**Service Definition:**
An Intensive Outpatient Program (IOP) provides a time-limited, multi-faceted approach to treatment service for individuals who require structure and support to achieve and sustain recovery. IOP must utilize, at a minimum, a research-based model and target specific behaviors with individualized behavioral interventions.

Treatment services should be linguistically and culturally-sensitive and incorporate recovery/resiliency values into all service interventions. Treatment services should address substance use disorders as well as co-occurring mental health disorders when indicated. The IOP services are provided through an integrated multi-disciplinary approach (not necessarily on-site) or through coordinated, concurrent services with MH providers, with the intent being that the IOP service does not exclude consumers with co-occurring disorders.

**Source of Funding**
HSD-TANF, HSD-BHSD, HSD-MAD

Not all funding sources cover all populations.

**Target Population**
Adults aged 18 and over diagnosed with substance abuse disorders or co-occurring disorders (mental illness and substance abuse) that meet the American Society of Addiction Medicine’s (ASAM) patient placement criteria for Level II—Intensive Outpatient Treatment.

OR

Youth aged 13-17 diagnosed with substance abuse disorders or co-occurring disorders (mental illness or serious emotional/behavioral disturbances and substance abuse) or that meet the ASAM patient placement criteria for Level II—Intensive Outpatient Treatment.

Note on youth and transition-age young adults (18-21): the youth population is defined as “17 and under”, unless already engaged in a youth IOP program. This population should engage in IOP treatment in an environment separate from the adult consumers.

**Program Requirements**
Before engaging in an IOP program, the consumer must have a Diagnostic Evaluation and an individualized Service Plan that includes IOP as an intervention and addresses all behavioral health concerns.

IOP services must be rendered through a research-based or evidence-based model, including but not restricted to:
- Matrix Model Adult Treatment Model
- Matrix Model Adolescent Treatment Model
- Minnesota Treatment Model
- Integrated Dual Disorder Treatment

Note: Any models other than those identified above must be approved by
HSD/MAD for Medicaid or the Collaborative, as appropriate for other funding sources.

Each IOP agency is required to incorporate and utilize a system of program outcome evaluation.

**IOP program core services:**
- discharge/transition services planning
- individual and group therapy (group membership may not exceed 15 in number)
- psycho education for the individual and their family

**IOP program treatment activities:**
IOP is a structured substance abuse treatment program that can address co-occurring mental health disorders. Treatment services should be linguistically and culturally-sensitive, incorporate recovery/resiliency values, and should utilize a research-based or evidence-based model.

Treatment should follow the provider’s IOP model.

**Co-occurring mental health and substance use disorders:**
Co-occurring mental health disorders are the expectation not the exception in clients with serious substance use disorders. Therefore, IOP needs to accommodate the needs of consumers with co-occurring substance use and mental health disorders.

Treatment services are provided through an integrated multi-disciplinary team approach which includes staff expertise in both addiction and mental health treatment. This multi-disciplinary approach can be fulfilled by program staff or by coordinated, concurrent services with MH providers. The multidisciplinary team uses ONE service plan to direct coordinated, individualized care for all persons enrolled in the IOP. Treatment services may include medication management to oversee use of psychotropic medications.

**Duration**
The duration of IOP intervention is typically 3 to 6 months. The amount of weekly services per individual is directly related to the goals and objectives specified in the individual’s treatment plan.

Should aftercare be needed by a consumer for substance abuse or co-occurring disorders upon conclusion of the IOP program, outpatient therapy codes should be billed.

**Note:** All IOP providers should utilize research-based or evidence-based models; IOP personnel and agency records must contain documentation of the training of IOP staff according to the agency’s IOP treatment model.

<table>
<thead>
<tr>
<th>Provider Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization must be a legally recognized entity in the United States, qualified to do business in New Mexico, and must meet standards established by the State of NM or its designee, and requirements of the funding source.</td>
</tr>
</tbody>
</table>
### Staffing Requirements

**For HSD/MAD Medicaid reimbursement**—

An IOP agency must be:

1. a Community Mental Health Center (CMHC);
2. a Rural Mental Health Clinic (RHC);
3. a Federally Qualified Health Center (FQHC);
4. an Indian Health Services (IHS) facility
5. a Tribal 638 facility; or
6. an agency approved by HSD/MAD.

**For BHSD and HSD-TANF reimbursement**—

An IOP provider must be an approved BHSD or HSD-TANF IOP provider as identified by that State agency or by the Statewide Entity.

Each IOP program must have a Clinical Supervisor; this person may also serve as the IOP program supervisor. Both clinical services and supervision by licensed practitioners must be conducted in accord with respective licensing board regulations. Each IOP program must include staff with expertise in both mental health and addiction treatment services.

**Minimum staff qualifications for the IOP Clinical Supervisor:**

1. Licensed as an independent practitioner (i.e., psychiatrist, psychologist, LISW, LPCC, LMFT, CNP, CNS); and,
2. Two (2) years relevant experience with the target population; and
3. One (1) year demonstrated supervisory experience; and,
4. Expertise in both mental health and addiction treatment services.

**Note:** It is expected that the members of the IOP program work with the consumer as identified in the consumer’s Service Plan, offering an expertise of co-occurring, mental health or substance abuse treatment.

### Documentation Requirements

In addition to the standard client record documentation requirements for all behavioral health services, the following is required for this service:

- Service Plan identifying IOP as a treatment activity
- progress notes for the adjunct individual, group, family therapy services (must be client- or family-specific)
- progress notes reflecting progress toward IOP treatment goals
- daily log of attendance and time duration
- discharge plan
- supervisory notes

**Note:** all of the above documents need to be legible, have time-spans of provided services stated, and contain the signature and licensure of the practitioner rendering the service.

### Service Exclusions

This service may not be billed in conjunction with the following services:

- Inpatient
- Residential Treatment Services (i.e. ARTC/RTC/Group Home/TLS)
- Assertive Community Treatment (ACT)
- Partial Hospitalization
- Outpatient therapies (family and group therapies may be billed only if there are clinical issues beyond the scope of the IOP program)
- Multi-Systemic Therapy (MST)
- Activity Therapy
- Psychosocial Rehabilitation Services
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission/Service</td>
<td></td>
</tr>
<tr>
<td>Criteria</td>
<td></td>
</tr>
<tr>
<td>Continuing Service</td>
<td></td>
</tr>
<tr>
<td>Criteria</td>
<td></td>
</tr>
<tr>
<td>Discharge Criteria</td>
<td></td>
</tr>
<tr>
<td>Service Authorization</td>
<td></td>
</tr>
<tr>
<td>Period</td>
<td></td>
</tr>
<tr>
<td>Service Authorization</td>
<td>15 minute unit</td>
</tr>
<tr>
<td>Unit</td>
<td></td>
</tr>
<tr>
<td>Benefit Limits</td>
<td></td>
</tr>
</tbody>
</table>