

POLICY AND PROCEDURE

POLICY NAME: Partial Hospitalization Program In Lieu of Service	POLICY ID: FL.UM.51.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care) and Child Welfare (CW)
REVIEWED/REVISED DATE: 06/18, 05/19, 6/20, 7/21, 8/22	
REGULATOR MOST RECENT APPROVAL DATE(S): 06/18/2018	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved In Lieu of Services when medically necessary as an alternative to a comparable state benefit. Sunshine Health considers coverage of a Partial Hospitalization Program when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. The member must consent to the In Lieu of Services as an alternative to a covered state benefit.

PURPOSE:

To establish clinical criteria on which to review requests for Partial Hospitalization Program In Lieu of Services for Sunshine Health's MMA, Comprehensive and CW products. The goal is to provide Partial Hospitalization services when medically necessary, as an alternative to an existing state benefit and to define criteria and limitations established for the use of Partial Hospitalization.

SCOPE: Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care) and Child Welfare (CW) product lines.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS: These services include therapeutic milieu, nursing, psychiatric evaluation, medication management, group, individual and family therapy. Partial Hospitalization clinical programming is typically 4-6 hours of daily structured programming offered five days per week where the member is required to attend the program daily. Partial Hospitalization can be used as a transitional (step-down from inpatient) program in the instance that acute inpatient hospitalization criteria might not be met but the member still possess symptoms that require daily clinical monitoring or is at risk of needing acute inpatient hospitalization.

An initial diagnostic interview by psychiatrist/physician is completed within 24 hours of admission, a history and physical within 24 hours of admission, multidisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol/drug screening and assessment as needed, and an initial treatment/recovery plan integrating individual strengths, needs, abilities and preferences, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission.

Additional services include consultation for general medical needs, psychological, pharmacy, and emergency medical services, laboratory, dietary if meals are served within the program and other diagnostic services; readily available on-site nursing services; individual, group and family therapy services; recreation and social services; access to community based rehabilitation/social services to be used to help the individual transition to the community; face to face psychiatrist (ARNP under psychiatrist supervision) visits 4 of 5 days; treatment/recovery plan reviewed weekly or more often as necessary.

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PROCEDURE:

Review Process

To assist in determining the medical necessity of the Partial Hospitalization Program In Lieu of Service, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Medical Director or a contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notification FL.UM.05.00

Specific Clinical Information/Criteria

The requesting practitioner must provide information relative to the In Lieu of Service (ILOS) that is being requested.

The provider should ensure to document in the member's clinical record that the member agrees to the ILOS.

The Utilization Management (UM) team will use the ASAM Criteria for the treatment criteria for addictive, substance-related, and co-occurring conditions for PHP service related to primary diagnosis of substance use disorders to determine medically necessary criteria.

The Utilization Management team will use InterQual (IQ) for PHP service related to primary diagnosis of mental health to determine medically necessary criteria.

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Provider Type Specification

- Provided in a licensed hospital setting
- Psychiatric physician or ARNP under Psychiatric Supervision
- Licensed masters or doctoral prepared professionals under supervision by a Psychiatric physician

Information Required for Review

The following information and documentation should be submitted with any request for Partial Hospitalization Program (PHP) in order to assess medical necessity:

- Medical documentation to support the ASAM criteria when PHP service is related to primary diagnosis of substance use disorders to determine medically necessary criteria.
- Medical documentation to support InterQual criteria when PHP service is related to primary diagnosis of mental health to determine medically necessary criteria.

Redetermination

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to the Health Plan's Utilization Management department information on the member's status in order for a review for a subsequent approvals using the ASAM Criteria for PHP related to primary diagnosis of substance use or InterQual for members with a primary diagnosis of mental health.

Discharge Criteria

Criteria A and either B, C or D must be met to satisfy discharge criteria.

- An adequate continuing care plan has been established.
- Goals of the Individualized Treatment/Recovery Plan have been substantially met.
- Member/family requests discharge.
- Transfer to another service/level is more clinically appropriate.

Limitations / Exclusions

The following limitations or exclusions apply:

- Member is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required; or
- Member can be safely maintained and effectively treated at a less intensive level of care; or
- Member requires a level of structure and supervision beyond the scope of the program; or
- Member has medical conditions or impairments that would prevent beneficial utilization of services; or
- Primary problem is social, custodial, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric or substance use episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

REFERENCES:

InterQual Adult and Geriatric Psychiatry- Partial Hospitalization Criteria
 InterQual Child and Adolescent Psychiatry- Partial Hospitalization Criteria
 American Society of Addiction Medicine (ASAM) Adult/Adolescent Criteria Level 2.5

FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure
 FL.UM.02.00 Use of Clinical Criteria
 FL.UM.02.02 Clinical Decision Criteria and Application
 FL.UM.02.01 Medical Necessity Review

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/18/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs. Updates InterQual version from 2017 to 2019; Added ASAM 2.5 level of care. Updated policies' name and number.	06/30/2020
Annual Review	Added contacted vendors may complete reviews to deny, reduce, suspend or terminate services. Added UM will use the ASAM Criteria for SUD and IQ for mental health for initial and concurrent reviews. Updated language regarding the provider ensuring documentation in member's clinical record of member's agreement to ILOS. Removed 2019 before the IQ under References.	07/28/2021
Annual Review	Changed " Information Required for Review The following information and documentation should be submitted with any request for Partial Hospitalization Program (PHP), in order to assess medical necessity: • Medical documentation to support the ASAM criteria." to : " Information Required for Review The following information and documentation should be submitted with any request for Partial Hospitalization Program (PHP) in order to assess medical necessity: • Medical documentation to support the ASAM criteria when PHP service is related to primary diagnosis of substance use disorders to determine medically necessary criteria. • Medical documentation to support InterQual criteria when PHP service is	08/12/2022

	related to primary diagnosis of mental health to determine medically necessary criteria.	

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____