

Partial Hospital Program

Partial Hospital program is a structured program that maintains hours of service for at least 20 hours per week during which assessment and diagnostic services, and active behavioral health treatment are provided to members who are experiencing serious signs and symptoms that result in significant personal distress and/or significant psychosocial and environmental issues. While a Partial Hospital Program generally maintains at least 20 hours of service per week, the frequency of weekly visits provided to a member may lessen as the member nears discharge in order to promote a safe and timely transition between levels of care.

The purpose of services is to stabilize and reduce acute signs and symptoms, increase functioning, and assist a member with integrating into community life.

A Partial Hospital Program can be used to treat mental health conditions or can specialize in the treatment of co-occurring mental health and substance-related disorders. However, the following criteria are for mental health disorders. ASAM Criteria are utilized for substance related disorders.

1. Admission Criteria:

- a. Services are within the scope of the provider's professional training and licensure. **AND**
- b. The member's current condition cannot be safely, efficiently, and effectively assessed and/or treated in a less intensive level of care due to acute changes in the member's signs and symptoms and/or psychosocial and environmental factors (i.e., the precipitating factors leading to admission).
 - i. Failure of treatment in a less intensive level of care is not a prerequisite for authorizing coverage. **AND**
- c. The member's current condition can be safely, efficiently, and effectively assessed and/or treated in partial hospitalization. Assessment and/or treatment of acute changes in the member's signs and symptoms and/or psychosocial and environmental factors (i.e., the precipitating factors leading to admission) require the intensity of services provided in the proposed level of care. **AND**

- d. Co-occurring behavioral health and medical conditions can be safely managed. **AND**
- e. There is a reasonable expectation that services will improve the member's presenting problems within a reasonable period of time.
 - i. Improvement of the member's condition is indicated by the reduction or control of the acute signs and symptoms that necessitated treatment in a level of care.
 - ii. Improvement in this context is measured by weighing the effectiveness of treatment against evidence that the member's signs and symptoms will deteriorate if treatment in the current level of care ends. Improvement must also be understood within the broader framework of the member's recovery, resiliency and wellbeing. **AND**
- f. Treatment is not primarily for the purpose of providing social, custodial, recreational, or respite care. **AND**
- g. The member is not in imminent or current risk or harm to self, others, and/or property. **AND**
- h. Assessment and diagnosis and/or treatment planning requires observation and interaction for at least 20 hours per week. Examples include the following:
 - i. Assessment requires frequent interaction with the member, and observation of the member with others.
 - ii. The treatment plan must be changed frequently which requires that the provider have face-to-face interactions with the member several times a week. **OR**
- i. The member requires engagement and support which requires extended interaction between the member and the program. Examples include the following:
 - i. The member requires a coordinated transition back into the community after treatment in Inpatient or a Residential Treatment Center, such as engagement with wraparound services or natural resources.
 - ii. The member has been unable to access or utilize family or other natural resources on their own. **OR**
- j. The member requires a structured environment to practice and enhance skills. This requires face-to-face interactions several times a week that cannot be provided in a less intensive setting. Examples of skills include those that help the member:
 - i. Maintain their current living situation;
 - ii. Return to work or school. **OR**
- k. The member requires a structured environment to complete goals and develop a plan for post-discharge services in a less intensive setting. Examples of assistance include the following:
 - i. Assistance with developing the skills needed to self-manage medications.
 - ii. Assistance with making progress toward goals in spite of an environment that does not support recovery and/or limited community support services.

2. Continued Service Criteria:

- a. The admission criteria continue to be met and active treatment is being provided. For treatment to be considered “active” services must be as follows:
 - i. Supervised and evaluated by the admitting provider;
 - ii. Provided under an individualized treatment plan that is focused on addressing the precipitating factors, and makes use of clinical best practices;
 - iii. Reasonably expected to improve the member’s presenting problems within a reasonable period of time. **AND**
- b. Clinical best practices are being provided with sufficient intensity to address the member’s treatment needs. **AND**
- c. The member’s family and other natural resources are engaged to participate in the member’s treatment as clinically indicated.

3. Discharge Criteria:

- a. The continued stay criteria are no longer met. Examples include:
 - i. Treatment is primarily for the purpose of providing social, custodial, recreational, or respite care.
 - ii. The member requires medical-surgical treatment.
 - iii. The member is unwilling or unable to participate in treatment and involuntary treatment or guardianship is not being pursued.