Partial Hospitalization
PERFORMANCE SPECIFICATIONS

Performance Specifications (PS) Title: Partial Hospitalization		
PS #: 011	☒SCO ☒One Care ☒ MA Medicare Premier ☒ MA Medicare Value ☒RI Medicare Preferred ☒RI Medicare Value ☒ RI Medicare Maximum	Prior Authorization Needed? ☐ Yes ☒ No
Clinical: ☒	Operational: ☐	Informational: ☐
Medicare Benefit: ☒Yes ☐ No	Approval Date: 9/02/2021;	Effective Date: 02/06/2022;
Last Revised Date: 4/19/2023;	Next Annual Review Date: 9/02/2022; 4/19/2024;	Retire Date:

COVERED SERVICES:

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 nursing, psychiatric evaluation, medication management, therapy(individual, group, and family), peer support, recovery-oriented services and substance use evaluation and counseling including 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 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. PHP 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 acute or behavioral symptoms and to support a Member in remaining in the community and avert hospitalization. PHP 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 SERVICES:

- The (PHP) functions under medical supervision of a qualified psychiatrist who is available to the program during business hours and will provide daily psychiatric management and active treatment comparable to that provided by an inpatient setting
- The PHP offers short-term day programming consisting of therapeutically intensive and acute treatment. A psychiatrist oversees medication management and daily active treatment
- The PHP is maintained and operated as a separate and distinct program from inpatient or other 24-hour care settings. If appropriate, a Member may participate in group therapy or other structured activities attended by inpatient Members

commonwealth care alliance®

Partial Hospitalization
PERFORMANCE SPECIFICATIONS

- 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 are not limited to, the following:
  - 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
  - Eating disorder assessment and counseling
  - Substance use assessment and counseling
  - Development of behavioral plans and crisis prevention plans, recovery/relapse plans, and/or safety plans, as applicable
- For Members who give consent, the provider makes documented attempts to contact the guardian, family members, and/or significant others within 48 hours of admission, unless clinically or legally contraindicated. The provider provides the Members support 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 or discharge planner. If contact is not made, PHP staff must document the barrier to success in the Member's health record
- 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 list and administration at the time of admission (e.g., transfer and/or discharge from another setting or prescriber) and compares this to the medication administration 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 they have been taking in order to avoid medication errors. This involves:
  - Developing a list of current medications prescribed to the Member prior to admission to the PHP
  - Developing a list of medications to be prescribed the PHP program
  - Comparing the medications on the two lists
  - Making clinical decisions based on the comparison and, when indicated, in coordination with the Member's PCP
  - Communicating the new medication list to the Member and, with consent, to appropriate caregivers, the Member's PCP, Commonwealth Care Alliance (CCA's) Care Team and other treatment providers
  - All related activities are documented in the Member's health record
- If an admitted PHP Member is experiencing a behavioral health crisis and contacts the provider during business hours or outside business hours, the provider, based on their assessment of the Member's needs and under the guidance of their 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 them to remain in the community, when clinically appropriate, e.g., highlight elements of the Member's crisis prevention plan and/or safety plan and 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 their outpatient provider; and/or 4) refer the Member to an Adult Mobile Crisis Intervention (AMCI) provider for emergency behavioral health crisis assessment, intervention, and stabilization

Outside business hours, the provider offers live telephonic coverage and /or has access to or an arrangement with other services that offer off-hours coverage

STAFFING REQUIREMENTS:

- The provider complies with the staffing requirements of the applicable licensing body
- The provider has a written staffing plan delineating the number and credentials ofits professional staff (attending psychiatrist(s), nurses, social workers, other mental health professionals)
- The provider utilizes a multi-disciplinary staff who have established skills in the integrated treatment of Members with substance use and dependence as well as co-occurring psychiatric diagnosis. Staffing includes:
  - A licensed, master's-level clinician responsible for clinical supervision
  - A licensed master's level clinician responsible for assessment and treatment services
  - Physician and psychiatry staff, as outlined below
  - Registered nurse (RN), nurse practitioner, or physician assistant
  - Licensed practical nurse (LPN), case aides, and case management staff
- The provider appoints a medical director who, in collaboration with the PHP director and clinical leadershipteam is responsible for clinical and medical oversight, quality of care, and clinical outcomes across all PHP service components
- The psychiatrist who is board-certified or board eligible in psychiatry by the American Board of Psychiatry and Neurology (ABPN) and who is trained and/or has experience in treating Members with SUD and co-occurring diagnosis and whose role includes:
  - Provision of medical examinations that includes necessary lab studies as necessary
  - provision of direct psychiatry services and also includes:
    - attendance at multi-disciplinary team meetings at least weekly
    - teaching, training, coaching, and consulting with the multi-disciplinary team
    - oversight and monitoring of prescribing clinicians.
- In collaboration with the PHP director and clinical leadership, the medical director's role includes
  - Integration of the various assessments of the Member's needs and strengths that support a coherent narrative that can be used for treatment planning within the PHP and in the Member's home and community
  - Development and utilization of the PHP's theory and modalities based on evidenced-based practices of treatment to guide its mission, vision, andpractice
  - Development of therapeutic programming
- Psychiatric care is provided by:
  - The medical director and/or other psychiatrists who are board-certified and/or who meet credentialing criteria
  - PNMHCS for medication management within the scope of their license and in collaboration with the medical director with dates and times of collaboration as well as Members review documented and recorded in a logbook. Supervision between a PNMHCS must be at a frequency of 1 hour per week and can include time spent in team meeting consult
  -

- Psychiatry fellows who must be supervised, at a minimum of 2 hours (individual supervision) per week either in person or telephonically. Supervising physicians must be available to provide review of procedures/encounters with Members and include feedback provided after care is delivered

- All staff are 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. Training topics must include trainings related to the treatment of individuals with substance use and co-occurring behavioral health conditions
- The provider ensures that master's-level or doctoral-level staff have training and experience in the assessment and treatment of substance use and co-occurring diagnosis
- The provider ensures that staff who are licensed alcohol and drug counselors (LADC), certified alcoholism and drug use counselors (CADAC), certified addiction counselors (CAC), or licensed alcohol and drug use counselors (LADAC) are involved in the assessment and treatment of Members whose diagnoses include substance use and/or co- occurring diagnosis and that supervision and/or consultation relative to substance use and co-occurring diagnosis is made available to staff as needed
- Access to and inclusion of Recovery Coaches and Recovery Navigators to the multi- disciplinary team is strongly encouraged

Training Expectations:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Transgender Inclusive and Affirming Expectations:

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member's gender identity
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's

- legal identification and/or CCA insurance card
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

Trauma-Informed Care Expectations:

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

ASSESSMENT, TREATMENT/RECOVERY PLANNING AND DOCUMENTATION:

- The provider ensures timely admission of Members that meet the individuals needs for diversionary and step-down placement and accepts admission 5 days per week; preferably 7 days per week
- The provider assigns an attending psychiatrist to the Member on the first day of admission. The psychiatrist conducts a comprehensive assessment of the Member including 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
- A covering psychiatrist (a psychiatric resident, a psychiatry fellow/trainee, or a psychiatric nurse mental health clinical specialist (PNMHCS) may also perform the initial assessment which must be reviewed by the attending psychiatrist within 1 business day of the referral to the PHP program
- A covering psychiatrist participates in daily rounds and treatment team meetings, with oversight and supervision provided by the attending psychiatrist
- The PHP has the capacity to provide Members with daily medication management, when clinically indicated. Members must have at least 2 contacts per week to assess and manage medications. If the PHP psychiatrist determines that the Member's clinical presentation does not warrant them 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. Medication management notes are documented in the Members medical record
- The provider ensures that each Member admitted had a medical assessment conducted by an MD or a PNMHCS
- The provider will ensure that assessments are conducted, and include but are not limited to review and assessment of

    - History of presenting problem
    - Chief complaints and symptoms
    - Past BH/SUD history
    - Past medical history
    - Family, social history and linguistic cultural background
    - Current psychiatric symptoms
    - Current substance use
    - Mental status exam
    - Previous medication trials, current medications and any allergies
    - Diagnosis and clinical formulation
    - Level of functioning
    - The individual's strengths, needs and possible barriers to treatment
    - Name of PCP
- The provider assigns a multi-disciplinary team to the Member within 48 hours of admission. 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
- The provider ensures that the Member has daily contact with the multi-disciplinary team staff and that individual therapy, group therapy, and family therapy is provided at a frequency determined in each Member's individualized treatment plan
- 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
- The provider will ensure that assessments are completed and signed by treatment team and that a multi-disciplinary treatment team has been assigned to each member
- Treatment team has met to review the assessment and establish a provisional treatment plan within 1 business day of admission that includes:
    - Goals, expected outcomes, and time frames for achieving the goals. Goals should be behavioral terms and should be measurable and solution focused
    - Indication of the strengths of the individual and their family as identified in the assessment
    - Peer and Recovery support services as appropriate
    - Medication evaluation and medication management delivered by the IOP or via a referral
    - A combination of individual, group or family counseling based on the Members needs
    - When appropriate, involvement of a state agency or need for involvement with a state agency
    - A detailed discharge and after-care plan
    - Member's signature or documentation of refusal to sign the treatment plan
- The treatment plan will be updated as clinically appropriate with the Member and if appropriate, with the Members family, guardian or natural supports
- With Member consent and the establishment of the clinical need, PHP staff will coordinate with guardians/caregiver and other treatment providers, CCA Care Team including PCP's and behavioral health providers relative to treatment and care coordination issues. All such contact is documented in the Member's health record
- The provider collaborates with the Member, the AMCI provider in the catchment area in which the Member lives, and other clinical treatment providers to obtain the Member's crisis prevention plan, recovery/relapse prevention plan and/or safety plan. The provider collaborates with these entities to update the plan if needed or develops one if the Member does not yet have one. With Member consent, the AMCI provider may share the plan with the provider who includes the plan and

documents related collaboration in the Member's health records

- The provider ensures that treatment and discharge plans show significant involvement or attempts of member, family/guardian, providers, and other entities and agencies that are significant to the member's aftercare, unless clinically or legally contraindicated. Proper consent must be documented in the member's record

DISCHARGE PLANNING, COMMUNITY AND COLLATERAL LINKAGES:

- The provider ensures that the discharge plan is developed in collaboration with each Member and that this collaboration is documented in the Members record as Member having participated with or declined participation in their discharge plan
- The attending psychiatrist or medical director conducts a face-to-face psychiatric evaluation of each Member prior to their discharge from the PHP
- The discharge plan should include:
  - A listing of the Members medication and one medication aftercare appointment scheduled within 14 days of discharge from the PHP
  - A listing of all aftercare appointments including dates and times
  - At least one aftercare appointment that is scheduled within 7 days of discharge from the PHP
  - Member identified concerns including, but not limited to, housing, finances, health care, transportation, community supports, and recovery support if appropriate
- The provider ensures that Members who are state agency involved (DMH, DDS, etc.) have discharge plans that are well coordinated with the areas site offices and teams and that this collaboration is documented in the Members record
- If there are barriers to accessing covered services, the **provider notifies CCA' s Clinical Team by calling CCA' s Provider Line at 866-420-9332** and asking to speak to the Members Care Team. Transportation is a CCA covered benefit service
- **The Provider notifies CCA BH UM to alert CCA of Members discharge date and discharge plan. CCA BH UM can be contacted at 866-420-9332**
- At the time of discharge the provider ensures that the Member has a current crisis prevention plan, recovery/relapse prevention plan and/or safety plan in place that has been updated to reflect the current needs of the Member and that the Member has a copy of the discharge plan upon discharge. The PHP provider may engage the AMCI provider that covers the catchment area where the Member lives to assist with the development of the crisis prevention plan, recovery/relapse prevention plan and/or safety plan.

QUALITY MANAGEMENT:

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families

Partial Hospitalization
PERFORMANCE SPECIFICATIONS

- Providers are required to collect and measure outcome data and incorporate the
- data in treatment plans in the medical records and inform clinical programming
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request,and must be consistent with CCA' s performance standards for PHP level of care
- The success of the program and the care and well-being of the members relies on a collaborative partnership with Commonwealth Care Alliance and its provider network
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA' s Provider Manual

REIMBURSEMENT:
Please refer to CCA's Covered Services and Prior Authorization PDF in the Provider Manual Link: Here

PAYMENT POLICIES:
Please refer to CCA's Payment Policies
Link: Here

BILLING PROCEDURES:
Please refer to SECTION 6: Claims and Billing Procedures section in CCA's Provider Manual.
Link: Here

Insurance eligibility must be confirmed on a regular and frequent basis. Eligibility may be confirmed by utilizing the current MassHealth Provider Online Service Center on the Eligibility Verification System.

APPROVALS:

CCA Business Process Owner	
Julie Fine	VP, Clinical Strategy & Implementation •
Print Name	**Print Title**
Julie D. Fine, LICSW	4/12/2023
Signature	**Date**

CCA Senior Clinical/Operational Lead	
Print Name	**Print Title**

Partial Hospitalization
PERFORMANCE SPECIFICATIONS

Signature	**Date**

CCA CMO or Designee	
Nazlim Hagmann, MD	Associate Chief Medical Officer
Print Name	**Print Title**
Nazlim Hagmann	4/12/2023
Signature	**Date**

Partial Hospitalization
PERFORMANCE SPECIFICATIONS

2023