

Intensive Outpatient Program Services Guidance

OVERVIEW

The New York State Office of Mental Health (OMH) has released guidance for Article 31 clinics seeking to provide Intensive Outpatient Program (IOP) services. The IOP level of service allows clinics to offer time-limited, higher-intensity outpatient psychiatric services as an alternative to hospital stays, whether by avoiding an admission or readmission or shortening the length of stay. This guidance document outlines how OMH believes a clinic would be able to offer IOP services, but is not intended to be prescriptive.

The guidance document can be found [here](#).

Establishment Process

Providing IOP services in the Medicaid fee-for-service (FFS) environment will require a waiver of the following OMH regulations:

- 14 NYCRR 599.13(e), which applies a discount to payments when multiple services are delivered in one visit; and
- 14 NYCRR 599.14(c), which limits clinics to billing a maximum of three services per day to Medicaid.

These waivers should be obtained through the [OMH Part 501 waiver process](#). OMH will require clinics to have these waivers approved in lieu of a distinct regulatory requirement for an IOP, even if they do not intend to bill more than three services per day in their IOP program. A separate waiver will be required for each site, including satellites.

Clinics that wish to develop IOP services with a managed care plan are encouraged to follow similar guidelines to the FFS requirements while designing their contractual arrangements.

OMH will make one-time grants of \$25,000 available to programs seeking to establish IOP services that meet IOP requirements.

Service and Billing Guidelines

IOP models are expected to include between two to four visits per week, with visits lasting two or more hours. Individual, group, or hybrid models are allowable. From a billing perspective, providers will be able to offer at most four services in a day, with an optimum treatment period of six weeks.

Plans will be required to pay APG rates for services provided under this structure. OMH is establishing a new set of billing codes for the purpose of utilization management for Article 31 clinics to bill for these services.