of symptoms, but has not exhibited evidence of immediate danger to self or others and does not require 24- hour treatment or medical supervision; or the individual is stepping down from inpatient hospitalization, residential crisis stabilization, or a partial hospitalization program and is no longer exhibiting evidence of immediate danger to self or others and does not require 24-hour treatment or medical supervision;
- The individual has a community-based network of natural supports who are able to ensure individual's safety outside the treatment program hours and a safety plan has been established;
- The individual requires access to an intensive structured treatment program with an onsite multidisciplinary team;
- The individual can reliably attend, and actively participate in, all phases of the treatment program;
- The individual has demonstrated willingness to recover in the structure of an ambulatory treatment program; and

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- For youth, there is a family/caregiver resource that is available to engage with treatment providers and support and reinforce the tenets of the MH-IOP services

Exclusion Criteria:

Individuals meeting any of the following are ineligible for MH-IOP:

- Functional impairment is solely a result of a personality disorder or Developmental Disability and/or Intellectual Disability, as defined in the Code of Virginia § 37.2-100;
- The individual is at imminent risk to harming self or others, or sufficient impairment exists that a more intensive level of service is required;
- The individual's psychiatric disorder can be effectively treated or recovery process safely maintained at a less intensive level of care;
- The individual, their authorized representative, or their guardian does not voluntarily consent to admission or treatment, and/or refuses or is unable to participate in all aspects of treatment;
- The individual requires a level of structure and supervision beyond the scope of the program;
- The individual has medical conditions or impairments that needs immediate attention;
- The individual's primary problem is social, custodial, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric disorder meeting criteria for this level of care, or admission is being used as an alternative to incarceration; and/or
- Presenting issues are primarily due to Substance Use Disorder; in this case, the individual should be evaluated for Addiction and Recovery Treatment Services.

Continued Stay Criteria:

Individuals must meet all of the following:

- The individual continues to meet admission criteria;
- Another less intensive level of care would not be adequate to administer care;
- Treatment is still necessary to reduce symptoms and increase functioning so the individual may be treated in a less intensive level of care;
- The individual has manifested new symptoms or maladaptive behaviors that meet admission criteria and the treatment plan (ISP) has been revised to incorporate new goals;
- The individualized treatment plan (ISP), updated every 30 calendar days or as clinically appropriate, contains evidence suggesting that the identified problems are likely to respond to current treatment plan (ISP);
- Documentation indicates that regular monitoring of symptoms and functioning reveals that the individual is making progress towards goals, or the treatment plan (ISP) is modified if the individual is not making substantial progress toward a set of clearly defined and measurable goals;

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- A psychiatric medical evaluation documents that medication options have been considered or initiated;
- The individual's natural supports (e.g. individually identified family/guardian/caregiver) are participating in treatment as clinically indicated and appropriate, or engagement efforts are underway; and
- Documentation demonstrates that coordination of care and vigorous, active discharge planning has been ongoing from the day of admission with the goal of transitioning individual to a less intensive level of care. These efforts should be documented to include communication with potential future service providers, community partners, and related resources related to school, occupational or other community functioning.

If the above criteria are not met, there are some circumstances under which authorization may be extended for up to 10 calendar days. These circumstances include any of the following:

- The individual has clearly defined treatment objectives that can reasonably be achieved through continued MH-IOP treatment, such treatment is necessary in order for the discharge plan to be successful, and there is no less intensive level of care available in which the objectives can be safely accomplished;
- Individuals can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the individual to be discharged directly to a less intensive community rather than to a more restrictive setting; and/or
- The individual is scheduled for discharge, but the community based aftercare plan is missing critical components. The components have been vigorously pursued by the provider delivering the service but are not available (including but not limited to such resources as placement options, substance use treatment or mental health appointments, therapeutic mentoring, etc.).

Individuals may be authorized to participate in less than nine hours a week for adults and six hours a week for youth as a transitional step down to lower level services for one to two weeks prior to transitioning to promote recovery. Providers should seek approval for such a transition from the MCO or the FFS contractor and the provider shall document the rationale in the individual's ISP.

Discharge Criteria:

The individual meets discharge criteria if any of the following are met:

- The individual no longer meets admission/continued stay criteria and/or meets criteria for another level of care, either more or less intensive, and that level of care is sufficiently available;
- Required consent for treatment is withdrawn or not obtained;
- The individual does not appear to be participating in the treatment plan (ISP) and has not benefited from MH-IOP despite documented efforts to engage the individual. For youth, there is lack of

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treatment progress attributable to lack of involvement and engagement by the identified family/caregivers;

- The individual's ISP goals have been met, and an appropriate aftercare treatment plan has been established;
- If there is any lapse in service indicative of a need for another level of care;
- If there is a lapse in service greater than 7 consecutive calendar days;
- The individual's level of functioning has improved with respect to the goals outlined in the ISP, and there is reasonable expectations that the individual can to maintain this recovery process at a lower level of treatment; or
- The individual is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, residential crisis stabilization unit or other residential treatment setting for more than 7 days and is not ready for discharge to home.

Service Authorization:

Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests. If submitted after the required time frame, the begin date of authorization will be based on the date of receipt. Additional service authorization information is located in Appendix C to this manual.

- One unit of service is one day.
- A minimum of 3 sessions is required to achieve 9 to 19 hours of services per week for adults; a minimum of 2 sessions is required to achieve 6 to 19 hours of services per week for youth. The provider shall document any deviation from the ISP in the individual's medical record and reason for the deviation.
- A maximum of 5 units may be billed per week.
- In cases that an individual does not complete the minimum clinical service hours per week or minimum days in attendance, the provider must notify the MCO or the FFS contractor Utilization Management (UM) staff when the minimum sessions have not been provided. Documentation of any ISP deviation as well as reason for the deviation should be submitted at the time of the next authorization review.
- If the individual consistently deviates from the required services in the ISP, the provider should work with the MCO or the FFS contractor UM staff to reassess for another Level of Care or model to better meet the individual's needs.

Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/forproviders/behavioral-health/training-and-resources/.

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