## APPENDIX ZE



## New Mexico Behavioral Health Collaborative

Brent Earnest— Co-Chair Monique Jacobson — Co-Chair Wayne Lindstrom—CEO

## INTENSIVE OUTPATIENT PROGRAM (IOP) PROVIDER ATTESTATION STATEMENT

(Name of the agency) agrees to abide by the following requirements for certification as an IOP Provider.

- An Intensive Outpatient Program (IOP) provides a time-limited, multi-faceted approach to treatment service for individuals who require structure and support to achieve and sustain recovery.
- IOP services are provided through an integrated multi-disciplinary approach includes staff expertise in both addiction and mental health treatment.
- IOP should address substance use disorders as well as co-occurring mental health disorders when indicated.
- IOP Services are provided to children, age 13-17 who have been diagnosed with a substance abuse disorder or with a co-occurring disorder (mental illness and substance abuse); or, meet the American Society of Addiction Medicine (ASAM) patient placement criteria for Level 2.1.
- IOP Services utilize Evidence-Based Practice (EBPs) models only and will insure fidelity to that standard with evidence that supports it success in IOP.
- IOP Services reflect cultural sensitivity and a trauma-informed approach and provides the policy and procedures demonstrating how that is implemented.
- IOP Services are delivered by a multi-disciplinary team.
- IOP Services comply with the definition of Intensive Outpatient Services per SAMSHA and State of New Mexico Medicaid guidelines.
- IOP Services are delivered by appropriately trained and credentialed professionals who have specialized skills in the EBP model being utilized and who meet licensure requirements including scope of practice per state licensing. Documentation demonstrates appropriate training and certification.

- The IOP Clinical Supervisor meets all of the requirements in accordance with licensing board regulations as defined in Medicaid regulation 8.310.15.10, Section E.
- The agency has an IOP evaluation system in place and provides evidence of same.
- The agency has and maintains the appropriate state facility licensure (DOH, CYFD) as applicable.
- All prospective clients will have a treatment file from an appropriate
  practitioner or agency that contains at least a diagnostic evaluation and an
  individualized treatment plan that includes IOP as an intervention.
- All current clients have the required standard documentation for outpatient services according to NMAC 8.321.2.
- The agency will comply with the New Mexico Children's Mental Health Code statutes related to Mandatory Child Abuse and Neglect reporting by all certified Child/Youth CCSS providers and all Children's Rights and agespecific Consent for Services statutes.
- Any agency serving adolescents will complete CYFD approved background checks on all employees.

My signature below verifies agreement with all of the requirements detailed in this attestation and I further understand that failure to comply with these may lead to sanction and recoupment of funding.

| Signature of authorized agency representative | Witness Initials | _ |
|---|------------------|---|
|   |                  |   |
| Date  | Date             |   |