

Psychiatric Partial Hospitalization Program (PHP) Certification Standards

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Authority: [32 CFR 199.6\(b\)\(4\)\(xiii\)](#)

Revision:

1.0 ISSUE

Psychiatric PHP Certification Standards.

2.0 DESCRIPTION

A psychiatric PHP is a treatment setting capable of providing an interdisciplinary program of medical therapeutic services at least three hours per day, five days per week, which may embrace day, evening, night and weekend treatment programs which employ an integrated, comprehensive and complementary schedule of recognized treatment approaches. Partial hospitalization is an appropriate setting for crisis stabilization, treatment of partially stabilized mental health disorders, and a transition from an inpatient program when medically necessary. A full day program consists of six hours or more and a half-day program consists of three to five hours.

3.0 POLICY

3.1 Psychiatric PHPs must be either a distinct part of an otherwise authorized institutional provider or a freestanding program. The treatment program must be under the general direction of a psychiatrist employed by the PHP to ensure medication and physical needs of all the patients are considered. The primary or attending provider must be an authorized mental health provider, operating within the scope of his/her license. These categories include physicians, clinical psychologists, Certified Psychiatric Nurse Specialists (CPNSs), Clinical Social Workers (CSWs), marriage and family counselors, pastoral counselors and mental health counselors.

3.2 Certification:

3.2.1 Hospital-Based PHPs. When a hospital is a TRICARE authorized provider, the hospital's PHP also shall be considered a TRICARE authorized provider. Effective on or after November 30, 2009, separate TRICARE certification of a hospital-based PHPs is no longer required.

3.2.2 Freestanding PHPs, and prior to November 30, 2009, hospital-based PHPs, must be certified and enter into a participation agreement with TRICARE and obtain the required preauthorization prior to admitting patients. Applications for freestanding PHPs may be obtained from the TRICARE Quality Management Contract (TQMC).

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3.3 In addition, in order for a freestanding psychiatric PHP to be authorized, the PHP shall comply with the following requirements:

3.3.1 The PHP shall comply with Standards for Psychiatric PHPs and Facilities.

3.3.2 The PHP shall be currently accredited by the Joint Commission (JC) under the **Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)**.

3.3.3 The PHP shall be licensed as a PHP to provide PHP services within the applicable jurisdiction in which it operates.

3.3.4 The PHP shall accept the allowable PHP rate, as provided in [32 CFR 199.14\(a\)\(2\)\(ix\)](#), for freestanding PHPs and the TRICARE Reimbursement Manual (TRM), [Chapter 13, Section 2, paragraph 3.7](#) for hospital-based PHPs as payment in full for services provided.

3.3.5 The PHP shall comply with all requirements of this section applicable to institutional providers generally concerning preauthorization, concurrent care review, claims processing, beneficiary liability, double coverage, utilization and quality review and other matters.

3.3.6 The PHP must be fully operational and treating patients for a period of at least six months (with at least 30% minimum patient census) before an application for approval may be submitted to the TQMC. The PHP shall not be considered an authorized provider nor may any benefits be paid to the facility for any services provided prior to the date the facility is approved by the Director, Defense Health Agency (DHA), or designee.

3.3.7 All diagnostic and therapeutic mental health services must be provided by an authorized mental health provider. This includes all psychotherapy (individual, group, family or conjoint, psychoanalysis, collateral), psychological testing and assessment to include documentation of the outcomes of standardized assessment measures for Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), and Major Depressive Disorder (MDD) using the PTSD Checklist (PCL), GAD-7, and Patient Health Questionnaire (PHQ)-8, respectively, at baseline, at 60-120 day intervals, and at discharge (See [Chapter 1, Section 5.1](#) for details); [Exception: PHPs that employ individuals with master's or doctoral level degrees in a mental health discipline who do not meet the licensure, certification and experience requirements for a qualified mental health provider but are actively working toward licensure or certification, may provide services within the all-inclusive per diem rate but the individual must work under the clinical supervision of a fully qualified mental health provider employed by the PHP.] All other program services shall be provided by trained, licensed staff.

3.3.8 The PHP shall ensure the provision of an active family therapy treatment component which assures that each patient and family participate at least weekly in family therapy provided by the institution and rendered by an authorized mental health provider. There is no acceptable substitute for family therapy. Family therapy is an integral part of the treatment of children and adolescents and must be included in all mental health treatment plans. If the family is not in the area, the patient is probably not a candidate for partial care as individuals in this program return to their home setting daily, and effective family interaction is essential. If the family or patient is not cooperative in participating in family therapy, they may not be viable candidates for a partial program. By accepting a child or adolescent under the age of 21 for admission, a partial program is acknowledging that it can provide the specific treatment appropriate to that individual's needs and is responsible for taking only those individuals whom it feels it can help through the development of an appropriate treatment program

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designed to encompass family therapy and maximize the patient's ability to function in one or more major life activities. The requirement for family therapy is not considered met by telephonic therapy or multifamily group therapy. If family therapy is clinically contraindicated, an exception to this requirement may be granted by the applicable TRICARE contractor.

3.3.9 The PHP must have a written agreement with at least one backup authorized hospital which specifies that the hospital will accept any and all beneficiaries transferred for emergency mental health or medical/surgical care. The PHP must have a written emergency transport agreement with at least one ambulance company which specifies the estimated transport time to each backup hospital.

3.3.10 Social services required. The facility must provide an active social services component which assures the patient appropriate living arrangements after treatment hours, transportation to and from the facility, arrangement of community based support services, referral of suspected child abuse to the appropriate state agencies, and effective after care arrangements, at a minimum.

3.3.11 Educational services required. Programs treating children and adolescents must ensure the provision of a state certified educational component which assures that patients do not fall behind in educational placement while receiving partial hospital treatment. The cost of educational services will not be funded separately from the per diem rate. The hours devoted to education do not count toward the therapeutic half or full day program.

3.3.12 The PHP shall enter into a participation agreement with the Director, DHA. The agreement shall include, but shall not be limited to, the following provisions:

3.3.12.1 The PHP agrees not to bill the beneficiary for services in excess of the cost-share for services for which payment is disallowed for failure to comply with requirements for preauthorization or concurrent care review or for days on which less than three hours were provided in the PHP.

3.3.12.2 The PHP agrees not to bill the beneficiary for services excluded on the basis of the following provisions: [32 CFR 199.4\(g\)\(1\)](#) (not medically necessary), [\(g\)\(3\)](#) (inappropriate level of care) or [\(g\)\(7\)](#) (custodial care), unless the beneficiary has agreed in writing to pay for the care, knowing the specific care in question had been determined noncovered. (A general statement signed at admission as to financial liability does not fulfill this requirement.)

3.3.12.3 The PHP agrees to accept the determined per diem amount, and to bill for and collect the patient's cost-share, both of which shall be considered as payment in full for all mental health services provided.

3.3.12.4 The PHP agrees to notify the referring military provider or Military Treatment Facility (MTF)/Enhanced Multi-Service Market (eMSM) referral management office (on behalf of the military provider) when a Service member or beneficiary, in the provider's clinical judgment, meets any of the following criteria:

- Harm to self - The provider believes there is a serious risk of self-harm by the Service member either as a result of the condition itself or medical treatment of the condition;
- Harm to others - There is a serious risk of harm to others either as a result of the condition itself or medical treatment of the condition. This includes any disclosures concerning child abuse or domestic violence;

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- Harm to mission - There is a serious risk of harm to a specific military operational mission. Such a serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment;
- Inpatient care - Admitted or discharged from any inpatient mental health or substance use treatment facility as these are considered critical points in treatment and support nationally recognized patient safety standards;
- Acute medical conditions interfering with duty - Experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the beneficiary's ability to perform assigned duties;
- Substance abuse treatment program - Entered into, or is being discharged from, a formal outpatient or inpatient treatment program.

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