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NMNC 3.301.03 Partial Hospitalization Program

Partial Hospitalization Programs (PHPs) are short-term day programs consisting of intensive, acute, active treatment in a therapeutic milieu equivalent to the intensity of services provided in an inpatient setting. These programs must be available at least five days per week, though may also be available seven days per week, typically 6 to 8 hours per day. The short-term nature of an acute PHP makes it inappropriate for long-term day treatment. A PHP requires psychiatric oversight with at least weekly medication management as well as highly structured treatment. The treatment declines in intensity and frequency as a member establishes community supports and resumes normal daily activities. A PHP may be provided in either a hospital-based or community-based location. Members at this level of care are often experiencing symptoms of such intensity that they are unable to be treated safely in a less intensive setting, and would otherwise require admission to an inpatient level of care. **Children and adolescents** participating in a PHP must have a supportive environment to return to in the evening. As the child decreases participation and returns to reliance on family, community supports, and school, the PHP consults with the caretakers and the child's programs, as needed, to implement behavior plans, or participate in the monitoring or administration of medications.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
Criteria 1 – 8 must be met; for Eating Disorders, criteria 9 – 10 must also be met in addition to the first eight. 1) Symptoms consistent with a *DSM* or corresponding ICD diagnosis that requires, and can reasonably be expected to respond to, treatment interventions 2) Member manifests an acute and significant or profound impairment in daily functioning due to psychiatric illness 3) Member has adequate behavioral control and is assessed not to be an immediate danger to self or others and does not require 24-hour containment or medical supervision 4) Member has a community-based network of support and/or parents/caretakers who are able to ensure member's safety outside the treatment hours 5) Member requires access to an intensive structured treatment program with an onsite multidisciplinary team, including routine psychiatric interventions for medication management 6) Member can reliably attend, and actively participate in, all phases of the treatment program necessary to stabilize his/her condition 7) The severity of the presenting symptoms is not able to be treated safely or adequately in a less intensive level of care 8) Member has adequate motivation to recover in the structure of an ambulatory treatment program **For Eating Disorders*: Weight alone should not be the sole criteria for admission or discharge.**	**Criteria 1 – 8 must be met; for Eating Disorders, criteria 9 or 10must also be met in addition to the first eight.** 1) Member continues to meet admission criteria. 2) Another less intensive level of care would not be adequate to administer care 3) Treatment is still necessary to reduce symptoms and increase functioning so the member may be treated in a less intensive level of care 4) There is an individualized treatment plan that is focused on addressing the factors leading to admission and evidence suggests that the identified problems are likely to respond to current treatment plan 5) Member's progress is monitored. regularly. The treatment plan is modified if the member is not making substantial progress toward a set of clearly defined and measurable goals. 6) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out	**Any *one* of the following must be met:** 1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or 2) Parent/guardian withdraws consent for treatment or the member is unwilling or unable to participate in treatment, and involuntary treatment or guardianship is not being pursued; or 3) Member does not appear to be participating in treatment plan despite documented efforts to engage the member; or 4) Member is not making progress toward goals, nor is there expectation of any progress; or 5) Member's individual treatment plan and goals have been met, and when indicated, member's support systems are in agreement with the aftercare treatment plan; or **For Eating Disorders*** 6) Member has gained weight, or is in better control of weight reducing

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health options

9) Member exhibits symptoms consistent with an eating disorder diagnosis and requires **at least one** of the following: a) as a result of eating disorder behaviors, weight stabilization: generally, between 80 and 85% of IBW (or BMI 15-17) is needed*; or b) frequent supervision and structure that could not be attained in a less intensive setting, to interrupt compensatory weight loss behavior, such as caloric restriction, intake refusal, voluntary vomiting or excessive exercise; or c) member misuse of pharmaceuticals with an intent to control weight (e.g., laxatives, diuretics, stimulants) cannot be treated at a lower level of care. 10) Medical comorbidity or medical complications resulting from the eating disorder are absent or manageable and do not require 24-hour medical monitoring or procedures provided in a hospital level of care	7) Family/guardian/caregiver is participating in treatment as clinically indicated and appropriate, or engagement efforts are underway 8) Coordination of care and active discharge planning are ongoing, with goal of transitioning member to a less intensive level of care **For Eating Disorders** 9) Member has had no appreciable stabilization of weight since admission or there is continued instability in food intake despite weight gain; or 10)10) The eating disorder behaviors persist and continue to put the member's medical status in jeopardy	behaviors/actions, and can now be safely and effectively managed in a less intensive level of care

Exclusions

Any **one** *of the following criteria* is *sufficient for exclusion from this level of care:*

1) Member is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required; or.
2) Member can be safely maintained and effectively treated at a less intensive level of care; or.
3) Member or guardian does not voluntarily consent to admission or treatment, and/or refuses or is unable to participate in all aspects of treatment; or
4) Member requires a level of structure and supervision beyond the scope of the program; or
5) Member has medical conditions or impairments that would prevent beneficial utilization of services; or
6) Primary problem is social, custodial, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration

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Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4) Professional publications and psychiatric texts: [see Beacon's Publication Reference Table]
5) Federal/state regulatory and industry accreditation requirements including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)