

## **ADULT INTENSIVE OUTPATIENT THERAPY SERVICES CLINICAL MANAGEMENT GUIDELINES**

Intensive Outpatient Therapy Services represent community-based treatment, with the following Services and Procedure Codes:

H0046 HB – Individual or Family Therapy

H2014 – 1:1 Telephone or Face-to-Face DBT Coaching and Case Management

H2014 HQ – DBT Skills Group

Intensive Outpatient Therapy Services must be provided by individuals or agencies licensed by the State of Montana.

This level of treatment intervention includes a consideration of the person's safety and security needs, including the ability and likelihood of the person to benefit from intensive outpatient treatment.

### **Admission Criteria**

Must meet **each** of the following:

1. The person meets the requirements of (a) or (b). The person must also meet the requirements of (c):
  - (a) has a DSM-IV diagnosis of mood disorder (296.22, 296.23, 296.24, 296.32, 296.33, 296.34, 296.40, 296.42, 296.43, 296.44, 296.52, 296.53, 296.54, 296.62, 296.63, 296.64, 296.7, 296.80, 296.89, 296.90, 293.83, 295.70); **or**
  - (b) has a DSM-IV diagnosis of 301.83 Borderline Personality Disorder, or 301.9 Personality Disorder NOS, with prominent features of 301.83 with a severity specifier of moderate or severe; **and**
  - (c) has ongoing difficulties in functioning because of the mental illness for a period of at least 6 months (or for an obviously predictable period over the next 6 months), as indicated by:
    - i. dysregulation of emotion, cognition, behavior and interpersonal relationships;
    - ii. resulting in recurrent suicidal, parasuicidal, other serious self-damaging behaviors **or ideation**, or serious danger to others;
    - iii. a history of high utilization of crisis, emergency room, or hospital services (including medical services for co-occurring behavioral health disorders or arrest and incarceration as a result of behavior associated with the mental illness);
    - iv. evidence that lower levels of care are inadequate to meet the needs of the client, **and**
    - v. difficulties in functioning that are not a result of active psychosis.
2. The covered DSM-IV TR diagnosis has been determined through a comprehensive mental health assessment that includes a multi-axial diagnosis on Axes I-V and identifies
  - (a) recipient, family, and community strengths/resources
  - (b) a comprehensive evaluation of the recipient's developmental milestones and course
  - (c) family dynamics

- (d) past and current school, work, social roles, ability to interact socially
- (e) past and current substance abuse
- (f) past and current legal involvement
- (g) summary of all prior psychiatric hospitalizations, residential program admissions, intensive ambulatory mental health services
- (h) medication trials
- (i) other mental health/psychosocial interventions including an assessment of their degree of success/failure

3. Current symptoms do not meet criteria for a more intensive level of treatment.
4. A lower level of care is inadequate to meet the patient's needs with regard to either treatment or safety.
5. There is a reasonable likelihood of clinically significant benefit as a result of treatment.
6. The recipient has demonstrated intent to form a treatment alliance and comply with mutually identified and agreed upon treatment recommendations.
7. An Individualized Treatment Plan (ITP) has been formulated on admission that identifies specific, realistically achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the admission. The recipient's response to treatment has been regularly documented and revisions in the ITP are consistent with the recipient's clinical status.  
**The treatment plan must include goals and objectives that address the symptoms in criterion 1 (c) above, and identify the intervention that will be used. The client's crisis plan must be described.**
8. Progress toward treatment goals has occurred, as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
9. A discharge plan has been formulated, regularly reviewed, and revised. It identifies specific target dates for achieving specific goals, and defines criteria for step-down to a less intensive level of treatment.

## Continued Stay Criteria

Must meet **each** of the following:

1. The person meets the requirements of (a) **or** (b). The person must also meet the requirements of (c) **or** (d):
    - (a) has a DSM-IV diagnosis of mood disorder (296.22, 296.23, 296.24, 296.32, 296.33, 296.34, 296.40, 296.42, 296.43, 296.44, 296.52, 296.53, 296.54, 296.62, 296.63, 296.64, 296.7, 296.80, 296.89, 296.90, 293.83, 295.70); **or**
    - (b) has a DSM-IV diagnosis of 301.83 Borderline Personality Disorder, or 301.9 Personality Disorder NOS, with prominent features of 301.83;
    - (c) has ongoing difficulties in functioning because of the mental illness as indicated by:
      - i. dysregulation of emotion, cognition, behavior and interpersonal relationships;
      - ii. resulting in recurrent suicidal, parasuicidal, other serious self-damaging behaviors or ideation, or serious danger to others;
      - iii. a history of high utilization of crisis, emergency room, or hospital services (including medical services for co-occurring behavioral health disorders or arrest and incarceration as a result of behavior associated with the mental illness);
      - iv. evidence that lower levels of care are inadequate to meet the needs of the client; **and**
      - v. difficulties in functioning are not a result of active psychosis
  - OR**
  - (d) initially met criteria c, either in treatment with this therapist or with another therapist, but now evidences a reduction of symptoms described in c as above.
2. Current symptoms do not meet criteria for a more intensive level of treatment.
  3. A lower level of care is inadequate to meet the patient's needs with regard to either treatment or safety.
  4. There is a reasonable likelihood of clinically significant benefit as a result of continued treatment.
  5. The recipient and clinician have formed a treatment alliance and active participation towards mutually agreed upon treatment goals is demonstrated. The Individualized Treatment Plan (ITP), formulated on admission and identifying specific, realistically achievable goals and measurable objectives directed towards symptom alleviation continues to be updated to reflect the recipient's response to treatment and is consistent with the recipient's current clinical status.

**The treatment plan must include goals and objectives that address the symptoms in criterion 1 (c) above, and identify the intervention that will be used. The client's crisis plan must be described.**

6. Progress toward treatment goals has occurred, as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
7. A discharge plan has been formulated, regularly reviewed, and revised. It identifies specific target dates for achieving specific goals, and defines criteria for step-down to a less intensive level of treatment.

**Discharge Criteria**

1. The Individual Treatment Plan goals have been sufficiently met such that the recipient no longer requires this level of care (or)
2. The recipient voluntarily leaves treatment or the beneficiary's legal guardian removes them from the program (or)
3. Recipient no longer meets Medicaid eligibility.