

## **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.