PARTIAL HOSPITALIZATION PROGRAM (PHP)

Providers contracted for this level of care or service are expected to comply with all requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications, located at the beginning of the performance specifications section of the Provider Manual, found at www.masspartnership.com. The requirements outlined within these service-specific performance specifications take precedence over those in the General performance specifications.

The performance specifications contained within pertain to the following services:

- Partial Hospitalization Program (PHP)
- Partial Hospitalization Program (PHP) for Eating Disorders

Please refer to the performance specifications attachment for this specialty service.

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 provider complies with all provisions of the corresponding section in the General performance specifications.
2. 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.
3. 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. Please refer to the per diem/service definition which is all-inclusive and includes the components covered in the rate for this service, found at [www.masspartnership.com](http://www.masspartnership.com).

- Bio-psychosocial evaluation
- Psychiatric evaluation
- Medical history
- Physical examination/medical assessment (to assess for medical issues)
- Pharmacology
- Nursing assessment and services, or similar service provided by the program’s MD staffing
- Individual, group, and family therapy
- Case and family consultation
- Peer support and/or other recovery-oriented services
- Substance use disorder assessment and counseling
- Development of behavioral plans and crisis prevention plans, and/or safety plans as part of the Crisis Planning Tools for youth, as applicable

4. For minor children and for adults who give consent, the provider makes documented attempts to contact the parent, guardian, family members, and/or significant others within 48 hours of admission, unless clinically or legally contraindicated. The provider provides them with all relevant information related to maintaining contact with the program and the Member, including names and phone numbers of key nursing staff, primary treatment staff, social worker/care coordinator/discharge planner, etc. If contact is not made, the Member’s health record documents the rationale.

5. 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 issues by the PHP to all of the medications that he/she has been taking in order to avoid medication errors. This involves:

- developing a list of current medications, i.e., those the Member was prescribed prior to admission to the PHP;
- developing a list of medications to be prescribed in the PHP;
- comparing the medications on the two lists;
- making clinical decisions based on the comparison and, when indicated, in coordination with the Member’s primary care clinician (PCC); and
- communicating the new list to the Member and, with consent, to appropriate caregivers, the Member’s PCC, and other treatment...
performers.

All related activities are documented in the Member’s health record.

6. 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 ESP/MCI 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 ESP/MCI, or to go to a hospital emergency department (ED), does not meet the after-hours on-call requirements.

### Staffing Requirements

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<td>1.</td>
<td>The provider complies with all provisions of the corresponding section in the General performance specifications.</td>
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<td>2.</td>
<td>The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the MBHP service-specific performance specifications, and the credentialing criteria outlined in the MBHP Provider Manual, Volume I, as referenced at <a href="http://www.masspartnership.com">www.masspartnership.com</a>.</td>
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<td>3.</td>
<td>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.</td>
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<td>4.</td>
<td>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.</td>
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<td>5.</td>
<td>Members have access to supportive milieu and clinical staff throughout the PHP hours of operation.</td>
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<td>6.</td>
<td>The provider has adequate psychiatric coverage to ensure all</td>
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performance specifications related to psychiatry are met.

7. 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.
   a. The medical director is a psychiatrist who is board-certified and/or who meets MBHP’s credentialing criteria (Note: MBHP’s credentialing criteria for psychiatrists states that they must be board-certified in general psychiatry by the American Board of Psychiatry and Neurology (ABPN) within two years of contracting with MBHP unless a waiver of this requirement is requested and received within two years of contracting with MBHP).
   b. For providers with PHP programs for children and/or adolescents: If the medical director is not a child/adolescent psychiatrist, the provider appoints a staff psychiatrist to have the primary responsibility to assess and evaluate children and adolescents, one who is board-certified in general psychiatry and child fellowship-trained and/or board-certified in child/adolescent psychiatry and/or who meets MBHP’s credentialing criteria for a child/adolescent psychiatrist.
   c. The medical director’s role may include the provision of direct psychiatry services and also includes:
      i. attendance at multi-disciplinary team meetings at least weekly;
      ii. teaching, training, coaching, and consulting with the multi-disciplinary team; and
      iii. oversight and monitoring of prescribing clinicians.
   d. The medical director’s role also includes the following functions, in collaboration with the PHP Director or Supervisor and clinical leadership team:
      i. Integration of the various assessments of the Member’s needs and strengths into a coherent narrative that can be used for treatment planning within the PHP and in the Member’s home and community;
      ii. Development and utilization of the PHP’s unifying theory of treatment to guide its mission, vision, and practice;
      iii. Development of therapeutic programming; and
      iv. Ensuring that programs remain family-centered, and, for programs serving youth, child-focused.
   e. For providers with PHPs for children and/or adolescents, the medical director ensures psychiatric practice consistent with the best available evidence-based practices and parameters developed by the American Academy of Child and Adolescent Psychiatry (AACAP) when evaluating and treating youth with complex needs and/or medication regimens, e.g., when Members attending the program are on multiple psychiatric medications, or are in the custody of a state
agency and are starting or continuing atypical antipsychotics. The medical director monitors this practice through oversight and supervision.

8. The provider assigns an attending psychiatrist to each Member.
   a. For children and adolescents under the age of 14, the attending psychiatrist is one who meets MBHP’s credentialing criteria for a child/adolescent psychiatrist.

9. Psychiatric care is provided by the medical director and/or other psychiatrists who are board-certified and/or who meet MBHP’s credentialing criteria. Psychiatric care consists of the provision of psychiatric and pharmacological assessment and treatment to Members in the PHP. The program may also utilize a psychiatry fellow/trainee to provide psychiatric services, under the supervision of the medical director or another attending psychiatrist, in conformance with the Accreditation Council for Graduate Medical Education (ACGME), and in compliance with all Centers for Medicare and Medicaid Services (CMS) guidelines for supervision of trainees by attending physicians. The program may also utilize a psychiatric nurse mental health clinical specialist (PNMHCS) to provide psychiatric services, within the scope of their licenses and under the supervision of the medical director, as outlined within these performance specifications. The program may also utilize a psychiatric resident to provide psychiatric services, under the supervision of the medical director or another attending psychiatrist.

10. For PHPs that utilize a PNMHCS for medication management within their license and scope of practice, all of the following apply:
   a. There is documented maintenance of: a collaborative agreement between the PNMHCS and the medical director; and a consultation log including dates of consultation meetings and list of all Members reviewed. The agreement specifies whether the PNMHCS or the medical director will be responsible for this documentation;
   b. The supervision/consultation between the PNMHCS and the medical director is documented and occurs at least one (1) hour per week for PNMHCS staff, or at a frequency proportionate to the hours worked for those PNMHCS staff who work less than full-time. The format may be individual, group, and/or team meetings;
   c. A documented agreement exists between the medical director and the PNMHCS outlining how the PNMHCS can access the medical director when needed for additional consultation;
   d. The medical director, or another psychiatrist, is the attending psychiatrist for the Member when a PNMHCS is utilized to provide direct psychiatry services to a given Member. The PNMHCS is not the attending for any Member; and
   e. There is documented active collaboration between the medical director and the PNMHCS relative to Members’ medication regimens, especially those Members for whom a change in their regimen is being considered.

11. For PHPs that utilize a psychiatry fellow/trainee for medication management, all of the following apply:
a. The psychiatry fellow/trainee must be provided sufficient supervision from a psychiatrist to enable him/her to establish working relationships that foster identification in the role of a psychiatrist;
b. The psychiatry fellow/trainee must have at least two (2) hours of individual supervision weekly, in addition to teaching conferences and rounds; and
c. The program must use the following classification of supervision:
   i. Direct supervision – the supervising physician is physically present with the fellow and Member.
   ii. Indirect supervision:
      ▪ with direct supervision immediately available – the supervising physician is physically within the program, and is immediately available to provide direct supervision.
      ▪ with direct supervision available – the supervising physician is not physically present within the program, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
   iii. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

12. 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.

13. 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), Certified Alcoholism and Drug Abuse Counselors (CADAC), Certified Addiction Counselors (CAC), or Licensed Alcohol and Drug Abuse Counselors (LADAC), 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.

14. The PHP provides all staff with supervision in compliance with MBHP’s credentialing criteria.

### Process Specifications

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<tr>
<th>Assessment, Treatment Planning, and Documentation</th>
<th>1. The provider complies with all provisions of the corresponding section in the General performance specifications.</th>
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<td>2. The PHP’s admission procedures ensure timely admission of Members commensurate with meeting each Member’s individual needs, for both</td>
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Effective July 1, 2014
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.

3. 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.

4. 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.

5. 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.

6. The provider completes a comprehensive and individualized treatment and discharge plan as delineated within the General performance specifications. A staff member records the Member’s understanding of the goals of the treatment plan and discharge plan.

7. 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.

8. The provider collaborates with the Member, the ESP/MCI provider in the catchment area in which the Member lives, and other clinical treatment
providers to obtain the Member’s crisis prevention plan and/or safety plan. The provider collaborates with these entities to update the plan if needed, or develop one if the Member does not yet have one. With Member consent, the ESP/MCI provider may share the plan with the provider, who includes the plan and documents related collaboration in the Member’s health record.

9. 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.
   a. The attending psychiatrist participates in daily rounds and treatment team meetings and is available to consult with the treatment team throughout the Member’s length of stay.
   b. If the PHP utilizes a psychiatric resident, a psychiatry fellow/trainee, or a PNMHCS to provide psychiatric services within the PHP, he/she participates in daily rounds and treatment team meetings, with oversight and supervision provided by the medical director or another attending psychiatrist. The medical director or other attending psychiatrist continues to serve as the Member’s attending psychiatrist. He/she remains active within the PHP, keeping informed and overseeing the Member’s care, is available daily and consults with the psychiatric resident, psychiatry fellow/trainee, or PNMHCS, as needed.

10. 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.

11. Medication management notes are written and documented in the Member’s health record whenever he/she is seen.

12. If the program utilizes a PNMHCS for medication management within its license and scope of practice, the attending psychiatrist is the medical director, or another attending psychiatrist, who provides oversight and consultation to the PNMHCS, as outlined within the Staffing Requirements section of these specifications.

13. When the attending psychiatrist is not scheduled to work or is out for any reason (e.g., vacation, illness, etc.), he/she designates a consistent substitute, as much as possible, to ensure that the Member receives continuity of care, ensuring compliance with the required medication management frequency of at least two contacts per week. In these instances, the functions of meeting with the Member for medication management at least twice weekly, and writing medication management notes in the Member’s health record may be designated to another...
psychiatrist, a psychiatric resident, a PNMHCS, or a psychiatry fellow/trainee acting under the attending psychiatrist’s or the medical director’s Member-specific supervision.

a. If the PHP is open on weekends or holidays, a covering psychiatrist or PNMHCS, acting under the attending psychiatrist’s or the medical director’s Member-specific supervision, may complete these functions, ensuring compliance with the required medication management frequency of at least two contacts per week.

14. 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.

15. The attending psychiatrist or medical director conducts a face-to-face psychiatric evaluation of each Member prior to his/her discharge from the PHP.

16. With Member consent and the establishment of the clinical need for such communication, coordination with parents/guardians/caregivers, relevant school staff, and other treatment providers, including primary care clinicians (PCCs) 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.

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<tr>
<th>Discharge Planning and Documentation</th>
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<tr>
<td>1. The provider complies with all provisions of the corresponding section in the General performance specifications.</td>
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<tr>
<td>2. 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 MBHP covered services, including but not limited to all the Children’s Behavioral Health Initiative (CBHI) services.</td>
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<tr>
<td>3. 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 ESP/MCI provider at the time of admission, or, if one was not available, develops one before discharge. The PHP provider may ask the ESP/MCI provider that covers the catchment area where the Member lives to assist with the development of the crisis prevention plan and/or safety plan.</td>
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<td>4. 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.</td>
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<td>5. The provider ensures that the discharge plans for Members who are involved with DMH, DDS, DYS, or DCF, 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.</td>
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**Service, Community, and Collateral Linkages**

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<td>1.</td>
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<td>2.</td>
<td>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.</td>
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<td>3.</td>
<td>The provider maintains linkages with step-down programs for adults, children, and adolescents, including but not limited to CBHI services, 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.</td>
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<td>4.</td>
<td>The provider develops a working relationship with the Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) provider that covers the catchment area in which the PHP is located, as delineated in the Service, Community, and Collateral Linkages section of the General performance specifications.</td>
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<td>5.</td>
<td>With Member consent, the provider collaborates with the Member’s PCC as delineated in the Primary Care Clinician Integration section of the General performance specifications.</td>
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