MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2022
Policy Number: *465*	**Subject:** Acute Partial Hospital Program (PHP)

Definition

Acute PHP means a time limited active treatment program that offers therapeutically intensive, coordinated, and structured clinical services. Acute PHP may include day, evening, night, and weekend treatment programs that must employ an integrated, comprehensive, and complementary schedule of recognized treatment or therapeutic activities.

Medical Necessity Criteria

(1) The member must meet the SDMI criteria as described in this manual including all of the following:

(a) the member is experiencing psychiatric symptoms of sufficient severity to create severe impairments in educational, social, vocational, or interpersonal functioning;

(b) the member cannot be safely and appropriately treated in a less restrictive level of care;

(c) proper treatment of the member's psychiatric condition requires acute treatment services on an outpatient basis under the direction of a physician; and

(d) the services can reasonably be expected to improve the member's condition or prevent further decompensation.

Provider Requirements

Acute PHP is provided by programs that are operated by a hospital with a distinct psychiatric unit and are co-located with that hospital such that, in an emergency, a member of the Acute PHP can be transported to the hospital's inpatient psychiatric unit within 15 minutes.

Service Requirements

(1) Acute PHP must be provided in accordance with all applicable state and federal regulations and the provider must meet the following requirements:

(a) document how the member meets the medical necessity criteria, in the file of the member, within one business day of admission;

(b) complete a clinical assessment within 10 business days of admission;

(c) provide a face-to-face evaluation completed by a physician or psychiatrist;

(d) initiate active discharge planning at the time of admission to the program and culminate into a comprehensive discharge plan;

(e) develop and implement a comprehensive ITP that is updated every 30 days, or as needed, to reflect progress of the member;

(f) provide crisis intervention and management, including response outside of the program setting; and

(g) provide psychiatric evaluation, consultation, and medication management as appropriate to the needs of the member.

(2) Acute PHP must be billed as a bundled service and includes the following:

(a) all outpatient psychiatric and psychological treatments and services;

(b) laboratory and imaging services;

(c) drugs;

(d) biologicals;

(e) supplies;

(f) equipment;

(g) therapies;

(h) licensed nurses (LPN/RN);

(i) licensed clinical social workers;

(j) licensed clinical psychologists;

(k) licensed clinical professional counselors; and

(l) other outpatient services, that are part of or incident to the partial hospitalization program, except as provided in the department's Medicaid Mental Health Fee Schedule.

(3) It is not required that each member receiving the PHP bundle receive every service listed above. Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's file.

Utilization Management

(1) Prior authorization is not required.

(2) Continued stay reviews are not required

(3) The member must continue to meet ALL admission criteria and the following:

(a) active treatment is occurring, which is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the member to receive services in a less intensive outpatient setting; and

(b) demonstrated and documented progress is being made toward the treatment goals and there is a reasonable likelihood of continued progress.

(4) The provider must document in the file of the member every 90 days that the member meets the medical necessity criteria.