



**UW PACC**

Psychiatry and Addictions Case Conference

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# INTENSIVE MENTAL HEALTH PROGRAMS

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## **SPEAKER DISCLOSURES**

No conflicts of interest to disclose

## **PLANNER DISCLOSURES**

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

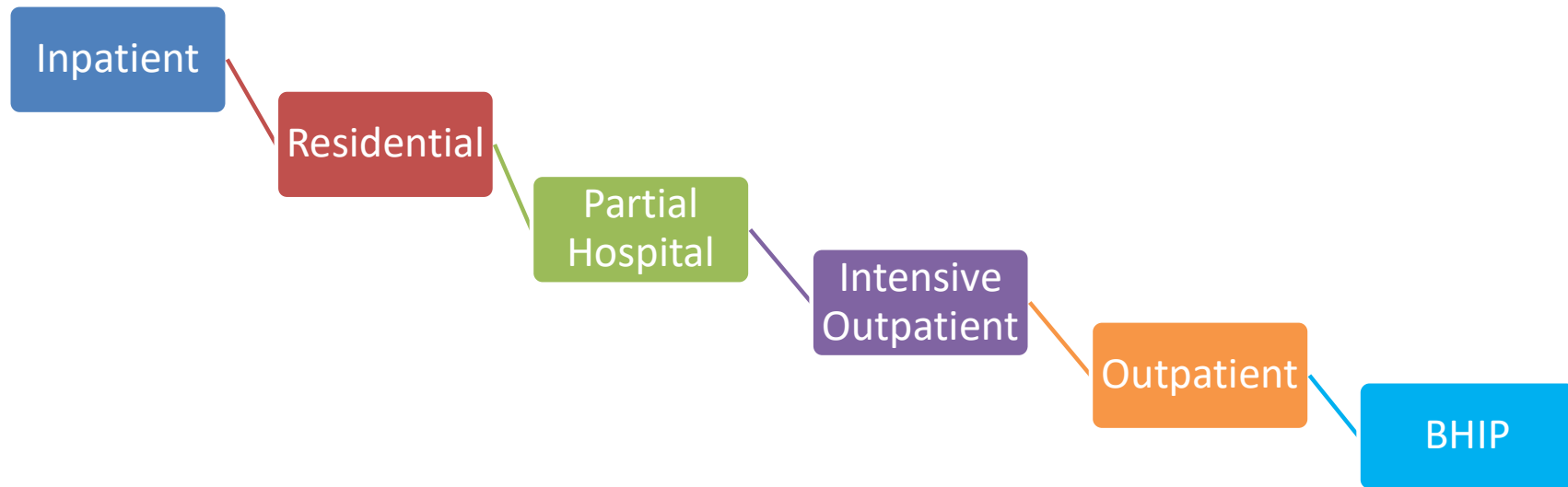
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# OBJECTIVES

1. Define Intensive Outpatient Programs (IOPs)
2. Discuss referral considerations

# LEVELS OF CARE



# LEVELS OF CARE

- Partial Hospital
  - Typically appropriate when someone is leaving the hospital or residential treatment program
  - According to CMS guidelines: minimum of 20 hours of treatment per week
  - Defined by CMS as, *“is an intensive, structured outpatient program provided as an alternative to psychiatric hospitalization, consisting of a specified group of mental health services paid on a per diem”*
  - Covered duration is ~1 month maximum
- Intensive Outpatient
  - Can be used as a step-down directly from a hospital and/or residential program, dependent on acuity
  - According to CMS guidelines: minimum of 9 hours of treatment per week
  - Defined by CMS as *“a distinct and organized outpatient program of psychiatric services provided for individuals who have an acute mental illness or substance use disorder, consisting of a specified group of behavioral health services paid on a per diem basis. ... Intensive outpatient services are not required to be provided in lieu of inpatient hospitalization.”*
  - No specific length required, if there is evidence that the patient continues to meet criteria *and* is continuing to show improvement, *and* the frequency of services is within the norms of standard practice

# INTENSIVE OUTPATIENT

- Covered services include:
  - Individual and group therapy (provided by physicians, psychologists or other mental health professionals)
  - Occupational therapy (if they require the skills of a qualified OT)
  - Services of social workers, trained psychiatric nurses, and other staff with mental health training
  - Drugs and biologicals furnished to outpatients for therapeutic purposes (if they cannot be self-administered)
  - Activity therapies that are individualized and deemed essential for treatment of the patient’s condition
  - Family counseling
  - Patient education programs
  - Diagnostic services “for the purposes of diagnosing those individuals for whom an extended or direct observation is necessary to determine functioning and interactions, to identify problem areas, and to formulate a treatment plan”

[www.cms.gov](http://www.cms.gov)

# INTENSIVE OUTPATIENT

- Sample schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
10 am	Group	Group	No treatment	Group	No treatment
11 am	Group	Group		Group	
12 pm	Lunch	Lunch		Lunch	
1 pm	Group	Group		Group	
2 pm	Medication Management (15 min)	Therapy (1 hour)		Treatment Planning (30 min)	

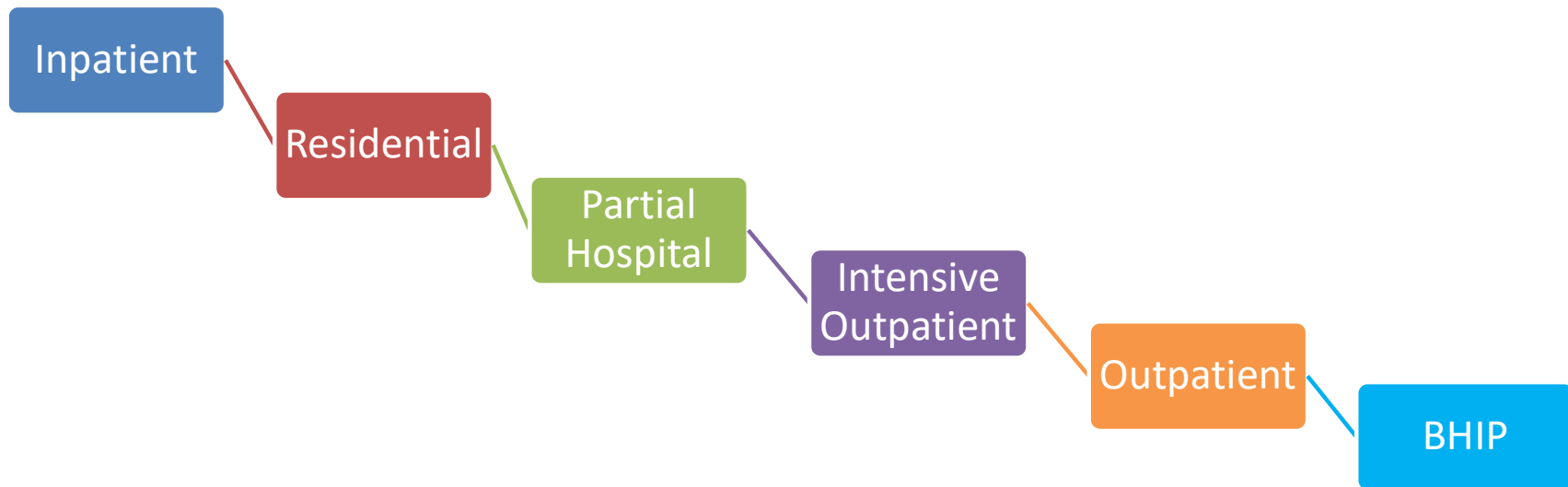
## REFERRAL CONSIDERATIONS

- Acuity
- Diagnosis
- Openness to a group process
- Ability and/or willingness to change



# REFERRAL CONSIDERATIONS

- Acuity
  - Does this patient need a higher level, or would a lower level be sufficient?
  - Short-term versus long-term care



# REFERRAL CONSIDERATIONS

- Diagnosis

- What are my diagnostic concerns for this patient and is the treatment program designed to address them?

- Think: substance use disorders, psychosis, and/or personality disorders
- Consider patient needs:



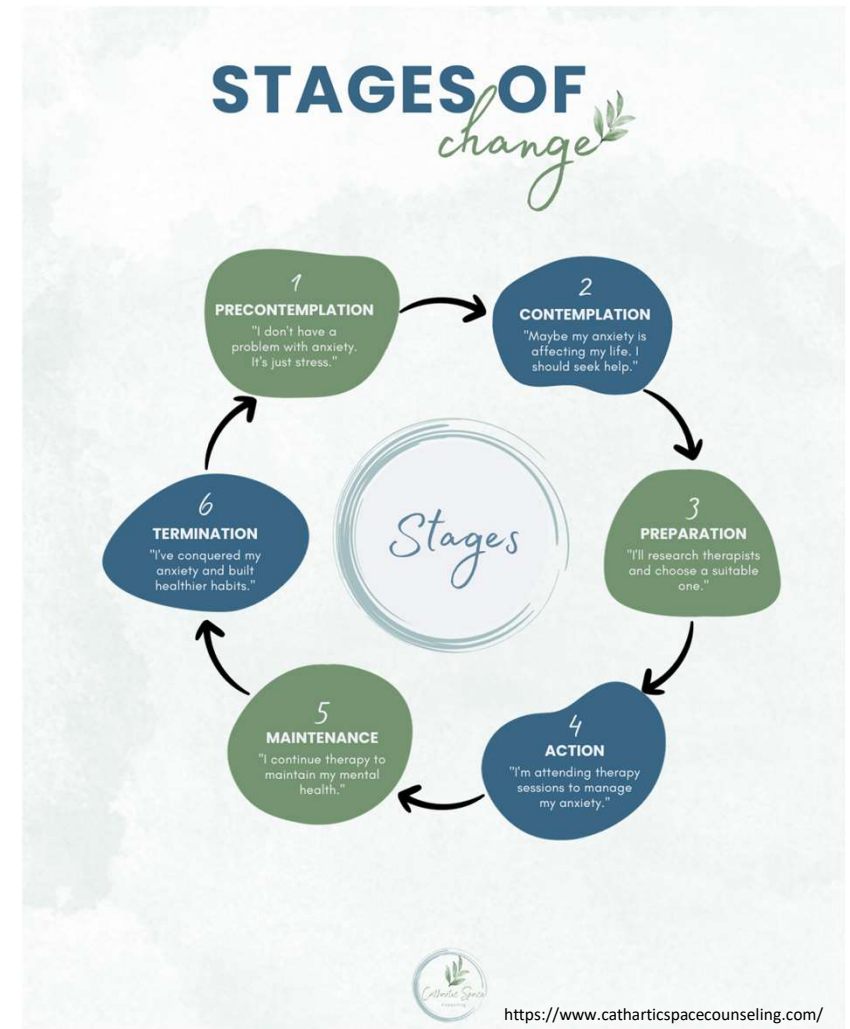
<https://www.simplypsychology.org/maslow.html>

# REFERRAL CONSIDERATIONS

- Openness to the group process – is my patient able/willing to engage within a group setting? Are there particular factors that might make groups a challenging environment for them?
  - Yalom’s Therapeutic Factors:
    - Universality (“I’m not alone”)
    - Altruism (“I can help others”)
    - Instillation of hope (“Others can get better, I can too”)
    - Imparting information (“I can teach others / I can learn from others”)
    - Corrective recapitulation of primary family experiences (“I can form relationships without harm”)
    - Development of socialization techniques (“I can learn to interact with others”)
    - Imitate behaviors (“I can try what they tried”)
    - Cohesiveness (“I feel supported and like I belong”)
    - Existential factors (“I am responsible for my decisions”)
    - Catharsis (“It feels good to share”)
    - Interpersonal Learning (“I can see my impact on others / Others can see their impact on me”)
    - Self-understanding (“I can learn what influences my emotions and behaviors”)

# REFERRAL CONSIDERATIONS

- Ability and/or willingness to change
  - Consider:
    - What is going on in the patient's life
    - Do they want to change, or do you (or someone else in their life) want them to change?
    - Potential facilitators and/or barriers



## FINAL THOUGHTS

- IOPs can be very helpful in addressing mental health concerns as part of a spectrum of care
- They are short-term treatment – helpful to consider the short- and long-term needs of the patient
- Not every IOP is going to be the right fit for the patient – if you're not sure, reach out to the program!

# Questions?

## REFERENCES

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