CHAPTER 11
SECTION 2.5

PSYCHIATRIC PARTIAL HOSPITALIZATION PROGRAM CERTIFICATION STANDARDS

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I. ISSUE

Psychiatric Partial Hospitalization Program Certification Standards.

II. DESCRIPTION

A psychiatric partial hospitalization program is a treatment setting capable of providing an interdisciplinary program of medical therapeutic services at least 3 hours per day, 5 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 6 hours or more and a half-day program consists of 3-5 hours.

III. POLICY

A. Psychiatric partial hospitalization programs 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 partial hospitalization program 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, clinical social workers, marriage and family counselors, pastoral counselors and mental health counselors.

B. Programs must be certified and enter into a participation agreement with TRICARE/CHAMPUS and obtain the required preauthorization prior to admitting patients. Applications may be obtained from the National Quality Monitoring Contractor (NQMC).

C. In addition, in order for a psychiatric partial hospitalization program (PHP) to be authorized, the PHP shall comply with the following requirements:

1. The PHP shall comply with Standards for Psychiatric Partial Hospitalization Programs and Facilities.

2. The PHP shall be specifically accredited by and remain in substantial compliance with standards issued by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) under the Mental Health Manual (formerly Consolidated Standards).

3. The PHP shall be licensed as a partial hospitalization program to provide PHP services within the applicable jurisdiction in which it operates.

4. The PHP shall accept the allowable partial hospitalization program 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 III.G. for hospital-based PHPs as payment in full for services provided.

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.

6. The PHP must be fully operational and treating patients for a period of at least six months (with at least 30 percent minimum patient census) before an application for approval may be submitted to the NQMC. 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 Executive Director, TMA, or designee.

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. [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.

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 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.

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.

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.

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.

12. The PHP shall enter into a participation agreement with the Executive Director, TMA, which shall include but which shall not be limited to the following provisions:

a. 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 3 hours were provided in the partial hospitalization program.

b. 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.)

c. 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.

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