Intensive Outpatient Programs: Site Visit Tool

Provider information

Agency Name: _____

Physical Address: _____
City State Zip

If applying for multiple sites or applying to serve adolescents and/or adults please note and list specific physical locations:

_____
City State Zip

_____
City State Zip

_____
City State Zip

_____
City State Zip

Mailing Address (if different than above) for each site:

_____ City
State Zip

_____
City State Zip

Website: _____

Provider Contact Information for Responsible Party Completing Application:

Name/Title: _____

Email Address: _____

Office Phone: _____ Mobile Phone: _____

Mailing Address: _____
City State Zip

IOP Services are Provided to: (8.310.15.12 Eligible Recipients)

☐ ***Adults, age 18 and over***: IOP services are provided to adults aged 18 years and over diagnosed with substance abuse disorders or with co-occurring disorders (serious mental illness and substance abuse) or that meet the American Society of Addiction Medicine (ASAM) patient placement criteria for level two (II) - intensive outpatient treatment.

☐ ***Youth in Transition***, ages 18-21 years

Youth, 13-17 years: IOP services are provided to youth, aged 13-17 years, diagnosed with substance abuse disorders or with co-occurring disorders (serious emotional disturbance and substance abuse) or that meet the American Society Of Addiction Medicine (ASAM) patient placement criteria for level two (II) - intensive outpatient treatment.

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This Agency is a:

- ☐ Community Mental Health Center (CMHC)
- ☐ Rural Health Clinic (RHC)
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Indian Health Services (IHS) Facility
- ☐ PL.93-638 Tribal Facility
- ☐ An agency requesting approval from BHSD submitting the documentation necessary to demonstrate that the agency meets all requirements of an intensive outpatient program services and supervision requirements

Onsite Feedback:

Areas of Strength:
Opportunities for Growth:

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All items listed in **bold-faced, underlined text** in the "Assessment Criteria" column are **pass/fail**. The Provider must demonstrate that these items have been adequately supported in the documents submitted in their application. If any one of these items fails, then the application as a whole fails. It is MAD's intent that upon approval of this application, the Provider will implement their MAD IOP program in accordance with the approved policies and procedures as submitted. The use of the clinical practice standards, evidence-based practices, and the most current Service Definition provide guidance to the Provider of the information necessary to be approved as a MAD IOP provider. The Provider must comply with all sections of MAD 8.310.15 NMAC, Intensive Outpatient Services rule.

If the Provider is operating multiple sites, the responses, documents, policies/procedures must specifically address how the agency will coordinate and collaborate between the sites. In particular, how staffing, supervision, and training will be managed. Each site will be individually provisionally and fully approved and visited.

If the Provider is proposing to serve both adolescents and adults, the application must specifically detail the uniqueness of each population in its policies/procedures, documents and responses.

A. Quality Management Documentation				
Item	**Assessment Criteria**	**Yes ✓**	**No ✓**	**Comments**
B. IOP providers are required to develop and implement a program evaluation system. *(8.310.15.10-F)*	**1. Does the provider have an IOP-specific program evaluation (quality management) to be utilized?** **Through Interview**	1. ☐	1. ☐	
	2. Can the Clinical Director describe and show you how the IOP program will track fidelity to the model?	2. ☐	2. ☐	2.
	2a. Is there evidence demonstrating that the model is being followed?	2a. ☐	2a. ☐	2a.
	3. Are there quality management meetings that are regularly scheduled?	3. ☐	3. ☐	3.
	3a. Is there evidence demonstrating that	3a. ☐	3a.☐	3a.

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	the meetings are regularly scheduled and held?			
	4. Can the provider describe how the IOP-specific program evaluation system will be used to track and/or evaluate client outcomes?	4. ☐	4. ☐	4.
	4a. Is there evidence of program evaluation? (There may be customer satisfaction surveys, retention into service rates, drop-out rates, re-admittance/relapse and lapse rates, incarceration or hospitalization data, or readily identifiable information and data specific to the IOP that may be contained in the quality management reports.)	4a☐	4a. ☐	4a.
	5. Description of how program success will be measured, such as demographics of recipients served; effects on the utilization of criminal justice system by enrolled recipients; changes in recipient employment; numbers and reasons why recipients did not complete IOP program.	5. ☐	5. ☐	5.
	5a. Is there evidence of measurement of success?	5a. ☐	5a. ☐	5a.
	6. How this information is internally analyzed concerning client satisfaction and client beliefs of the effectiveness	6. ☐	6. ☐	6.

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	of services. 6a. Is there evidence of analysis and client voice? 7. How are findings from the analysis integrated/implemented by the agency? 7a. Is there evidence of integration/ implementation of analysis findings?	6a. ☐ 7. ☐ 7a. ☐	6a. ☐ 7. ☐ 7a. ☐	6a. 7. 7a.
A3. Research-based model specific to IOP services (8.310.15.14-F) IOP services must be rendered through a research-based model: (1) Matrix Model Adult Treatment Model (2) Matrix Model Adolescent Treatment Model (3) Minnesota Treatment Model (4) Integrated Dual Disorder Treatment (5) 7 Challenges (6) Other authorized G. Services not provided in accordance with the conditions for coverage as specified in 8.327.0.10 and 8.327.0.14 NMAC, Intensive Outpatient Program Services, are not considered covered services and are subject to recoupment.	**1a. Is the provider monitoring fidelity to the chosen model as evidenced in their QA?** **1b. Do the client files show fidelity through scheduled groups and individual therapy?**	1a. ☐ 1b. ☐ .	1a. ☐ 1b. ☐	1a. 1.b

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B. Supervision				
Item	**Assessment Criteria**	**Yes ✓**	**No ✓**	**Comments**
D1. Each IOP program must have a clinical supervisor. The clinical supervisor may also serve as the IOP program supervisor. Both clinical services and supervision by licensed practitioners must be conducted in accordance with respective licensing board regulations. An IOP clinical supervisor must meet all the requirements listed in column 2, # 1. (8.310.15.10-E)	1 . Does the Clinical Supervisor have: **a. An active licensure as an independent practitioner?** b. Two years relevant experience with IOP eligible recipients c. One year documented supervisory experience d. If b &c are not present was an exceptions request filed and approved? e. Education, formal, or staff development in both mental health and substance abuse treatment **f. Has formal training been completed for EBP IOP & supervisory curriculum?** **2. Specific to the agency IOP program – In the employee record, are there supervision forms:** **a. that reflect follow-up from previous meetings** **b. that document planned training and follow-up those trainings were attended and improvements made in performance**	1a. ☐ 1b. ☐ 1c. ☐ 1d.☐ 1e. ☐ 1f. ☐ 2a. ☐ 2b. ☐	1a. ☐ 1b.☐ 1c.☐ 1d.☐ 1e.☐ 1f.☐ 2a. ☐ 2b.☒	1a. 1b. 1c. 1d. 1e. 1f. 2a. 2b.

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B. Supervision				
	c. <u>schedule of individual supervision dates and time</u>	2c. ☐	2c. ☐	2c.
	<u>3. Is there evidence of all forms requiring supervisory review being countersigned by the Supervisor?</u>	3. ☐	3. ☐	3.

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C. Personnel Files				
Item		**Yes ✓**	**No ✓**	**Comments**
E1. Services must be culturally-sensitive and incorporate recovery and resiliency values into all service interventions. *(8.310.15.13)*	**1. Ongoing employee training plan that specifically includes relevant opportunities for staff to learn more about IOP model fidelity and compliance**	1. ☐	1. ☐	1.
	2. Training on how to handle potentially disruptive or unruly client behavior.	2. ☐	2. ☐	2.
	3. Does the provider have the forms that demonstrate that recovery and resiliency values are embedded in the job descriptions and administrative and supervisory guidelines?	3. ☐	3. ☐	3.
	4. Does the provider have training plans that cover recovery and resiliency values for IOP staff?	4. ☐	4. ☐	4.
	5. Does the provider have training plans that cover cultural competency for IOP staff?	5. ☐	5. ☐	5.
	6. Does the provider have documentation that the agency has a plan to match linguistic needs of the community served when hiring?	6. ☐	6. ☐	6.

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C. Personnel Files				
E2. ELIGIBLE PROVIDERS: Services must be provided within the scope of the practice and licensure for each provider and must be in compliance with the statutes, rules and regulations of the applicable practice act and must be eligible for reimbursement as described in 8.310.8B-E NMAC Behavioral Health Professional Services. (8.310.15.10-E)	**1. Is there evidence that IOP clinicians have active New Mexico licensure that matches the scope of services they are providing?** 2. Is there evidence of education, formal training, or staff development specific to co-occurring disorders for IOP clinicians? (Note: training can include staff development and/or training from clinical supervisor.) **3. IOP clinicians are trained in EBP IOP curriculum in compliance with State of NM MAD Rule? (training may be conducted in-house by supervisory staff who have attended formal EBP training)** 4. Is there evidence that staff are receiving COD, EBP, and other appropriate training as indicated by their supervisor?	1. ☐ 2. ☐ 3. ☐ 4. ☐	1. ☐ 2. ☐ 3. ☐ 4. ☐	1. 2. 3. 4.
E3. Documents that must be provided by agency if applying for enrollment as an IOP agency requesting approval from MAD.	**1. Are there Employee Performance Evaluations for each IOP program staff?**	1. ☐	1.☐	1.

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D. Client Files				
Item	**Assessment Criteria**	**Yes ✓**	**No ✓**	**Comments**
F1a **8.310.15.12 ELIGIBLE RECIPIENTS:** A. IOP services are provided to youth, aged 13-17 years, diagnosed with substance abuse disorders or with co-occurring disorders (serious emotional disturbance and substance abuse) or that meet the American society of addiction medicine (ASAM) patient placement criteria for level two (II). F1b. IOP services are provided to adults aged 18 years and over diagnosed with substance abuse disorders or with co-occurring disorders (serious mental illness and substance abuse) or that meet the ASAM patient placement criteria for level two (II) - intensive outpatient treatment. *(See next row for a list of ASAM criteria)* F2. ASAM: Levels of Care: *(8.310.15.12-A)* Level 0.5: Early Intervention Services - Individuals with problems or risk factors related to substance use, but for whom an	**1. Is there evidence that each client meets the eligibility criterion of ASAM level II.1 services: IOP services or diagnosed with substance abuse disorders or with co-occurring disorders as specified by the diagnostician documented in Assessment (H0031-U8) or a Diagnostic/Evaluation (90801) or other diagnostic evaluation as approved by the Medical Assistance Division that is current, (within 12 months) completed, signed and dated by a licensed clinician under the supervision of a licensed Independent Clinician?** **(If files show evidence of II.4 or higher, initiate a conversation about 1) why, including what services are or are not available; 2) if there are additional risk management protocols in place for the case.)** **2. Is there evidence that the level of care is specified in the individualized**	1. ☐	1. ☐	1.

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D. Client Files				
immediate substance -related disorder cannot be confirmed Opioid Maintenance Therapy (OMT) - Criteria for Level I Outpatient OMT, but OMT in all levels Level I Outpatient Treatment Level II.1 Intensive Outpatient Treatment Level II.5 Partial Hospitalization Level III.1 Clinically-Managed, Low Intensity Residential Treatment Level III.3 Clinically-Managed, Medium Intensity Residential Treatment (Adult Level only) Level IV Medically-Managed Intensive Inpatient Treatment	**service plan? This should include what domains of service were identified in the Assessment/Diagnostic evaluation appropriate to IOP services.**	2. ☐	2. ☐	2.
F3. Before engaging in an IOP program, the eligible recipient must have a treatment file that contains a diagnostic evaluation and an individualized service plan that includes IOP as an intervention. *(8.310.15.12-C)* Individual case files contain evidence of culturally-sensitive and recovery and resiliency-based treatment. *(8.310.14.13)*	**1. Is there evidence that the Individual Service Plan will address all issues identified in the Assessment/Diagnostic evaluation appropriate to IOP services?** **2. Is there evidence that co-occurring disorders are assessed for addressed?** 3. Is there evidence of a relapse and/or crisis plan (may be the same document)? 4. Is there evidence of for progress notes for each treatment session including: • IOP services, and/or • individual counseling, and/or • psycho-ed? 5. Is there evidence that all other	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.☐	1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐	1 2. 3. 4. 5.

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D. Client Files				
	domains of service identified in the assessment/evaluation have been addressed in the service plan?			
	6. Is there evidence that the consumer and/or parent/guardian, as appropriate, identify and agree to specific, personal goals of treatment, and signed documents appropriately?	6. ☐	6. ☐	6.
	7. <u>Is there evidence that Releases of Information specific to treatment needs are in the record where appropriate?</u>	7. ☐	7. ☐	7.
	8. Is there evidence that the Client Bill of Rights was signed and located in the client's chart?	8. ☐	8. ☐	8.
	9. Is there evidence that of MDT feedback in the client record?	9. ☐	9. ☐	9.
	10. Is there evidence of treatment schedule/attendance document?	10. ☐	10.☐	10.
	11. Is there evidence that the time of service each week aligns with the recommended EBP service intensity specific to client needs and capability as documented in the Assessment (H0031-U8) or a Diagnostic/Evaluation (90801) or other diagnostic evaluation as approved by the Medical Assistance Division.	11. ☐	11.☐	11.
	12. <u>Is there evidence of a Diagnostic Evaluation (90801) Assessment (H0031-U8) or other diagnostic</u>	12. ☐	12.☐	12.

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D. Client Files				
F4. Medication management services are available to oversee use of psychotropic medications. *(8.310.15.14)*	**evaluation as approved by the Medical Assistance Division is to be current, (within 12 months) stating it must be completed, signed and dated by a licensed clinician under the supervision of a licensed Independent Clinician?** 13. Is there evidence of appropriate assessment for medication, medication management, or referral and follow up for these services?	13.☐	13.☐	13.
F4, Documents that must be provided by agency if applying for enrollment as an IOP agency requesting approval from MAD.	**1. Is there evidence of signed Client rights and grievance procedures that include the Single Entity's and Fee-For-Service (FFS) rights for fair hearings?** **2. Is there evidence of Discharge Planning that:** a. **Is developed at the start of services and is updated as necessary to reflect growth and needs of the consumer.** b. **Is consistent with the treatment plan updates and progress made by the consumer.** c. **Includes family and community support and collaboration.** d. **Reflects the development level and any unique circumstances**	1. ☐ 2. ☐ a. ☐ b. ☐ c. ☐ d. ☐	1. ☐ 2. ☐ a. ☐ b. ☐ c. ☐ d. ☐	1. 2. a. b. c. d.

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D. Client Files				
	for that consumer to continue in recovery. e. **Includes concrete steps that support the consumer in recovery.**	e. ☐	e. ☐	e.
A2. Provision of substance, mental health, or COD services (8.310.15.14-D)	**1. Is there evidence of specific goals/interventions/outcomes for each of the identified problems in the diagnostic evaluation?** **2. Is there evidence of planning for the advent of high risk situations or crises documented in the service or crisis plan?**	1. ☐ 2. ☐	1. ☐ 2. ☐	1. 2.

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D. Client Files				
A4. Treatment services should address co-occurring mental health disorders, as well as substance use disorders, when indicated. (8.310.15.13)	**1. Is there evidence of the psychiatric evaluation containing an integrated summary describing the interactions or the interrelated effects of the disorder dynamic for the co-occurring diagnoses which are to be included in the treatment plan?**	1. ☐	1. ☐	1. .
A5. Services must be culturally sensitive and incorporate recovery and resiliency values into all service interventions. (8.310.15.13)	**1. Is there evidence of cultural influences on recovery and resiliency in the record?**	1. ☐	1. ☐	1. .

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D. Client Files				
A7. Documents that must be provided by agency if applying for enrollment as an IOP agency requesting approval from MAD.	**1) <u>Are all documents in the client file signed (and counter-signed when indicated) by the appropriate practitioners?</u>**	1. ☐	1. ☐	1.
	2) <u>Are urinalysis and breathalyzer results documented in the client files?</u>	2. ☐	2. ☐	2.
	3) <u>Are the signed admission forms included in the chart?</u>	3. ☐	3. ☐	3.

<u>Certification –individual(s) completing audit:</u>

Audit Reviewer _____
Print name Date Signature

Audit Reviewer _____
Print name Date Signature

Audit Reviewer _____
Print name Date Signature

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Audit Reviewer _____

Print name Date Signature

Audit Reviewer _____

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