Partial Hospital/Day Treatment Program (PHP) is a freestanding or hospital-based program that maintains hours of service for at least 20 hours per week, and may also include half-day programs that provide services for less than 4 hours per day. A partial hospital/day treatment program may be used as a step up from a less intensive level of care, or as a step down from a more intensive level of care.

Dual diagnosis Partial Hospital/Day Treatment Programs specialize in the concurrent treatment of co-occurring mental health and substance use disorders.

When supported by the benefit plan, coverage may be available for Partial Hospital/Day Treatment Program that are either of the following:
- Provided with less intensity to members who are recovering from severe and persistent mental health conditions; or
- Coupled with overnight boarding

Any ONE of the following criteria must be met...

1. The member psychosocial functioning has become impaired by severe symptoms of a mental health condition, and treatment cannot be adequately managed in a less intensive level of care.

   OR

2. The member’s mood, affect or cognition has deteriorated to the extent that a higher level of care will likely be needed if treatment in Partial Hospital/Day Treatment Program is not provided.

   OR

3. The member has a non-supportive living situation creating an environment in which the member’s mental health condition is likely to worsen without the structure and support of Partial Hospital/Day Treatment Program.

   OR

4. The member has completed Acute Inpatient or Residential Treatment Center, and requires the structure and monitoring available in Partial Hospital/Day Treatment Program.
And ALL of the following.....

5. The member is not at imminent risk of serious harm to self or others.

   AND

6. Co-occurring medical conditions, if present, can be safely managed in an outpatient setting.

   AND

7. Co-occurring substance use disorders, if present, can be treated in a dual diagnosis program, or can be safely managed at this level of care.

   a. The member is not at risk for severe withdrawal or delirium tremens.

   AND

8. The member or his/her support system understands and can comply with the requirements of a Partial Hospital/Day Treatment Program, or the member is likely to participate in treatment with the structure and supervision afforded by a Partial Hospital/Day Treatment Program.

   AND

9. Upon admission, the following occurs:

   a. A psychiatrist completes a comprehensive evaluation.
   b. The provider and, whenever possible, the member does the following:
      i. Develop a treatment plan;
      ii. Project a discharge date; and
      iii. Develop an initial discharge plan.
   c. The provider does the following with the member’s documented consent:
      i. Contacts the member’s family/social supports to discuss participating in treatment and discharge planning when such participation is essential and clinically appropriate.
      ii. The family/social supports of a child/adolescent member should participate in treatment at least weekly unless clinically contraindicated.
      iii. Contacts the member’s most recent provider to obtain information about the member’s presenting condition and response to treatment.

   AND
10. Overnight housing coupled with a Partial Hospital/Day Treatment Program may be considered in the following circumstances as long as the treatment setting is separate from the housing:
   a. The member’s living situation is unsupportive or high risk, and is undermining the member’s recovery/resiliency; or
   b. Routine attendance at the partial hospital/day treatment program is hindered by the lack of transportation.

AND

11. After admission, the program shall ensure that:
   a. A psychiatrist continues to see the member at least twice weekly.
   b. Services are coordinated with other behavioral health or medical providers who are providing concurrent care, as well as with agencies and programs such as the school or court system with which the member is involved with the member’s documented consent.

AND

12. The provider and, whenever possible, the member collaborate to update the initial discharge plan in response to changes in the member’s condition so that an appropriate discharge plan is in place prior to discharge. Whenever possible, the provider should review the discharge plan with the provider at the next level of care prior to discharge. The final discharge plan should be provided to the Care Advocate at least 24 hours prior to the anticipated date of discharge.

AND

13. The discharge plan must include ALL of the following:
   a. The anticipated discharge date.
   b. The level and modalities of post-discharge care including the following:
      i. The next level of care, its location, and the name(s) of the provider(s) who will deliver treatment;
      ii. The rationale for the referral;
      iii. The date and time of the first appointment for treatment as well as the first follow-up psychiatric assessment;
         1. The first appointment should be within 7 days of discharge;
      iv. The recommended modalities of post-discharge care and the frequency of each modality;
      v. The names, dosages and frequencies of each medication and a schedule for appropriate lab tests if pharmacotherapy is a modality of post-discharge care.
      vi. Linkages with peer services and other community resources.
   c. The plan to communicate all pertinent clinical information to the provider(s) responsible for post-discharge care, as well as to the member’s primary care provider as appropriate.
d. The plan to coordinate discharge with agencies and programs such as the school or court system with which the member has been involved when appropriate and with the member’s documented consent.

e. A prescription for a supply of medication sufficient to bridge the time between discharge and the scheduled follow-up psychiatric assessment.

f. Confirmation that the member or authorized representative understands the discharge plan.

g. Confirmation that the member was provided with written instruction for resuming service should the need arise in the future.

**Note:** This guideline is intended to be used in conjunction with the Continued Service guideline when assessing the need for a continuing service.