



## Office of Mental Health

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### **Clinic-Based Intensive Outpatient Treatment Module Guidance**

#### **Background**

Over the past few years, the NYS Office of Mental Health (OMH) has been approached by both licensed clinic providers and insurance plans looking to further the provision of mental health clinic services for adults and children – specifically, via the provision of Intensive Outpatient Program (IOP) services. IOP is a level of service that differs from traditional clinic treatment in that it offers more intensive, time-limited, outpatient psychiatric services to patients living in the community. The goal of IOP is twofold: as an alternative to inpatient hospitalization or to shorten a hospital stay/reduce readmissions by providing intensive outpatient treatment as a transition to more independent living.

OMH believes that an IOP level of service is currently allowable under the existing OMH Mental Health regulatory construct, 14 NYCRR Part 599, but acknowledges that a waiver is required to provide more than three psychiatric services/procedures per day per recipient in a FFS environment. In addition, for tracking and utilization management purposes, a distinct billing code will be established and utilized. This document is intended to provide clinic providers and insurers with formal guidance for pursuing intensive outpatient services in a licensed clinic setting. This guidance is not intended to be prescriptive in nature, but rather a guide for how OMH believes an IOP construct would be developed and offered.

#### **Requirements and Logistics for an IOP within a clinic structure**

##### **Providers:**

- 1) Providers must submit a 14 NYCRR Part 501 waiver request from OMH of 14 NYCRR 599.13(e) [pertaining to the discounting of payments for services provided beyond specified thresholds] and 599.14(c) [pertaining to the provision of more than three services per day per client] for the purposes of providing Intensive Outpatient Services in a FFS environment. This waiver will be required even if the program intends to deliver fewer than the relative prescribed level of services in lieu of establishing a regulatory requirement for a distinct IOP. OMH will note the waiver approval for each clinic in Concerts (the OMH operating certificates database). A separate waiver will be needed for each clinic program site, including satellite sites. Renewal of the waiver will coincide with the renewal date of the programs' Operating Certificate (OC).
- 2) Programs interested in developing an IOP level of service within their clinic in a MMC environment are encouraged to contact plans and develop contractual arrangements for payment using the parameters contained in this document as guidance.
- 3) The maximum number of services provided in a day will be four and can include combinations of health and mental health services provided that one (1) service be a mental health service.
- 4) The optimal time frame for an individual's participation in an IOP level of service will be six weeks. If individuals require additional time in the level of intensity provided in the IOP model, alternate treatment options should likely be considered.
- 5) Providers will use a distinct billing code for the purposes of Utilization Management and service delivery tracking, as follows:

1042	OMH DTC APG ART 31 IOP
1045	OMH DTC APG ART 31 IOP (SED)
1048	OMH OPD APG ART 31 IOP
1051	OMH OPD APG ART 31 IOP (SED)

- 6) The provider must submit a program plan and description with the waiver request. The plan should be consistent with the program guidance provided below.
- 7) The plan must also include a discussion of staffing resources that demonstrate that the increased demand for services can be accommodated within the current staffing levels or if additional staff need to be added.

**Plans:**

- 8) Plans must pay government rates for each service provided under the IOP structure.
- 9) The service will be available under the waiver for FFS individuals.

The Office of Mental Health will provide a one-time, \$25,000 grant to programs that seek to establish an IOP level of service and have met the above requirements. Additional information regarding the grant applications can be obtained from April Wojtkiewicz, Director of OMH Community Budget and Financial Management.

**Program Overview**

A clinic-based *Intensive Outpatient Treatment Module* can assist individuals in two ways: (1) for those in crisis for whom the potential for inpatient hospitalization is likely in the absence of intensive, focused, and flexible services, which focus on therapy and medication management (for the purposes of this document referred to as the diversion group) and (2) for those requiring more intensive transitional services and supports upon discharge from an inpatient setting (transition group). Transitional services and supports include, but are not limited to, individual and group psychotherapy, problem-solving skill development, family support, and medication therapy.

This module is distinguished from standard clinic treatment, as currently prescribed pursuant to 14 NYCRR Part 599, by the increased frequency of daily visits, up to two to three per week, and hours of service per visit, two to three, with focused, problem solving therapy, and psychiatrist medication visits, all working as a team to rapidly stabilize the patient (and environment).

There are several models that have been developed within a clinic structure that can be employed to assist individuals in crisis and reduce the likelihood of referrals to an emergency department or a readmission to an inpatient unit. All of the models presented below depend upon ensuring that the treatment program is provided to individuals that demonstrate a significant need. Examples include, but are not limited to:

- the individual presents severity of symptoms such that without an intensive level of outpatient services, a referral to an inpatient setting may be required;
- the individual requires a level of structure and supervision beyond the scope of the standard clinic program; and
- the individual can be safely maintained and effectively treated at this less intensive level of care.

It is anticipated that the module or program shall provide services for two or more hours per day, two to four days per week. While separate and distinct treatment plans for this level of service are not required, the plans shall be individualized and document the increased frequency of service and focus on acute stabilization and transition to less intensive outpatient treatment and support groups, as needed. Although individuals may present as sub-acute, the environment shall be sufficiently staffed to allow rapid professional assessment of a change in mental status which warrants a shift to a more intensive level of care or a medication re-evaluation.

This module shall be available for recipients enrolled in a Medicaid managed care plan which is certified by the Commissioner of the Department of Health or commercial insurance plan which is certified or approved by the Superintendent of the Department of Financial Services and for Medicaid FFS recipients.

## **Models**

These models are presented as examples of possible program structures. They are not meant to be prescriptive, nor does the presentation of three models imply that there are no others that can be developed.

### *1) Individual Modality Model:*

This model is considered more appropriate to those already in a clinic setting who are experiencing an acute exacerbation of symptoms that without the benefit of the IOP level of service would require a referral to an inpatient setting (diversion group). Treatment would include individual and family therapy and medication management especially focused on inter-personal and situational problem solving and crisis management. Frequency and intensity of therapeutic interventions must be flexible enough to change daily, as needed. Psychopharmacological interventions should be equally flexible and may also involve daily adjustments.

A critical ancillary component is the linkage of the individual to care coordination, mobile crisis intervention, and other wrap-around services to bridge the gap between the daily visits to the clinic.

As this model is individually-based, there are no maximum census guidelines or specific program schedule. The essential goal is to rapidly engage the individual with flexibility in order to manage the acute crisis.

### *2) Group Modality Model:*

This model mirrors a more traditional partial hospitalization program, with shorter duration and less intense program hours and is considered more appropriate for those transitioning from an inpatient setting (transition group). For example, several models currently in use have group programming three times a week for two to three hours, and only operate part time, e.g. 2pm to 5pm, or three evenings a week.

The focus of treatment is on problem-solving and management of the daily challenges of individuals during a transitional phase to less intensive services. As such, working closely with family/significant others is an important part of an intensive outpatient program. Therapists should meet with the family on a regular basis, addressing significant issues, including medications. The program should provide group, individual, and family psychotherapy, individual case management, medication education, and therapeutic activities. Clinical staff should be available 24 hours a day for consultation with the patient and family in a crisis situation.

### *3) Hybrid Model:*

This model would employ a combination of the individual modality model, the group modality model, and individual services and would be similar to a less intensive Partial Hospitalization program.