INTENSIVE OUTPATIENT PROGRAM
CERTIFICATION INFORMATION

Service Description:

Intensive Outpatient Program services provide a time-limited, multi-faceted approach to treatment for eligible recipients who require structure and support to achieve and sustain recovery. The IOP model is based on research and evidence-based interventions that target specific behaviors with individualized behavioral interventions.

Services are culturally-sensitive and incorporate recovery and resiliency values into all service interventions. Services address co-occurring mental health disorders, as well as substance use disorders, when indicated. Treatment is provided through an integrated multi-disciplinary team and services. Core services include individual therapy, group therapy (membership to not exceed 15 in number) and psycho-education to the recipient and his/her family.

The duration of IOP treatment services is typically three to six months; the amount of weekly services is dependent upon the goals and objectives outlined in the recipient’s treatment plan. Medication management may be part of the Intensive Outpatient Program.

PLEASE REFER TO MEDICAID REGULATIONS TITLE 8 SOCIAL SERVICES, CHAPTER 321.2 HEALTH CARE PROFESSIONAL SERVICES, PART 17 INTENSIVE OUTPATIENT PROGRAM SERVICES for further information.

Purpose of application/certification & attestation:

The intent of the Behavioral Health Service Division IOP application process is to insure that all requirements under Medicaid regulations are met for clinical provision of this level of service. Particular focus is on fidelity to the model, program evaluation, clinical supervision, and clinical service provision to program recipients.

Process:

The agency must be a Medicaid approved provider and meet the criteria for agency/facility type as listed on the application page of this packet.

1. The agency will complete the application for Intensive Outpatient Program form and the IOP Provider Attestation Statement.
2. The provider will review and submit all documents requested in the IOP Certification Tool to: hsd.csmbhbsd@state.nm.us – subject line IOP. Upon receipt of the application and requested documents, the packet will be assigned for review and acknowledgment of receipt will be sent to the provider via email.
3. The provider will be contacted by the BHSD reviewer with further questions or requests for information.
4. Once the packet has passed all requirements, the provider will be notified of the proposed site visit date.
5. Once the site visit is complete and all documents are in order, a letter of clinical certification will be provided and sent to the Medicaid Assistance Division.

Additional requirements:

All providers rendering services for Medicaid eligible recipients must have acquired a Medicaid ID through Conduent/MAD enrollment process and have an active NPI number through the National Plan & Provider enumeration System (NPPES).