Partial Hospitalization Program

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications.

The performance specifications contained within pertain to:

- Partial Hospitalization Program (PHP)

Partial Hospitalization Program (PHP) is a non-24-hour diversionary treatment program that is hospital-based or community-based. The program provides diagnostic and clinical treatment services on a level of intensity similar to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu; nursing; psychiatric evaluation; medication management; individual, group, and family therapy; peer support and/or other recovery-oriented services; substance use disorder evaluation and counseling; and behavioral plan development. The environment at this level of treatment is highly structured, and there is a staff-to-Member ratio sufficient to ensure necessary therapeutic services, professional monitoring, and risk management. PHP may be appropriate when a Member does not require the more restrictive and intensive environment of a 24-hour inpatient setting but does need up to eight hours of clinical services, multiple days per week. PHP is used as a time-limited response to stabilize acute symptoms. As such, it can be used both as a transitional level of care, such as a step-down from inpatient services, as well as a stand-alone, diversionary level of care to stabilize a Member's deteriorating condition, support him/her in remaining in the community, and avert hospitalization. Treatment efforts focus on the Member's response during treatment program hours, as well as the continuity and transfer of treatment gains during the Member's non-program hours in the home/community.

Components of Service

1. The PHP offers short-term day programming consisting of therapeutically intensive, acute treatment within a stable therapeutic milieu. A psychiatrist oversees medication management and daily active treatment, as described within the Process Specifications section.
2. Full therapeutic programming is provided five days per week, with sufficient professional staff to conduct these services and to manage a therapeutic milieu. The scope of required service components provided in this level of care includes, but is not limited to, the following.
    a. Bio-psychosocial evaluation
    b. Psychiatric evaluation
    c. Medical history
    d. Physical examination/medical assessment (to assess for medical issues)
    e. Pharmacology
    f. Nursing assessment and services, or similar service provided by the program's MD staffing

g. Individual, group, and family therapy
h. Case and family consultation
i. Peer support and/or other recovery-oriented services
j. Substance use disorder assessment and counseling
k. Development of behavioral plans and crisis prevention plans, as applicable

3. The provider engages in a medication reconciliation process in order to avoid inadvertent inconsistencies in medication prescribing that may occur in transition of a Member from one care setting to another. The provider does this by reviewing the Member's complete medication regimen at the time of admission (e.g., transfer and/or discharge from another setting or prescriber), and comparing it with the regimen being considered in the PHP. The provider engages in the process of comparing the Member's medication orders newly issued by the PHP to all of the medications that he/she has been taking in order to avoid medication errors. This involves:
   a. developing a list of current medications, i.e., those the Member was prescribed prior to admission to the PHP;
   b. developing a list of medications to be prescribed in the PHP;
   c. comparing the medications on the two lists;
   d. making clinical decisions based on the comparison and, when indicated, in coordination with the Member's primary care provider (PCP) and/or primary care team (PCT); and
   e. communicating the new list to the Member and, with consent, to appropriate caregivers, the Member's PCP and/or PCT, and other treatment providers. All related activities are documented in the Member's health record.
4. If a Member experiencing a behavioral health crisis contacts the provider, during business hours or outside business hours, the provider, based on his/her assessment of the Member's needs and under the guidance of his/her supervisor, may: 1) offer support and intervention through the services of the PHP program, during business hours; 2) implement interventions to support the Member and enable him/her to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention plan and/or safety plan, encourage implementation of the plan, offer constructive, step-by-step strategies which the Member may apply, and/or follow-up and assess the safety of the Member and other involved parties, as applicable; 3) refer the Member to his/her outpatient provider; and/or 4) refer the Member to an Adult Mobile Crisis Intervention provider for emergency behavioral health crisis assessment, intervention, and stabilization.
   a. Outside business hours, the provider offers telephonic coverage. An answering machine or answering service directing callers to call 911, call the nearest Adult Mobile Crisis Intervention provider, or to go to a hospital emergency department (ED) does not meet the after-hours emergency on-call requirements.

Staffing Requirements

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Senior Whole Health service-specific performance

specifications, and the credentialing criteria outlined in the Senior Whole Health Provider Manual as referenced at www.SWHMA.com.

2. The staff includes a PHP Director or Supervisor who is an independently licensed, master's-level or doctoral-level clinician. He/she is responsible for the clinical oversight and quality of care within the PHP, in collaboration with the medical director, and ensures the provision of all PHP service components. He/she is available for consultations regarding emergency or urgent situations.
3. The PHP has a written staffing plan that delineates the number and credentials of its professional staff, including an attending psychiatrist(s), nurses, social workers, and other mental health professionals to ensure that all required services are provided and performance specifications are met. The Program Director or Supervisor collaborates with the medical director on the development and maintenance of the staffing plan for psychiatry.
4. Members have access to supportive milieu and clinical staff throughout the PHP hours of operation.
5. The program will employ a psychiatrist and/or an ARPN working under the direct supervision of a psychiatrists both of whom are available to the program during business hours.
6. The provider appoints a medical director who is fully integrated into the administrative and leadership structure of the PHP and is responsible for clinical and medical oversight, quality of care, and clinical outcomes across all PHP service components, in collaboration with the PHP Director or Supervisor and the clinical leadership team.
7. The provider assigns an attending psychiatrist to each Member.
8. Psychiatric care is provided by the medical director and/or other psychiatrists who are board-certified and/or who meet Senior Whole Health's credentialing criteria. Psychiatric care consists of the provision of psychiatric and pharmacological assessment and treatment to Members in the PHP.
9. All staff directly responsible for providing any treatment components during a Member's stay receive documented, program-related training, consistent with the individualized needs of the program and its target population, at least annually, on topics related to the treatment of individuals with behavioral health conditions.
10. The PHP ensures that master's-level or doctoral-level staff, who have training and experience in the assessment and treatment of substance use disorders and co-occurring disorders, or staff who are Licensed Alcohol and Drug Counselors (LADC), are involved in the assessment and treatment of Members whose diagnoses include those related to substance use disorders and/or co-occurring disorders, and that supervision and/or consultation relative to substance use disorders is made available to staff as needed.
11. The PHP provides all staff with supervision in compliance with Senior Whole Health's credentialing criteria.

Process Specifications

Assessment, Treatment Planning, and Documentation

1. The PHP's admission procedures ensure timely admission of Members commensurate with meeting each Member's individual needs, for both diversionary and step-down referrals.
   a. A best practice is for PHPs to have mechanisms to accept referrals seven (7) days per week, so that Members and referral sources do not need to wait until the next business day to make a referral.
   b. The PHP conducts admissions at least five (5) days per week.
2. A psychiatrist, preferably the attending psychiatrist to be assigned to the Member, conducts a comprehensive evaluation of each Member on the Member's first day in the PHP, consisting of a medical history, psychiatric evaluation, and an assessment of the psychiatric, pharmacological, and treatment needs of the Member, including a clinical formulation that explains the Member's condition and maladaptive behavior. When a psychiatrist other than the Member's attending psychiatrist conducts the initial evaluation, the attending psychiatrist reviews the evaluation within one (1) business day.
   a. If open on weekends and holidays, the initial evaluation may be completed by a covering psychiatrist, a psychiatric resident, a psychiatry fellow/trainee, or a psychiatric nurse mental health clinical specialist (PNMHCS) acting under the attending psychiatrist's or the medical director's Member-specific supervision. In such situations, the attending psychiatrist must evaluate the Member on the next business day. However, the medical director or an attending psychiatrist is available for consultation by phone, as needed, until the psychiatrist conducts the face-to-face evaluation of the Member.
3. A physical examination/medical assessment is also conducted on the Member's first day in the PHP, by an MD or PNMHCS staff, to assess for medical issues.
4. The provider assigns a multi-disciplinary treatment team to each Member within 48 hours of admission, consisting of a psychiatrist and one or more other discipline. A multi-disciplinary treatment team meets to review the assessment and develops an initial treatment plan and an initial discharge plan within 48 hours of admission. For PHPs that are open on weekends and holidays, the treatment plan may be developed by an abbreviated treatment team, with a review by the full treatment team on the next business day.
5. The provider completes a comprehensive and individualized treatment and discharge plan. A staff member records the Member's understanding of the goals of the treatment plan and discharge plan.
6. The treatment and discharge plans are reviewed by the multi-disciplinary treatment team with the Member at least every 72 hours, and are updated accordingly based on each Member's individualized progress. All assessments, treatment and discharge plans, reviews, and updates are documented in the Member's health record.
7. Every Member is assigned an attending psychiatrist, who may also be the medical director, who consistently provides, and is responsible for, the day to day and overall care of the Member when attending the PHP. The attending psychiatrist serves as the Member's primary physician and is an active participant on the Member's treatment team.
8. The PHP has the capacity to provide Members with daily medication management, when clinically indicated. At a minimum, the program provides medication management to each

Member at least two (2) days per week, and up to daily as needed. If a PHP psychiatrist determines that the Member's clinical presentation does not warrant him/her being seen at least two days per week, the Member's health record documents the rationale, and the Member may be seen once per week.

9. Medication management notes are written and documented in the Member's health record whenever he/she is seen.
10. The provider ensures that each Member has daily individual contact with program staff and that individual therapy, group therapy, and family therapy are provided at a frequency determined in each Member's individualized treatment plan.
11. The attending psychiatrist or medical director conducts a face-to-face psychiatric evaluation of each Member prior to his/her discharge from the PHP.
12. With Member consent and the establishment of the clinical need for such communication, coordination with family/caregiver/guardians, and other treatment providers, including primary care provider (PCPs) and/or primary care team (PCT), and behavioral health providers, is conducted by appropriate staff relative to treatment and care coordination issues. All such contact is documented in the Member's health record.

Discharge Planning and Documentation

1. The provider ensures that active and differential discharge planning is implemented for each Member by qualified staff who are knowledgeable about the medical necessity criteria for all Senior Whole Health covered services.
2. At the time of discharge, and as clinically indicated, the provider ensures that the Member has a current crisis prevention plan and/or safety plan in place and that he/she has a copy of it. The PHP provider works with the Member to update the crisis prevention plan and/or safety plan that they obtained from the Adult Mobile Crisis Intervention provider at the time of admission, or, if one was not available, develops one before discharge.
3. At the time of discharge, the provider gives a written discharge plan to the Member, listing his/her medications upon discharge and outlining all aftercare services arranged by the PHP provider and/or those in which the Member is already engaged.
4. The provider ensures that the discharge plans for Members who are involved with DMH or DDS, are coordinated with the appropriate Area or Site Office. Difficulties determining or contacting the state agency case manager are communicated to the Department's Area Office. All contacts with state agencies are documented in the Member's health record.

Service, Community, and Collateral Linkages

1. When requested and with Member consent, if a Member is referred to another treatment setting, the provider collaborates in the transfer, referral, and/or discharge planning process to ensure continuity of care.

2. The provider maintains linkages with step-down programs for adults that refer a high volume of Members to the provider and/or to which the provider refers a high volume of Members, to enhance continuity of care for Members.
3. The provider develops a working relationship with the Adult Mobile Crisis Intervention (AMCI) provider that covers the catchment area in which the PHP is located.
4. With Member consent, the provider collaborates with the Member's PCP and/or PCT.