

Behavioral Health and Developmental Disabilities (BHDD) Division

Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health

Date effective:

October 1, 2022

Policy Number:

Subject:

525

SUD Intensive Outpatient (IOP) Services (ASAM 2.1) Adult and

Adolescent

Definition

IOP programs provide nine or more hours of structured programming per week (adults) or six or more hours per week (adolescents) to treat multidimensional instability.

Medical Necessity Criteria

- (1) The member must have a moderate or severe SUD diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 2.1 level of care.
- (2) The member must need weekly contact and at least three of the core IOP service components listed under service requirements below.
- (3) The member must be willing and able to actively engage in IOP services.

Provider Requirements

- (1) State-approved and licensed substance use disorder (SUD) Outpatient Facility who choose to provide IOP must bill the IOP bundled rate unless they are providing fewer than the number of hours specified in the service requirements below.
- (2) Providers offering ASAM 2.1 services must have an interdisciplinary team.
- (3) Provider must arrange for 24/7 crisis services.
- (4) Providers must complete the DLA-20 for members upon admission in to and discharge from the service.
- (5) Providers must submit to the department or its designee the results of the DLA-20.

Service Requirements

(1) Group therapy services may not have more than 16 members participating in the group.

- (2) Services must be provided in accordance with all state and federal regulations pertaining to the administration of the service.
- (3) The provider must adhere to the ASAM criteria service standards for service planning and level of care placement characteristic category standards. These categories include:
 - (a) therapies;
 - (b) support systems;
 - (c) assessment/ITP review;
 - (d) staff; and
- (e) documentation.
- (4) ASAM 2.1 is a bundled service that includes the availability of the following service components:
 - (a) individual SUD therapy;
 - (b) group SUD therapy;
 - (c) family SUD therapy;
 - (d) educational groups;
 - (e) community based psychiatric rehabilitation support services (CBPRS); and
 - (f) care management.
- (5) It is not required that each member receiving the ASAM 2.1 bundle receive every service component listed above. Medically necessary services must be provided and documented in the individualized treatment plan and the services received must be documented clearly in the member's treatment file.
- (6) In order to bill the bundled service, the member must receive the following:
 - (a) three (3) or more different service components per week;
 - (b) Adult members must receive a minimum of nine hours of skilled treatment services per week and adolescent members must receive a minimum six hours of skilled treatment services per week.
- (7) If the member is unable to receive the minimum hours per week required in (6)(c), the provider may still be reimbursed for the weekly rate, up to two weeks, before the member must be reassessed for appropriateness for this level of care if the following conditions are met:
 - (a) the provider must document all efforts to engage the member which must include community outreach, telephonic outreach, and any other form of attempted contacts; and
 - (b) member must continue to meet the medical necessity criteria for ASAM 2.1 services.
- (8) Service components must be available in person and via telehealth to accommodate member choice as identified in the individual treatment plan.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay review is required for the IOP bundle after 120 days for up to 30 days.
- (3) Member must continue to meet the SUD criteria as described in this manual and meet the ASAM criteria diagnostic and dimensional admission criteria for SUD IOP Services (ASAM 2.1) Adult and Adolescent level of care.