



Intensive Outpatient Program (IOP) Frequently Asked Questions

- 1. What are the criteria for Member admission to an Intensive Outpatient Program (IOP)?**
The IOP-specific Level of Care Guidelines (LOCGs) will be posted at OptumIdaho.com under the Network Provider tab in the coming weeks. The Optum Common Admission and Continuing Service Criteria LOCG, substance-related disorder LOCG, and mental health LOCG are the guiding documents that identify admission criteria.
- 2. Are IOP services expected to be provided in lieu of current services (CBRS, Case Management) or in addition to these services?**
When Members are admitted to IOP, they receive a higher level and intensity of care that includes Evidence Based Practices (EBPs) as part of an integral program. Multiple services are provided and reimbursed at a day rate. The Optum LOCGs indicate that to be approved for IOP, a Member's condition "cannot be safely, efficiently, and effectively assessed and/or treated in a less intensive level of care due to acute changes in the member's signs and symptoms and/or psychosocial and environmental factors." Therefore, services provided during an IOP admission (e.g., CBRS) may be a duplication of service and not appropriate, similar to when a Member is admitted to inpatient care.
- 3. Will IOP be appropriate for Members with a mental health diagnosis but who lack a SUD diagnosis?**
Yes, as clinically indicated. IOP services are appropriate for members with substance-related disorders or mental health conditions or co-occurring disorders, as documented in an individual treatment plan.
- 4. What are the age requirements for IOP?**
For the first phase of IOP implementation, Optum will credential and contract IOP services for adolescents and adults only. Adolescents are defined as Members who are between 13-17 years of age.
- 5. How many hours per day are required for Adolescent IOP programs?**
Adolescent IOP programs provide treatment 6-9 hours per week. Therefore, to bill the per diem rate, a program must engage the adolescent at a minimum for 2 consecutive hours per day, for 3 days per week.
- 6. Will Optum utilize the American Society of Addiction Medicine (ASAM) placement criteria for approval to IOP?**
As with all service authorizations, approval will be based on Optum Level of Care Guidelines. ASAM criteria will be used when IOP services are requested for a Member with substance-related disorders. The Cross-Cutting Symptom Measure as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) will be used when IOP services are requested for mental health disorders.



7. Is reimbursement for IOP services bundled? If so, will this include all services provided, including coordination of care efforts?

Yes. When a Member is admitted to an IOP program, the IOP program is responsible for all coordination of care efforts including contact with the Member's Primary Care Provider, other behavioral health care providers, etc. The per diem rate includes all coordination of care activities.

8. What is a bundled rate?

The CPT codes for IOP reimbursement are all "per diem" codes. This means that you are expected to provide all behavioral health services as part of an integrated IOP program and you will be reimbursed under a single daily rate.

9. How long is the block of time for a bundled service (session)?

For an Optum IOP program, the per diem rate requires a minimum of three consecutive hours of Evidence Based Practice for adults and two hours for adolescents, at a minimum of three days per week.

10. Can additional services be billed outside of the per diem service?

Services should be provided as part of an integral IOP program. Please refer to the Virtual Introduction for a list of core services to be provided in IOP. <https://youtu.be/zi2CMPKpp4w>

11. ASAM allows for more than 9 hours per week in an IOP program. Will Optum Idaho authorize more than 9 hours?

An IOP program is defined as 9-19 hours of service per week for adults and 6-19 hours for children/adolescents. Providers can render and be reimbursed for more than the minimum number of hours in a week when medically necessary and when documented in the individual treatment plan.

12. I understand that IOP is provided in a group format. What is the optimal group size?

The optimal group size is 3-9 participants.

13. What level of training/education is required to facilitate groups? What are the expectations for Bachelor's level providers and/or Certified Peer Support Specialists?

Optum IOP requires the same credentials currently outlined by Supervisory Protocol requirements. Facilitators for mental health groups must be licensed and Master's prepared clinicians. For substance-related groups, facilitators must be CADC or higher. Certified Peer Support Specialists and Bachelor's level providers do not meet this requirement.

14. Currently, our agency offers IOP services. Many of our clients participate in the State's SUD program and are not covered by Medicaid. Will we be able to combine populations, or are we expected to have separate groups for our Optum clients?

Optum IOP providers are credentialed and contracted for substance-related disorders, mental health disorders, or co-occurring disorders. Members may be included in groups with non-Optum Members, but the groups need to be specific to the individual Member's needs as outlined in each Member's individualized treatment plan. Group participants must be assessed appropriately. For example, it would not be appropriate to include victims and perpetrators in the same group.



15. What if the client cannot get a physical during the first week of IOP?

Optum Idaho IOP providers need to outline a plan for each participating Member to receive a physical examination. If the program cannot provide this service in the first week, it would be appropriate to coordinate with an outside provider and establish a Memorandum of Understanding to provide a timely physical exam.

16. If a client had a History and Physical completed within the last 12 months do they still need an update?

Yes. To participate in the IOP program, a Member will need a physical exam if one has not been completed and documented within 30 days of admission to IOP.

17. Can the physical examination be provided by the patient's Primary Care Physician?

Yes.

18. What information is available that outlines development of Intensive Outpatient Programs?

Please refer to CARF standards and SAMHSA Tip 47 for more information about developing IOP programs.

19. Due to the high frequency of cancellations, what happens if a Member doesn't meet the minimum requirement of IOP session hours per week?

Member engagement is critical to make progress toward recovery in IOP programs. If Members are not attending at least half of the full three-hour scheduled IOP sessions in the first few weeks, the Member's individual strengths/needs should be re-assessed to identify a more appropriate treatment plan. The Continuing Service Request Form will require you to confirm the Member's engagement with treatment. Please note: if three consecutive hours (for adults) are not provided in a single day, the IOP per diem rate cannot be billed.

20. Who can complete the risk assessment?

A risk assessment should be completed weekly, at a minimum, by a licensed, qualified clinician.

21. Why are services authorized for less than 12 weeks?

Optum Idaho is not specifying a total length of stay for members participating in IOP as it will vary case by case, based on the member's treatment needs. IOP will be authorized according to medical necessity and the Level of Care Guidelines. IOP is a higher level of care and is dependent on an individualized treatment plan and documentation of progress towards recovery. This allows for appropriate length of stay in IOP, when deemed medically necessary.

22. Is drug testing a requirement for IOP services?

For the Optum IOP program, Members must be assessed for substance abuse. A diagnostic assessment will be documented, and it is expected that a referral for drug testing will be obtained clinically when indicated by the history and physical.

23. Will Peer Recovery Coaching be an available service?

At this time Peer Recovery Coaching is not a service covered by Optum Idaho.



24. After two weeks of service we must seek authorization for the next month of service. Why is that?

When medically necessary, Optum will initially authorize IOP for a minimum of 12 sessions over a period of 30 days. Per Code of Federal Regulations (CFR), Optum is required to make a decision within 14 calendar days following receipt of the request for service. Therefore, Optum recommends that providers submit a request for continuing sessions, as clinically indicated, at least 14 days prior to the expiration of the current authorization.

25. We are primarily a Substance Use Disorder (SUD) facility providing IOP services. Are we eligible to be contracted as a SUD IOP program?

Yes, eligibility to be included among the first group of IOP providers is available to agencies that provide either SUD or MH services. Although this level of care has previously been available for SUD care in Idaho, it will be a new level of care for those with a primary mental health diagnosis. SUD providers who wish to be considered in the initial phase to provide SUD IOP need to have completed the Readiness Assessment and been identified as having a program in place with a multi-hour curriculum.

26. To get the per diem rate, what do I need to do?

IOP is being implemented in phases in 2017 and 2018. In order to become an Optum IOP program and provide IOP services to Members for substance-related, mental health, or co-occurring disorders, completion of the Readiness Assessment Tool is required. Based on the results of the assessment, providers with programs that meet Optum standards will participate in the credentialing and contracting process for SUDs or MH, which includes an on-site audit.

27. What elements are included in the credentialing audit?

The audit tools (Organizational Provider Tool and Treatment Record Review) are on the Optum Idaho website at <https://www.optumidaho.com/content/ops-optidaho/idaho/en/providers/guidelines---policies.html>.

28. What if our program is not approved for the first phase?

Programs not included in the first phase can continue to provide and bill for services under their current structure and under the current fee schedule. Optum will provide feedback and identify areas of improvement so the agency can work to bring their IOP program up to Optum standards.

29. What if individuals have limited family support or their families will not participate in IOP?

The Optum Level of Care Guidelines state that “the member’s family and other natural resources are engaged to participate in the member’s treatment as clinically indicated.” Individual treatment plans will indicate efforts to be made in moving towards recovery, including family involvement.

30. Will Optum pay for Level 1 outpatient care (OP) or only IOP 2.1?

The Optum IOP program is based on IOP 2.1. Level 1 OP care is currently in the Optum Idaho array of services.



31. Will authorizations for OP step down be impacted by this new program?

No. Authorizations for OP services are Category 2 services that require an open authorization and are good for one year.

32. Which individuals from our agency will be required to complete the Service Request Forms and communicate with the Optum Idaho Care Advocates (CAs) and/or doctors?

As IOP is a higher level of care, we expect Master's prepared clinicians to supervise this service and to engage with Optum Idaho regarding Member care and recovery. Therefore, we will expect the clinicians from your agency to complete the forms and communicate with our CAs and doctors when necessary. Paraprofessionals should not be in charge of care in an IOP program.