



Mental Health Intensive Outpatient Program (MH-IOP) - ACLA

In Lieu Of Policy ID: **ILO.09**

Recent review date: **7/2025**

Next review date: **7/2027**

Policy contains: **MH-IOP**

AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services). AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.

LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.

Coverage policy

Adult and adolescent members will be provided a step-down option from inpatient hospitalization for members at high risk for readmission. The program consists of three (3) groups per day for three days per week. Individual session(s) may be used in lieu of a group session depending upon the need of the member. Adjunctive medication management is available as needed and not included in the per diem rate. An LMHP facilitates group or individual sessions. Members will benefit from the group interactions and the support provided by the IOP staff and group members. IOP staff members will identify outpatient services and provide the support for the member to enable successful transition to these outpatient services. Members will receive education about their psychiatric illness and symptom management, treatment options, medication education, and ways to reduce symptoms and live with the illness.

Staffing Qualifications, Credentialing Process, and Levels of Supervision Administrative and Clinical) Required:

Each staff member facilitating group and individual sessions will be credentialed for this outpatient program as a licensed mental health professional (LMHP) or a non-licensed clinician including Provisionally Licensed Professional Counselors (PLPCs), Provisionally Licensed Marriage and Family Therapists (PLMFTs) or Licensed Master Social Workers (LMSWs).

Non-licensed clinicians providing services must be under regularly scheduled supervision in accordance with requirements established by the practitioner's professional licensing board. These

LMHPs or supervising LMHPs will have the requirements necessary to bill 9 series codes.

ACLA and Providers will collaborate as needed to coordinate treatment and discharge planning. Planning for transition to outpatient services begins upon admission to IOP and is an important part of the treatment plan. Treatment plan including transition to identified outpatient services must be updated every 30 days.

Unit of Service:

MH-IOP must be available to allow for 9-19 hours of intervention a week (for adults) or 6-19 hours of intervention a week (youth ages 6-17) with programming to occur across 3 days of services weekly. One unit of treatment = one day which will be billed per diem.

Initial authorizations will cover six (6) weeks of treatment. Treatment beyond six weeks of treatment for one episode or treatment for more than one episode during the calendar year will:
Require prior authorization using Interqual medical necessity criteria. For these prior authorizations to be processed, providers must use Interqual Connect to complete a medical necessity review. If a prior authorization is not run through Interqual Connect, an administrative denial will be issued; and
If authorized, the authorization will be for an additional two weeks of treatment.

Background

Most members in the MH-IOP population struggle with diagnoses of Major Depressive Disorder, PTSD, Generalized Anxiety Disorder, Bipolar disorder, psychotic disorders, and co-morbid SUD and personality disorders.

Many experience two or more BH hospitalizations in a year. The support and structure of a MH-IOP program with a well- planned transition to a lower level of care (MHR services, individual therapy with or without medication management) will provide the intensive outpatient interventions to prevent BH re-admission for the 6-months following discharge from the BH hospital.

This service offers a step-down from inpatient hospitalization. This service would also offer an additional level of care for high-risk members with 9-19 hours of intervention a week (for adults) or 6-19 hours of intervention a week (youth ages 6-17) with programming to occur across 3 days of services weekly, with supported transition to outpatient level of care.

Reporting

Procedure code S9480 will be used.

Expected Outcomes

- Reduction of inpatient bed days by providing a step-down service
- Redirection option to a lower level of care for those members who require support to successfully engage outpatient services
- Reduced readmissions to inpatient psychiatric facilities
- Reduced utilization of emergency departments
- Improved HEDIS rates for behavioral health components, including but not limited to, follow-up after inpatient psychiatric hospitalization
- Increased Care Management engagement to address both physical and behavioral health needs

Policy updates

7/2025: initial review date and ILO policy effective date: 7/2025