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Developed By: Medical Criteria Committee	



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**Description:** Psychiatric Partial Hospitalization (PHP) and Intensive Outpatient Programs (IOP) provide clinical diagnostic and treatment services on a level of intensity similar to an inpatient or residential program, but on a less than 24 hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation, medication management, and group/individual/ family counseling. The treatment setting may be at a hospital or clinic and provides a highly structured environment to ensure continuity of treatment and safety. PHP and IOP may be appropriate when a patient does not require a restrictive, intensive 24 hour inpatient setting, but does need at least 4 and up to 8 hours of treatment daily. PHP and IOP provide a time-limited service to stabilize acute symptoms and can be used as either a step-down from inpatient care, or as a stand-alone level of care to stabilize a deteriorating condition and prevent hospitalization.

**Program Requirements:**

Treatment must include the following:

- (1) Regular psychiatric medication reviews (PHP). Any changes in the patient's mental status should be shared with the psychiatrist so that appropriate changes or modifications can be made to the medication regimen.
- (2) Family therapy should be initiated soon after admission, unless it is contraindicated or unfeasible to do so.
- (3) The treatment focus should be on strengthening coping skills and social supports, with the intention of moving the patient to the outpatient level of care where ongoing therapeutic work can take place.
- (4) The patient's outpatient therapist should be involved in treatment and discharge planning. In the event that a patient does not have an outpatient therapist, efforts to secure an outpatient provider should begin upon admission.
- (5) Information to be Submitted with Pre-Authorization Request:
  - a. Multi-axial diagnosis, symptoms, and functional impairment;
  - b. Relevant psychosocial and treatment history;
  - c. Alcohol and other drug use history;
  - d. Current medical status and relevant medical history;
  - e. Current medications;
  - f. Risk assessment;
  - g. Treatment plan;
  - h. Specific goals for stabilization; and
  - i. Plan for outpatient follow-up following discharge.

**Criteria for authorization:**

Authorization for admission is indicated by **ALL** of the following:

Origination Date: 4/20/10	Revision Date(s): 4/11
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- (1) The patient demonstrates symptomatology consistent with a DSM-IV-TR (Axis I – V) diagnosis that requires therapeutic intervention. Evaluation includes a chemical dependency screening, and further assessment as warranted.
- (2) The patient is at risk to self or others due to suicidal or homicidal ideation, risk-taking or self-endangering behavior, or inability to care for self which is not so severe that it requires 24 hour supervision, but does require intensive structure and supervision.
- (3) The member cannot be treated at a lower level of care without the risk of deterioration.
- (4) The treatment plan clearly states what benefits the patient can expect to receive by participating in the program. The goals of treatment cannot be based solely on the need for structure and support.

**Continued Stay Criteria:**

Continued authorization is indicated by **ALL** of the following:

- (1) The patient continues to meet admission criteria for this level of care
- (2) The patient is actively participating in treatment and is expected to improve to a point where a lower level of care is appropriate.
- (3) Progress in meeting treatment goals can be clearly demonstrated and described in objective terms. Changes in interventions are implemented when there is a lack of progress.

**Discharge Criteria:**

Termination of continued authorization is indicated by **1 or more** of the following:

- (1) The patient's treatment plan goals have been substantially met, and continued care can be provided at a lower level of care.
- (2) The patient no longer meets admission criteria.
- (3) The patient is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care despite amendments to the treatment plan.

**References:**

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Origination Date: 4/20/10	Revision Date(s): 4/11
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