

INTENSIVE OUTPATIENT PROGRAMS (ADULT)

I. **Definition of Service:**

Intensive Outpatient Programs (IOP) provide time limited, multidisciplinary, multimodal, structured treatment in an outpatient setting, typically 3 or more hours per day, 2 to 4 times per week. This program is significantly more intensive than outpatient psychotherapy and medication management. This level of care is used to intervene in complex clinical situations and should be differentiated from longer term, structured day programs intended to achieve or maintain stability for individuals with severe or persistent mental illness. Ancillary clinical interventions available should include modalities typically delivered in office-based settings such as an individual, couple and family psychotherapy, group therapies, medication management, and psychoeducational services. Adjunctive therapies such as life planning skills (assistance with vocational, educational and financial issues) and special issue or expressive therapies, which should be included in the per diem, may be provided but must be standardized in content or duration; that is, they must have a specific function within a given client's treatment plan.

As functioning improves, the individual will receive a diminishing number of treatment hours. All treatment plans must be individualized and should focus on acute stabilization and transition to community outpatient treatment and support groups as needed. Although individuals may present as subacute, the environment must 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 adjustment.

II. **Admission Criteria:**

All of the following criteria are necessary for admission:

- A. The individual demonstrates symptomology consistent with a covered ICD-9/DSM-IV (Axis I-V) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.
- B. The individual's Axis V GAF score should be within the range of 31-60.
- C. There is an expectation that the individual will show significant progress toward treatment goals within the specified time frames.
- D. There are significant symptoms that interfere with the individual's ability to function in at least one life area.

OR

Noncompliance makes outpatient psychotherapy management impossible without team interventions and structures.

- E. The individual's condition requires a coordinated plan of services which may require different modalities and/or clinical disciplines for progress to occur.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

III. Exclusion Criteria:

Any of the following criteria is sufficient for exclusion from this level of care:

- A. The individual presents an imminent danger to self or others or sufficient impairment exists that a more intensive level of service is required.
- B. Individuals with the following conditions are excluded from admission unless there is also a co-existing DSM-IV diagnosis which determines the need for this level of care and it is the focus of intervention:
 - All disorders that fall into the Autism Spectrum (e.g., Asperger's Disorder; PDD; Autism)
 - Mental Retardation
 - Delirium, Dementia, Amnesic and Other Cognitive Disorders
 - Mental Disorders Due to a General Medical Condition
 - Primary Substance Abuse Problems
 - Personality Disorders
- C. The individual has medical conditions or impairments that would prevent utilization of services.
- D. The individual requires a level of structure and supervision beyond the scope of the program.
- E. The individual can be safely maintained and effectively treated at a less intensive level of care.
- F. The primary problem is social, economic or one of physical health without a concurrent major psychiatric diagnosis meeting criteria for this level of care.
- G. Admission is being sought as an alternative to incarceration.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's condition continues to meet admission criteria at this level of care.
- B. The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- C. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- D. There is documented, active discharge planning.

V. Discharge Criteria:

Any of the following criteria are sufficient for discharge from this level of care:

- A. The individual's documented treatment plan goals and objectives have been substantially met.

- B. The individual no longer meets admission criteria, or meets criteria for less or more intensive level of care.
- C. The individual, family, guardian and/or custodian is competent and non-participatory in treatment or in following the program rules and regulations. Non-participation is such that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
- D. Consent for treatment is withdrawn, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- E. Support systems which allow the individual to be maintained in a less restrictive treatment environment have been secured.

VI. Frequency of Review:

- A. Weekly.