

Title 23: Medicaid

Chapter 1: Community Mental Health Services

Rule 1.11: Intensive Outpatient Psychiatric Services

A. Intensive Outpatient Psychiatric (IOP) services are:

1. 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.
2. To diffuse the current crisis, stabilize the living arrangement and offer the family and children/youth alternatives to being in crisis.
3. To safely intervene with families that request treatment but cannot commit to the intensity of MYPAC services in their home and:
 - a) Can safely manage the crisis with clinical professional services and support two (2) to four (4) hours, three (3) to five (5) days per week,
 - b) Have sufficiently stabilized following ninety (90) days of MYPAC services and request or choose less intensive interventions than MYPAC to safely address and stabilize,
 - c) Have children/youth discharging from PRTF care greater than one hundred eighty (180) days, and/or
 - d) Have children/youth with greater than one (1) acute inpatient admission in the past six (6) months.

B. To receive IOP services a beneficiary must have:

1. A primary focus of symptoms and diagnosis related to the primary psychiatric disorder as defined in the most recent Diagnostic and Statistical Manual (DSM) and symptoms which require rehabilitative services,
2. An evaluating psychiatrist or licensed psychologist advising that the beneficiary needs IOP services,
3. The need for specialized services and supports from multiple agencies including targeted case management and an array of clinical interventions and family supports,
4. A BioPsychoSocial assessment addressing safety in the community, cultural and spiritual aspects of the family within six (6) months of the anticipated admission date if admitted from the community or less intensive outpatient services, and

5. A discharge summary with a recommendation for IOP services if admitted from an inpatient setting.

C. Providers of IOP services must:

1. Hold certification by Department of Mental Health (DMH) to provide case management/community support services,
2. Have a psychiatrist on staff,
3. Have appropriate clinical staff to provide therapy services needed,
4. Inform the Division of Medicaid in writing of any critical incidents (life-threatening, allegations of staff misconduct, abuse/neglect) and describe staff management of the incident,
5. Inform the beneficiary/family of grievance and appeals procedures,
6. Report all grievances and appeals to the Division of Medicaid,
7. Have staff who meet the Division of Medicaid's qualifications for the category of service they provide,
8. Be a qualified provider of wrap-around facilitation, and
9. Have procedures in place for availability and response twenty-four (24) hours a day, seven (7) days a week.

D. IOP services:

1. Require prior authorization by the Utilization Management/Quality Improvement Organization (UM/QIO),
2. Are limited to two hundred seventy (270) days of service provision per state fiscal year,
3. Are only reimbursed for the date a service is provided, and
4. Component parts cannot be separately reimbursed on the same day as the all-inclusive IOP service.

E. Each beneficiary receiving IOP services must have on file:

1. An individualized service plan which describes the following:
 - a) Services to be provided,

- b) Frequency of service provision,
 - c) Who provides each service and their qualifications,
 - d) Formal and informal support available to the participant and family, and
 - e) Plan for anticipating, preventing and managing crises.
2. A BioPsychoSocial Assessment which must address:
- a) The family system,
 - b) Identify the primary caretaker(s) and supports, and
 - c) Identify both the beneficiary's and primary caretaker's functional adaptability for learning and retaining cognitive, behavioral and other therapeutic techniques.

Source: SPA 2012-003, Miss. Code §§ 43-13-117, 43-13-121.

History: Revised eff. 01/01/2014.

Title 23: Medicaid

Chapter 1: Community Mental Health Services

Rule 1.11: Intensive Outpatient Psychiatric Services

A. Intensive Outpatient Psychiatric (IOP) Services are:

1. A psychiatric clinical suite of multifaceted services acting as a wrap-around to families with children and youth with serious emotional disturbances (SED) for family stabilization and intensive outpatient psychiatric treatment provided in the home and community.
2. Time limited intensive family preservation intervention intended to diffuse the current crisis, evaluate its nature, and intervene to reduce the likelihood of a recurrence. The ultimate goal is to stabilize the living arrangement, and offer the family and children/youth alternatives to being in crisis. promote reunification or prevent the utilization of out of home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, and residential treatment facility).
3. To safely intervene with families that request treatment but cannot commit to the intensity of MYPAC services in their home and:
 - a) Can safely manage the crisis with clinical professional services and support two (2) to four (4) hours, three (3) to five (5) days per week,
 - b) Have sufficiently stabilized following ninety (90) days of MYPAC services and request or choose less intensive interventions than MYPAC to safely address and stabilize,
 - c) Have children/youth discharging from PRTF care greater than one hundred eighty (180) days, and/or
 - d) Have children/youth greater than one (1) acute inpatient admission in the past six (6) months.

B. 1. In order to receive Intensive Outpatient Psychiatric IOP services, individuals a beneficiary must have: meet all the following criteria:

- a) The youth has been diagnosed by a psychiatrist or licensed psychologist in the past sixty (60) days with a mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria for Serious Emotional Disturbance (SED) specified within the DSM IV on Axis I. The primary diagnosis must be on Axis I.

~~a)1.~~ A primary focus of symptoms and diagnosis related to the primary psychiatric disorder as defined in the most recent Diagnostic and Statistical Manual (DSM) and symptoms which require rehabilitative services.

~~b)~~ The youth has a full scale IQ of sixty (60) or above (or, if IQ score is lower than sixty (60) and there is substantial evidence that the IQ score is suppressed due to psychiatric illness).

~~e)2.~~ The ~~An~~ evaluating psychiatrist or licensed psychologist advising that the beneficiary youth meets criteria for PRTF level of care needs IOP services.

~~d)3.~~ The youth needs for specialized services and supports from multiple agencies including targeted case management, and an array of clinical interventions and family supports.

4. A BioPsychoSocial Assessment addressing safety in the community, cultural and spiritual aspects of the family within six (6) months of the anticipated admission date if admitted from the community or less intensive outpatient services, and

5. A discharge summary with a recommendation for IOP services if admitted from an inpatient setting.

2C. ~~Providers of intensive outpatient psychiatric IOP services must meet the following requirements:~~

~~a) 1.~~ Hold certification by Department of Mental Health DMH to provide case management/community support services services;

~~b) 2.~~ Have a psychiatrist on staff;

~~e) 3.~~ Have appropriate clinical staff to provide therapy services needed,

~~d) 4.~~ Inform the Division of Medicaid DOM in writing of any critical incidents (life-threatening, allegations of staff misconduct, abuse/neglect) and describes staff management of the incident,

~~e) 5.~~ Inform the participant/beneficiary/family of grievance and appeals procedures,

~~f) 6.~~ Report all grievances and appeals to the Division of Medicaid,

~~g) 7.~~ Has Have staff who meets the Division of Medicaid's qualifications for the category of service they provide,

~~h) 8.~~ Be a qualified provider of wraparound facilitation, and

- ~~3.9. Providers must have procedures in place for availability and response twenty-four (24) hours a day, seven (7) day a week, availability and response.~~
- ~~4.D. Intensive outpatient psychiatric IOP services: is~~
- ~~2. Are limited to two hundred seventy (270) days of service provision per state fiscal year.~~
- ~~3. Intensive outpatient psychiatric is Are only eligible for reimbursement on the date a service is provided, and.~~
- ~~4. Intensive outpatient psychiatric is an all inclusive service designed to meet the clinical needs of the children/youth and families. Component parts of the service are not eligible cannot be for separately reimbursement on the same day as the all-inclusive intensive outpatient psychiatric IOP service.~~
- ~~1. Intensive Outpatient Services require prior authorization by the Utilization Management/Quality Improvement Organization, Division of Medicaid or its designee for dates of service on or after July 1, 2012.~~
- ~~E. Each beneficiary receiving intensive outpatient psychiatric IOP services must have on file:~~
- ~~1. An individualized service plan which describes the following:~~
- ~~a) Services to be provided,~~
- ~~b) Frequency of service provision,~~
- ~~c) Who provides each service and their qualifications,~~
- ~~d) Formal and informal support available to the participant and family, and~~
- ~~e) Plan for anticipating, preventing and managing crises.~~
- ~~2. A BioPsychoSocial assessment which must address:~~
- ~~a) The family system,~~
- ~~b) Identify the primary caretaker(s) and supports, and~~
- ~~c) Identify both the beneficiary's and primary caretaker's functional adaptability for learning and retaining cognitive, behavioral and other therapeutic techniques.~~

Source: SPA 2012-003, Miss. Code §§ 43-13-117, 43-13-121.

History: Revised eff. 01/01/2014.