



2026 Free Webinar Series 

Building an Intensive Outpatient Program (IOP) in an OTP Setting

Building an Intensive Outpatient Program (IOP) in an OTP Setting

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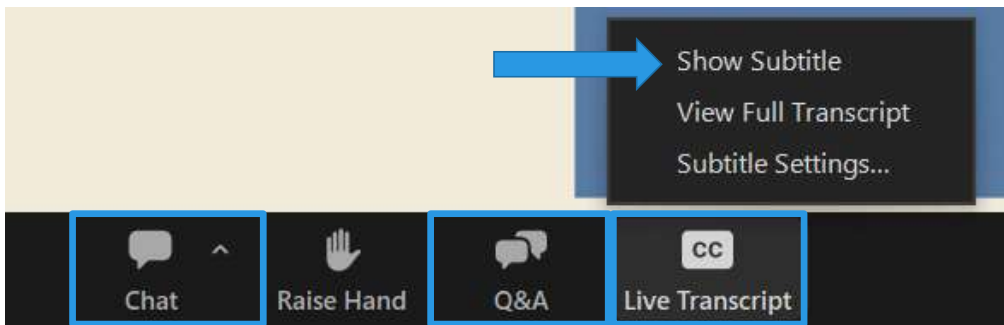
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The screenshot shows the Zoom webinar control bar. A blue arrow points to a menu that is open over the 'Live Transcript' button. The menu options are 'Show Subtitle', 'View Full Transcript', and 'Subtitle Settings...'. The 'Chat', 'Raise Hand', 'Q&A', and 'Live Transcript' buttons are also highlighted with blue boxes.

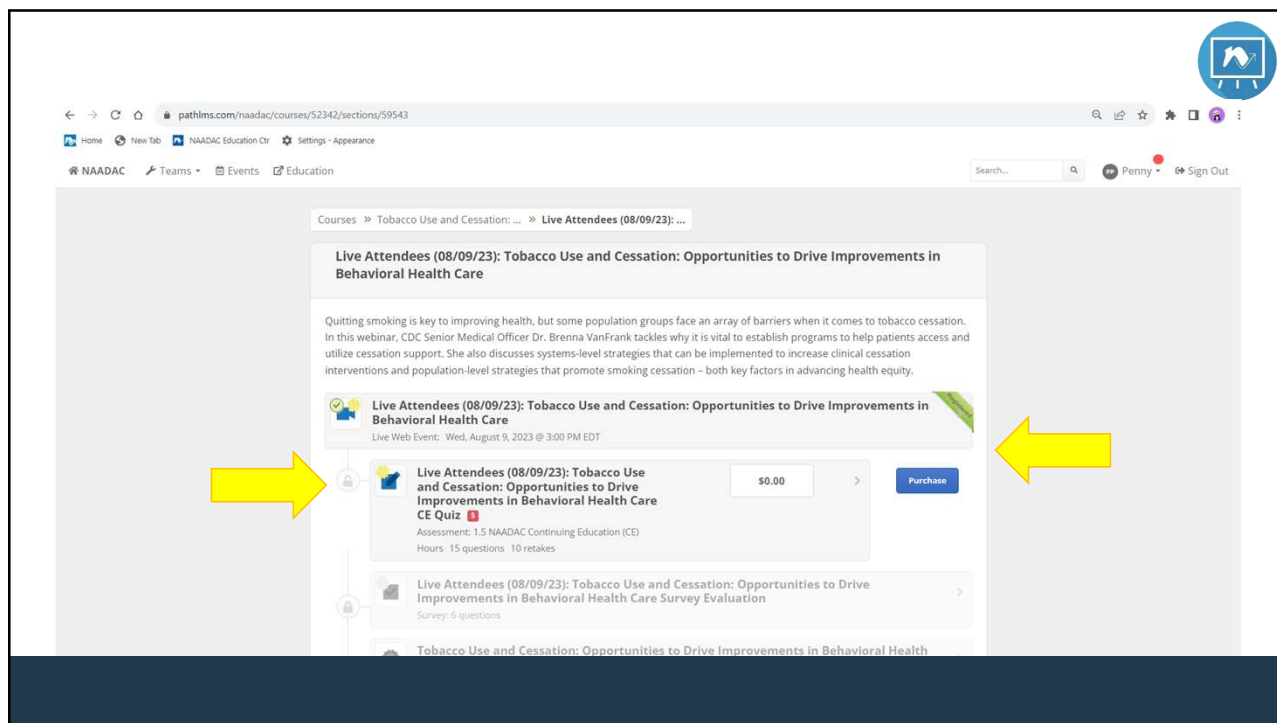
Using Zoom Webinar (Live participants only)

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Live Transcript
Click on Live Transcript and select "show subtitle."

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The screenshot shows a course page on pathlms.com. A yellow arrow points to a 'Purchase' button for a course titled 'Live Attendees (08/09/23): Tobacco Use and Cessation: Opportunities to Drive Improvements in Behavioral Health Care'. The course details include 'Assessment: 1.5 NAADAC Continuing Education (CE)', 'Hours: 15 questions - 10 retakes', and a price of '\$0.00'. A second yellow arrow points to the right side of the page.

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Webinar Presenter:

Keisha Haynes, MS, LCPC-S



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Webinar Presenter:

Boni-Lou Roberts, MSHE, MATS, CADC II



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Building an Intensive Outpatient Program (IOP) in an OTP Setting: Adapting to the Expanding ASAM Criteria 4th Edition

Boni-Lou Roberts, MSHE, MATS, CADC II
Keisha Haynes, MS, LCPC, CPHQ

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Objectives

- 01**
Participants will be able to explain the key changes in the ASAM Criteria 4th Edition that impact OTPs and the need for expanded levels of care.
- 02**
Participants will be able to identify the clinical and operational benefits of incorporating an IOP into an OTP setting.
- 03**
Participants will be able to discuss regulatory and billing considerations to ensure compliance and financial sustainability.
- 04**
Participants will be able to apply strategies for overcoming common barriers, such as counselor capacity, patient engagement, and interdisciplinary collaboration.

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What is the ASAM 4th Edition?

The ASAM Criteria Fourth Edition is a comprehensive set of standards and decision rules that use a holistic, person-centered approach to determining the appropriate level of care and developing treatment plans for patients with addiction and co-occurring conditions.

The revised standards have been crafted using a rigorous methodology for scientific evidence review and consensus development. The result is an update that is easier to understand and apply for improved patient care.

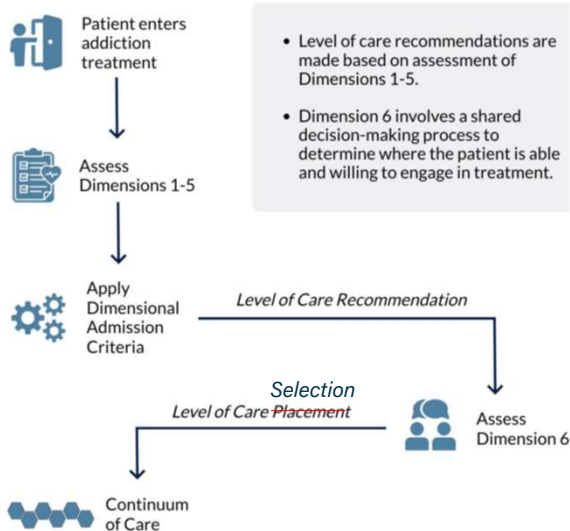
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Core Components of the ASAM 4th Edition



- Dimensions 1 through 5 are assessed to develop a level of care recommendation.
- The results of the LOC Assessment are applied to the Dimensional Admission Criteria to determine the recommended LOC based on shared decision making with patient during Dimension 6 assessment
- Patient is regularly reassessed throughout treatment episode
- Transition and continued service criteria helps to determine next appropriate LOC decision

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Updated Dimensions of the ASAM 4th Edition

Changes to The ASAM Criteria Dimensions in the Fourth Edition

Third Edition	Fourth Edition
1 Acute Intoxication and/or Withdrawal Potential	1 Intoxication, Withdrawal, and Addiction Medications
2 Biomedical Conditions and Complications	2 Biomedical Conditions
3 Emotional, Behavioral, or Cognitive Conditions and Complications	3 Psychiatric and Cognitive Conditions
4 Readiness to Change	4 Substance Use-Related Risks
5 Relapse, Continued Use, or Continued Problem Potential	5 Recovery Environment Interactions
6 Recovery/Living Environment	NEW 6 Person-Centered Considerations

The ASAM Criteria Dimensions and Subdimensions

Dimension 1 – Intoxication, Withdrawal, and Addiction Medications

- Intoxication and associated risks
- Withdrawal and associated risks
- Addiction medication needs

Dimension 2 – Biomedical Conditions

- Physical health concerns
- Pregnancy-related concerns
- Sleep problems

Dimension 3 – Psychiatric and Cognitive Conditions

- Active psychiatric concerns
- Persistent Disability
- Cognitive Functioning
- Trauma exposure and related needs
- Psychiatric and cognitive history

Dimension 4 – Substance Use Related Risks

- Likelihood of risky substance use
- Likelihood of risky SUD-related behaviors

Dimension 5 – Recovery Environment Interactions

- Ability to function in current environment
- Safety in current environment
- Support in current environment
- Cultural perceptions of substance use

Dimension 6 – Person-Centered Considerations

- Patient preferences
- Barriers to care
- Need for motivational enhancement

- Subdimensions in **bold and blue** inform level of care recommendations and initial treatment for immediate needs
- All subdimensions are considered for treatment planning purposes.
- Prior dimension *Readiness for Change* is integrated across all dimensions
- New Dimension 6 considers barriers to care and SDOH, patient preferences and need for motivational enhancement.

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Updated Continuum of Care for the ASAM 4th Edition

The ASAM Criteria Continuum of Care for Adult Addiction Treatment

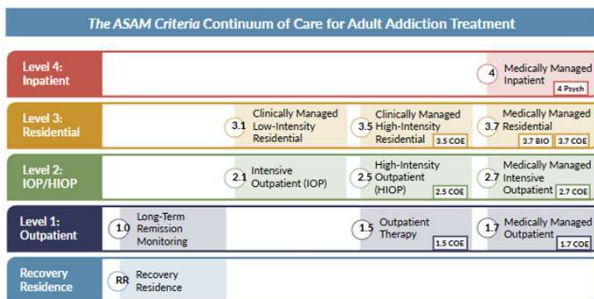
	Level 4: Inpatient	Level 3: Residential	Level 2: IOP/HIOP	Level 1: Outpatient	Recovery Residence
	4 Medically Managed Inpatient <small>4 Psvch</small>	3.1 Clinically Managed Low-Intensity Residential 3.5 Clinically Managed High-Intensity Residential <small>1.5 COE</small>	2.1 Intensive Outpatient (IOP) 2.5 High-Intensity (HIOP) <small>2.5 COE</small>	1.5 Outpatient Therapy <small>1.5 COE</small>	1.7 Medically Managed Outpatient <small>1.7 COE</small>
		3.7 Medically Managed Residential <small>3.7 BIO 3.7 COE</small>	2.7 Intensive Outpatient <small>2.7 COE</small>		
			1.0 Long-Term Remission Monitoring		
			RR Recovery Residence		

COE – Programs that offer 'Co-Occurring Enhanced' capabilities for managing co-occurring mental health conditions

- Patients move along the clinical continuum of care based on their progress and outcomes vs lengths of stay.
- Designed to address the full continuum of care even if the treatment organization is only a *medically managed* LOC
- All LOCs have scope of practice designed to provide care for all services on main level with goal to simplify step down/transition process
- Level 1.0 promotes a Chronic Care Model of Treatment by providing ongoing monitoring for stabilized patients including medication management for patients prescribed addiction medications
- Clinical expectations are aligned vertically
 - Level 3.1 provides the same number of hours of clinical services as Level 2.1 with the addition of 24-hour structure and support
 - Level 3.5 programs provide the same hours of clinical support as Level 2.5 with the addition of 24-hour residential supervision, structure and support

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Updated Continuum of Care for the ASAM 4th Edition



All programs should be co-occurring capable, at minimum

- Level 2.5 formally *Partial Hospitalization*
- Level x.7 *medically managed* programs provide integrated withdrawal management services with the expectation that biomedical and psychosocial services are also integrated
- BIO designation for Level 3.7 programs with enhanced biomedical capabilities – programs will have ability to provide IV fluids, medications and wound care
- Identifies standards for Recovery Oriented Systems of Care (ROSCs) that can be provided at the program level or via referral partnerships at each LOC
- Promotes Recovery Management Checkups (RMCs) and ongoing remission monitoring for patients with sustained remission
- Promotes consideration of harm reduction related needs through increased engagement with patient to better understand treatment preferences and goals

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Intensive Outpatient Program (IOP)

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The 'What' of IOP

Intensive Outpatient Program (IOP) is a continuum of care program that is designed to meet the varied needs of individuals diagnosed with substance use disorders (SUD).

IOP is considered an ambulatory care model that serves the patient at the following areas:

- an entry point into SUD treatment
- a stepdown after transitioning from a high level of care such as a hospital facility or residential treatment program, or;
- a step up from an outpatient level of care or MAT program ***after being assessed as needing an intensive and structured level of care*** to achieve abstinence, learn relapse prevention strategies and addressing other issues common to those struggling with addiction.

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The 'Why' of IOP

IOP when compared to inpatient or residential care, had comparable outcomes in patients "with minimal risk of acute/withdrawal, health conditions, and psychological symptoms." (McCarty, et al., 2014; SAMHSA, 2021).

IOP has shown to improve abstinence rates in patients while decreasing their SUD symptoms severity and frequency of use (McCarty, et al., 2014; Schmidt, et al., 2017).

IOP has become increasingly popular in addiction treatment as it provides a more intensive level of care more than the typical outpatient program and allows patients to avoid inpatient or residential treatment or step down after successful completion (McCarty, et al., 2014).

When compared to inpatient treatment, IOP has shown to increase the duration of treatment (dependent on patient severity and treatment response) and provides an "opportunity to engage and treat consumers while they remain in their home environments, which affords consumers the opportunity to practice newly-learned behaviors" (McCarty, et al., 2014).

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IOP in the 4th Edition – What’s Changed?

ASAM 3rd Edition

- Single rating per dimension
- Minimum service hour requirements
- LOC placement based on patient severity
- Implied abstinence and movement towards lower LOCs
- Co-Occurring Disorders were identified as external referral needs
- Recovery environment was considered secondary to clinical severity

ASAM 4th Edition

- Subdimension risk ratings
- Flexible guidelines for service hours based on patient functioning and need
- LOC placement based on patient functioning/ability to engage in treatment, safety and stability
- Integrates harm reduction, patient-centered goals, ROSCs...in addition to counseling
- Emphasis on integrated care treatment for co-occurring disorders at the same level of care
- Supports telehealth and hybrid models
- Environmental and SODH weigh more heavily in LOC placement
- OTPs can expand IOP services without being constrained by rigid criteria while requiring strong documentation to justify placement

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WHAT’S AN OTP?

Opioid Treatment Programs (OTPs)

Treatment program that provides Medications for Opioid Use Disorder (MOUD)

Regulated by multiple entities:

- SAMHSA
- DEA
- State Opioid Treatment Authorities (SOTA)
- Accrediting Bodies (CARF, The Joint Commission)

OTPs are authorized to dispense **Methadone**, **Buprenorphine**, and **Naltrexone** for the treatment of opioid use disorder. OTPs are the *only* FDA-approved program to dispense **Methadone**

Emphasizes **person-centered care** that often includes comprehensive care: *Medication Management, Counseling, Peer Recovery Support Services (PRSS), Case Management, Coordination with Primary Care*

The average patient begins with daily visits but may earn take-home medication privileges as they stabilize in treatment

Research shows that OTP treatment reduces overdose deaths, illicit opioid use, and criminal activity while improving overall health and stability.

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Where OTP's Fall within the Changes



OTP's are federally required to provide both medical and psychosocial treatment services

Scope of practice already exists to provide continuity of care at Level 1.0 through Level 2.7 (<9hrs/wk - ≥ 20hrs/wk)

Patients with complex needs can be addressed through Levels 2.7 to Level 1.0 within the same program

Group therapy is consistently shown to improve outcomes related to use patterns and abstinence

2024: Medicare Physician Fee Schedule included IOP in an OTP setting for the first time

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Medicare Shift in OTP+IOP

Standard OTP Programming

- **Service Hours:** 1 - 2 hours/week
- **Core Focus:** Medication maintenance + basic counseling
- **Group Therapy:** Optional or low-frequency
- **Staffing:** Nurses, counselors, physicians
- **Patient Experience:** Medication pick-up, brief check-ins
- **Clinical Goals:** Stabilization, harm reduction

OTP + IOP Integration

- **Service Hours:** 9+ clinical hours/week
- **Core Focus:** Recovery skills, behavioral change, relapse prevention
- **Group Therapy:** Core treatment component, structured curriculum
- **Staffing:** Nurses, counselors, physicians, group facilitators, case managers, peer support
- **Patient Experience:** Daily structure, therapeutic alliance, peer support
- **Clinical Goals:** Therapeutic progress, skill-building, co-occurring support


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Clinical/Operational Benefits of IOP within OTP

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The Facts


IOP programs should not be the sole approach for any client; instead, they need to be one step along a continuum of care. Moving from more to less intensive treatment on the continuum of care improves client outcomes in general (McCarty et al., 2014).

Clients' level of functioning, recovery resources and supports, and relapse risk factors should guide overall planning and next steps immediately after IOP treatment completion (Blodgett et al., 2014; Mee-Lee et al., 2013).

Findings demonstrate the need to modify integrated treatments to meet the preferences of providers and women with OUD/PTSD. Treatments should consider therapeutic content, structure, contextual factors, social support, and PTSD severity to enhance uptake and reach (Saraiya et al., 2024)

Clients' preferences and involvement in decision making regarding treatment options are significant ingredients in improving treatment engagement and outcomes. Studies demonstrate that clients who were involved in shared decision making, were able to choose a treatment modality, or received their preferred treatment had greater treatment satisfaction, higher retention and completion rates, and better outcomes (Lindhiem et al., 2014; McKay et al., 2015)

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Clinical Benefits of Integration with OTPs

- Clients are provided with the following **enhanced services**:
 - Targeted individual counseling
 - Case management
 - Facilitated engagement in a wide breath of group services
 - Family Services
 - Peer Services
 - Co-occurring enhanced groups



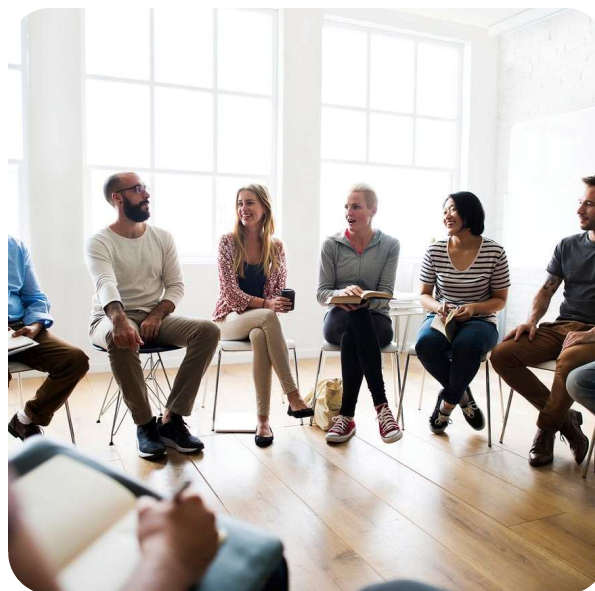
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Clinical Benefits of Integrated IOP

- Significant positive outcomes including reduced substance use, improved mental health, better employment status, and increase social engagement
- Enhanced access to other social services in the community that help build a recovery network that can extend beyond treatment
- Continuum of care support (integration with OTPs) - natural step-down within the same treatment provider
- Enhanced support and monitoring for MOUD



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Clinical Benefits of Integration with OTPs

- 4th Edition of ASAM clearly delineates criteria for integrating IOP services within the OTP level of care (ASAM Levels 1.7 + 2.1) -
 - Low-intensity ambulatory withdrawal management services & initiation of addiction medications
 - +
 - Higher intensity structured clinical services (9-19 hours per week) of counseling, psychoeducation, and psychotherapy



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Operational Benefits of Integrated IOP

Reduced barriers to referral - clients do not have to be referred to outside agencies to receive ASAM 2.1 Level of Care

Increased census - clients are more likely to be retained in the early stages of treatment

Marketing opportunities - create a unique niche with OTPs

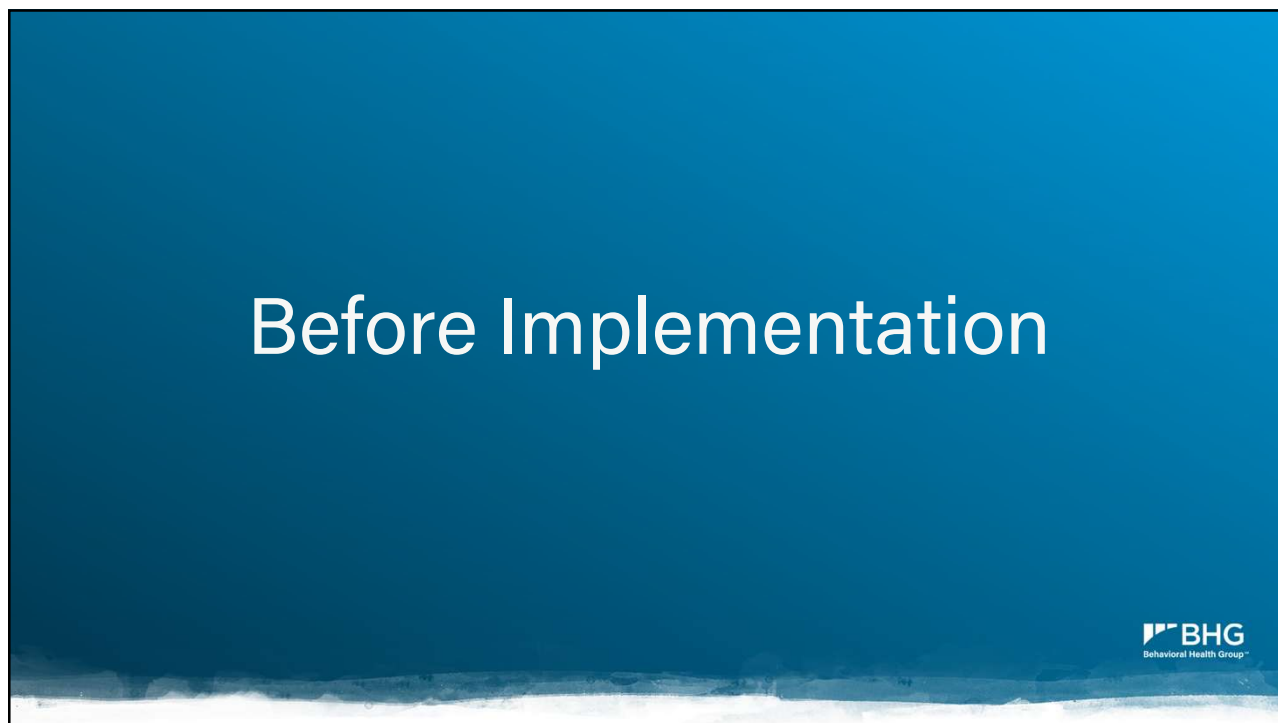
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1. Gather the Teams and Assignments

- Generate a comprehensive list
- Identify actionable items for each team
- Identify which phase each team will be involved with



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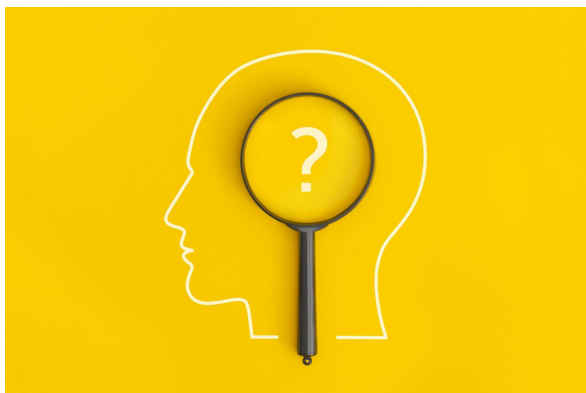
2. Do Your Research

- Licensing and Accreditation requirements
- Program Structure requirements or limitations
- Projected outcomes and facility needs



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Time to Ask...



Should we?

Can we?

How do we?

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Should We?

Is there a need?

- Population Potential
- Community Connections

What will be the focus?

- Mental Health, Substance Abuse, or Both (Co-Occurring)

How will this contribute to and align with the mission, vision and values?

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Can We?

Authorized Means Materials Manpower

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How Do We?

Patient Facing: Develop the Program Structure

- Hours
- EBP Curriculum
- Patient or Client experience
- Team experience

Background

- Authorization and billing set up
- Contracts and partnerships

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3. Get Prepped



Marketing the program

Set the curriculum

Staffing and trainings

Get ready for inspections and surveys

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During Implementation



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During Implementation

- Service delivery – engagement with patients, documentation of services provided, daily running and reporting
- Fidelity Monitoring
 - Curriculum
 - Documentation
 - CQI
- Patient Experience
 - Flow
 - Retention
 - Satisfaction surveys
 - Outcome measures



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After Implementation

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Scaling



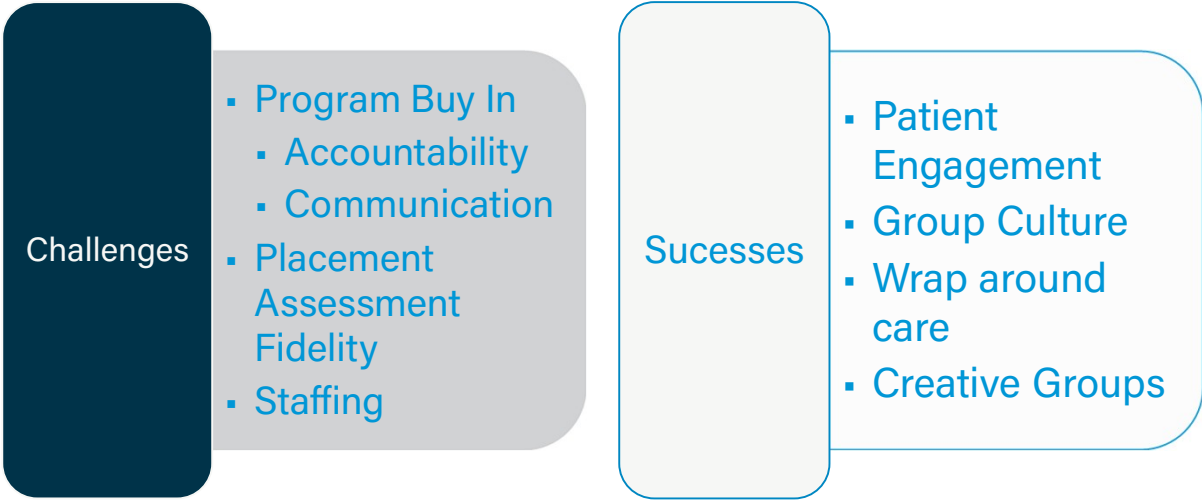
- Building the program
 - Reviewing and anticipating trends
 - Identifying what worked and did not work
- Identifying next steps
- PDSA

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Implementation Outcomes



- Challenges**
 - Program Buy In
 - Accountability
 - Communication
 - Placement Assessment Fidelity
 - Staffing
- Successes**
 - Patient Engagement
 - Group Culture
 - Wrap around care
 - Creative Groups

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ASAM Level of Care Considerations for Regulatory and Billing Compliance

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Regulatory Compliance Considerations



Credential/License requirements

Counselor to patient ratios

Assessment and Treatment Plan
Documentation

Clinical supervision requirements

Individual counseling and peer
services requirements


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Regulatory Compliance Considerations

Virginia	North Carolina
<ul style="list-style-type: none">▪ Credentials:<ul style="list-style-type: none">▪ CATP: LCP, LCSW, LPC, LMFT, LSATP▪ Group Size Ratio – 1:10	<ul style="list-style-type: none">▪ Credentials<ul style="list-style-type: none">▪ CADC (<i>bachelor level</i>), CSAC▪ Group Size Ratio – 1:12



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Billing Compliance Considerations

- Medical Necessity Documentation
- Insurance Prior and Concurrent Authorization
- Verification of Benefits
- Proper Billing Codes
- Submission of Comprehensive Claims
- Track Authorization and Progress



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Billing Compliance Considerations



- Billing an IOP correctly means using the proper **procedure codes** that represent intensive outpatient service
- Unlike regular therapy sessions which might use standard CPT psychotherapy codes (e.g., 90834 for individual therapy, 90853 for group therapy), IOPs often use HCPCS Level II codes that represent bundled services on a daily basis – H0015
- Insurance companies will deny or underpay claims with improper coding.
- 9-hour minimum attendance requirement is an important consideration

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Billing Compliance Considerations

Research Your State's Requirements: Contact your state's behavioral health licensing authority or health department to find out if a separate license is needed for IOP.

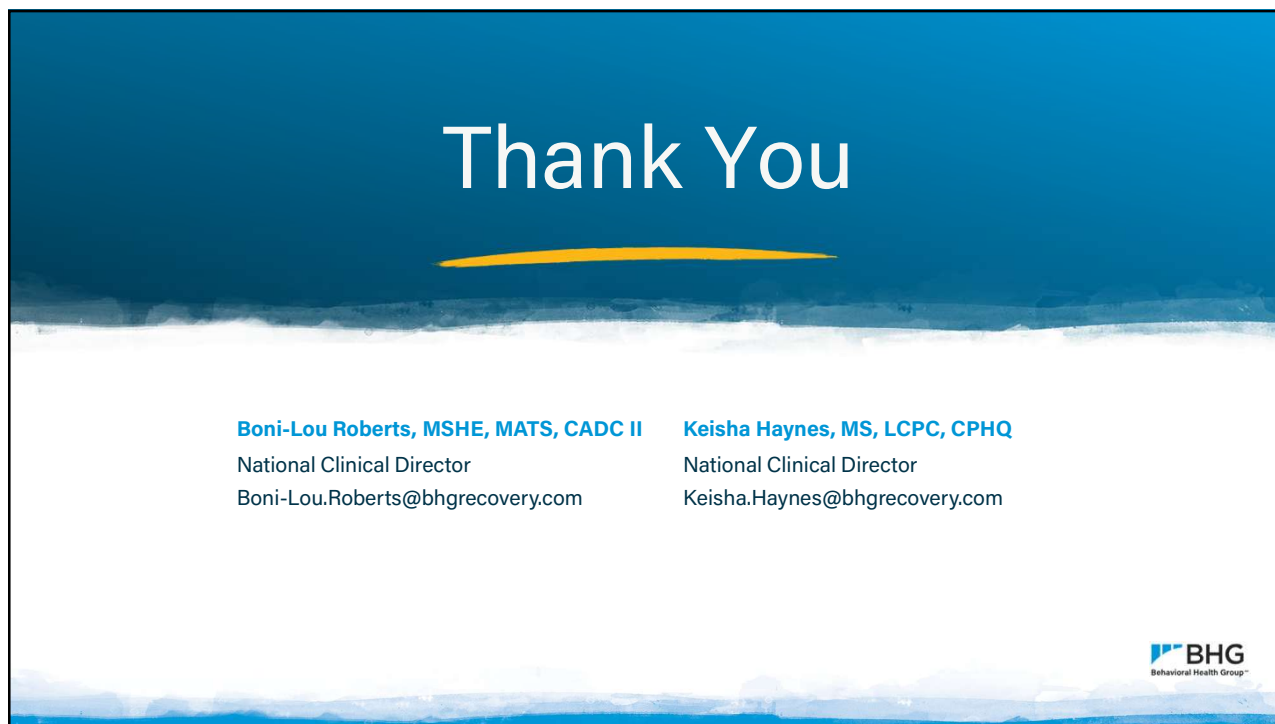
Maintain Clinical Standards: Once licensed, ensure you continue to meet standards (for example, minimum hours of therapy per week, having a licensed clinical supervisor, etc.). Unexpected inspections or audits can occur.

Stay Updated: Regulations can change. For example, as the opioid crisis evolved, some states updated rules for outpatient treatment programs. Keep an eye on state legislative or regulatory updates that might affect IOP operation or billing (like changes in Medicaid coverage or additional documentation requirements).

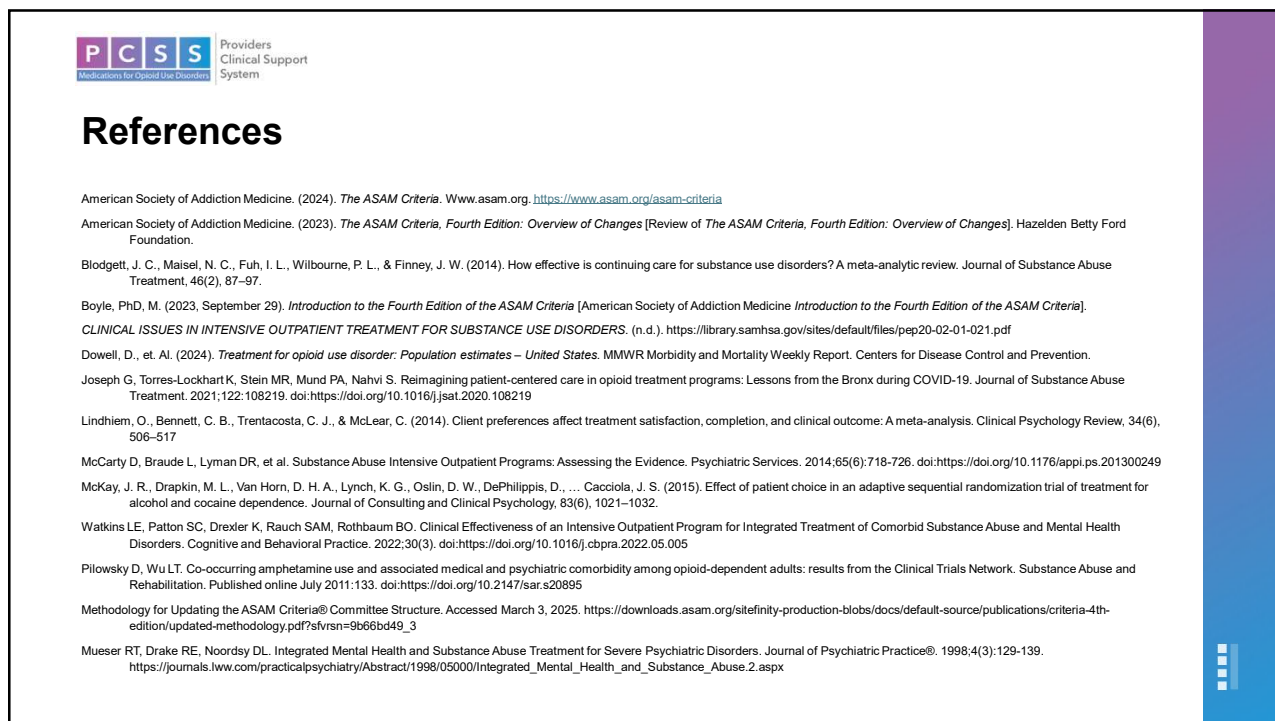
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PCSS Providers Clinical Support System
Medications for Opioid Use Disorder

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Accessing the CE Quiz

Courses » Haley and Jessie Test the C... » Live, Interactive Webinar: ... » NAADAC - CE Instructional P...

NAADAC - CE Instructional Process

Overview

THANK YOU

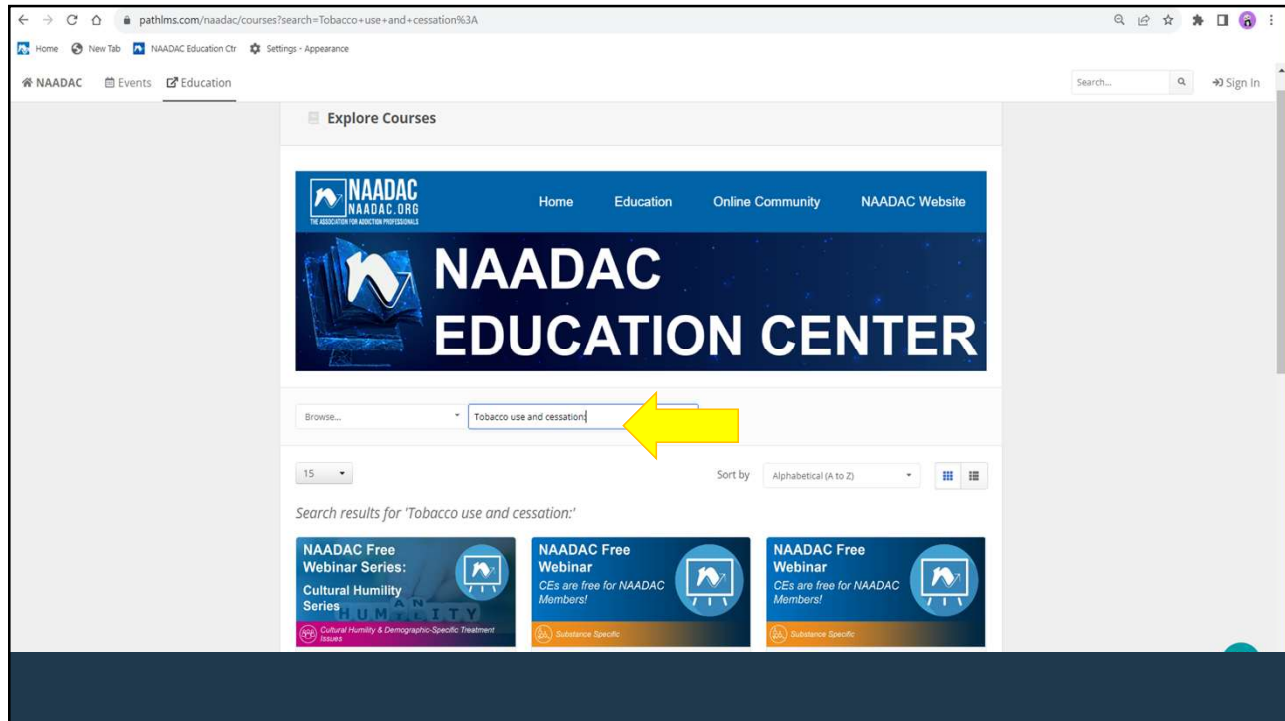
Thank you for attending this webinar! In order to get your CE certificate, you will need to pass the content knowledge quiz with a score of 80% or higher and complete the survey evaluation. [Click here to access the CE quiz.](#)

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DURATION 0H 30M
This live web event has ended.

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UPCOMING FREE WEBINARS

 April 22, 2026 @ 12:00 PM ET <i>Unseen, Unheard, Untreated: A Disconnected System's Call for the Medicine of Connection</i> Presented by: Kenneth J. Martz, PsyD, MBA	 May 6, 2026 @ 12:00 PM ET <i>The New Vape Landscape: Dual Use and What to Know</i> Presented by: Kristina Fenn Silver, MA
 April 29, 2026 @ 12:00 PM ET <i>Ethical Issues and Best Practices in Substance Use Disorder Treatment</i> Presented by: Malcolm Horn, PhD, LCSW, MAC, SAP	 May 13, 2026 @ 12:00 PM ET <i>Supporting Individuals Engaged in Opioid Use Disorder Treatment for Peer Professionals, Recovery Coaches, Mentors, and Related Helpers</i> Presented by: Chris Allende, CPSS

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Restoring Balance: Mindful and Holistic Practices in Addiction and Recovery

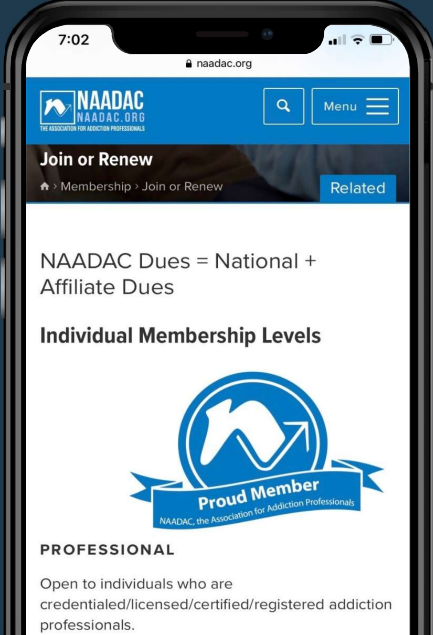
A six-part specialty online training series designed for addiction professionals, exploring mindful, spiritual, and holistic approaches to support recovery and long-term wellness.

- On-Demand Soulful Steps: The Spiritual Path to Recovery
- On-Demand Mindfulness in the Addiction Field: Sitting with Discomfort
- On-Demand Breaking Addiction with Breath: A Transformative Framework
- On-Demand Thriving in Sobriety: Building Emotional Resilience & Daily Wellness Practices
- On-Demand A Philosophy of Self-Care
- Live 4/16/26 Nourishing Recovery: Plant-Forward Nutrition & Faith-Informed Support

Each webinar is 1.5 hours | \$25 per session (includes CE hours)
Participants who complete all six webinars are eligible for a Certificate of Achievement.

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Empowering Addiction Service Providers: Best Practices for HIV, HCV, and HBV

- 1** HIV Screening and Prevention
- 2** Supporting Clients With HIV: What You Need to Know
- 3** Viral Hepatitis: HCV and HBV Screening and Treatment Support
- 4** Optimizing Protocols for Care of Clients with SUD with or at Risk for Viral Infections

Designed for addiction service providers to strengthen knowledge and care strategies related to HIV, HCV, and HBV.



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Thank You



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