LEVEL OF CARE GUIDELINES: INTENSIVE OUTPATIENT PROGRAM – MISSISSIPPI MEDICAID CAN

Guideline Number:  
Effective Date: January, 2017

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INTRODUCTION

The Level of Care Guidelines is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing1 for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The Level of Care Guidelines is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The Level of Care Guidelines is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the Level of Care Guidelines and their development, approval, dissemination, and use, please see the Introduction to the Level of Care Guidelines, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

INTENSIVE OUTPATIENT PROGRAM

INTENSIVE OUTPATIENT PROGRAM is an all-inclusive, psychiatric clinical suite of multifaceted services acting as a wrap-around to families with children/youth with Serious Emotional Disturbances (SED) for family stabilization in the home and community. It is used to diffuse a current crisis, stabilize the living arrangement and offer the family and children/youth alternatives to being crisis.

1. Admission Criteria

1 The terms “recovery” and resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.
- see "Common Criteria and Best Practices for All Levels of Care":

AND
- see "Admission Criteria" in the Level of Care Guideline, Intensive Outpatient Program:

AND
- The member has a Serious Emotional Disturbance.

AND
- The member has a full scale IQ of 60 or above or, if the score is less than 60, there is evidence that the IQ score is suppressed due to the member's behavioral health condition.

AND
- Intensive Outpatient Program is recommended by the member's provider, or is otherwise indicated by the results of a biopsychosocial assessment.

AND
- The member needs specialized services and supports from multiple agencies including case management, and an array of clinical interventions and family supports.

AND
- Services are medically necessary.

2. Continued Service Criteria
- see "Common Criteria and Best Practices for All Levels of Care":

3. Discharge Criteria
- see "Common Criteria and Best Practices for All Levels of Care":
  OR
- The member reaches 22 years of age.

4. Clinical Best Practices
- see "Common Criteria and Best Practices for All Levels of Care":

- see "Clinical Best Practices" in the Level of Care Guideline, Intensive Outpatient Treatment:

- Intensive Outpatient Program includes involvement of the family or individuals acting in place of the parents as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

REFERENCES*


*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

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The Mississippi Medicaid Provider Reference Guide defines “Serious Emotional Disturbance” as a diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities. Public Law 102-321 states that: “The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments.”

Mississippi Administrative Code Title 23, Part 206 defines “medically necessary” as health care services that a provider, exercising prudent judgment prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

a. Appropriate and consistent with the diagnosis of the treating provider and the omission of which could adversely affect the patient’s medical condition,
b. Compatible with the standards of acceptable medical practice in the United States,
c. Provided in a safe, appropriate and cost-effective community-based setting given the nature of the diagnosis and the severity of the symptoms,
d. Not provided solely for the convenience of the beneficiary or family, or the convenience of any health care provider,
e. Not primarily custodial care,
f. There is no other effective and more conservative or substantially less costly treatment service and setting available,
g. The service is not experimental, investigational or cosmetic in nature, and
h. All Mississippi Medicaid regulations, program rules, exclusions, limitations, and service limits, etc., apply. The fact that a service is medically necessary does not, in itself, qualify the service for reimbursement.