

Intensive Outpatient Program (IOP) Standards

Issue Date: June 13, 2017
Authority: [32 CFR 199.6\(b\)\(4\)\(xviii\)](#)
Revision: C-13, November 15, 2017

1.0 ISSUE

IOP Standards.

2.0 DESCRIPTION

IOP services consist of a comprehensive and complimentary schedule of recognized treatment approaches that may include day, evening, night, and weekend services consisting of individual and group counseling or therapy, and family counseling or therapy as clinically indicated for children and adolescents, or adults aged 18 and over, and may include case management to link patients and their families with community based support systems.

3.0 POLICY

3.1 IOPs must be either a distinct part of an otherwise authorized institutional provider or a freestanding psychiatric or Substance Use Disorder (SUD) IOP. Approval of a hospital by TRICARE is sufficient for its IOP to be an authorized TRICARE provider. Such hospital-based IOPs are not required to be separately authorized by TRICARE.

3.2 Authorization:

3.2.1 Hospital-Based IOPs. When a hospital is a TRICARE authorized provider, the hospital's IOP also shall be considered a TRICARE authorized provider.

3.2.2 Freestanding IOPs must enter into a participation agreement with the Director, Defense Health Agency (DHA), or designee.

3.3 In addition, in order for a freestanding IOP to be authorized, the IOP shall comply with the following requirements:

3.3.1 The IOP shall be currently accredited by the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (CoA), or an accrediting organization approved by the Director, DHA. The regional contractor may submit, via the TRICARE Regional Office, additional accrediting organizations for TRICARE authorization, subject to approval by the Director, DHA.

TRICARE Policy Manual 6010.60-M, April 1, 2015

Chapter 11, Section 2.7

Intensive Outpatient Program (IOP) Standards

3.3.2 The IOP shall be licensed as an IOP to provide IOP services within the applicable jurisdiction in which it operates.

Note: Where different certification, accreditation, or licensing standards exist, the more exacting standard applies. Regulations take precedence over standards, and standards take precedence over participation agreements.

3.3.3 The IOP shall accept the allowable IOP rate, as provided in [32 CFR 199.14\(a\)\(2\)\(ix\)\(A\)\(2\)](#), for IOPs and the TRICARE Reimbursement Manual (TRM), [Chapter 7, Section 2](#) and [Chapter 13, Section 2](#) for hospital-based IOPs as payment in full for services provided.

3.3.4 The IOP shall comply with all requirements applicable to institutional providers generally concerning accreditation requirements, concurrent care review, claims processing, beneficiary liability, double coverage, utilization and quality review, and other matters.

3.3.5 The IOP shall not be considered an authorized provider nor will any benefits be paid to the facility for any services provided prior to the date the facility is approved and the participation agreement is signed by the Director, DHA, or designee. Retroactive approval is not given.

3.3.6 All services, supplies, equipment, and space necessary to fulfill the requirements of each patient's individualized diagnosis and treatment plan are included in the reimbursement approved for an authorized IOP. All mental health services must be provided by a TRICARE authorized individual qualified mental health provider. Assessments will include documentation of the outcomes of standardized assessment measures for Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), and Major Depressive Disorder (MDD) using the PTSD Checklist (PCL), GAD-7, and Patient Health Questionnaire (PHQ)-8, respectively, at baseline, at 60-120 day intervals, and at discharge (see [Chapter 1, Section 5.1](#) for details). [Exception: IOPs that employ individuals with master's or doctoral level degrees in a mental health discipline who do not meet the licensure, certification, and experience requirements for a qualified mental health provider but are actively working toward licensure or certification, may provide services within the all-inclusive per diem rate but such individuals must work under the clinical supervision of a fully qualified mental health provider employed by the facility.]

3.3.7 Case management. When appropriate, and with the consent of the person served, the IOP should coordinate the care, treatment, or services, including providing coordinated treatment with other services.

3.3.8 The IOP must enter into a participation agreement with the Director, DHA, or designee. (See [Section 12.3](#) and [Addendum G.](#))

3.3.9 The IOP agrees to notify the referring military provider or Military Treatment Facility (MTF)/ Enhanced Multi-Service Market (eMSM) referral management office (on behalf of the military provider) when a Service member or beneficiary, in the provider's clinical judgment, meets any of the following criteria:

- Harm to self - The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition;
- Harm to others - There is a serious risk of harm to others either as a result of the

TRICARE Policy Manual 6010.60-M, April 1, 2015

Chapter 11, Section 2.7

Intensive Outpatient Program (IOP) Standards

condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence;

- Harm to mission - There is a serious risk of harm to a specific military operational mission. Such a serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment;
- Inpatient care - Admitted or discharged from any inpatient mental health or substance use treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards;
- Acute medical conditions interfering with duty - Experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the beneficiary's ability to perform assigned duties;
- Substance abuse treatment program - Entered into, or is being discharged from, a formal outpatient or inpatient treatment program.

4.0 EFFECTIVE DATE

October 3, 2016.

- END -

