



**Subject:** Partial Hospitalization for Substance Use Disorders\*

**Effective Date:** September 29, 2015

**Department(s):** Utilization Management

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**Policy:** Partial hospitalization for substance use disorders is reimbursable under plans administered by QualCare, Inc., when medical necessity criteria delineated in this policy are met.

**Objective:** To provide proper and consistent reimbursement and to define the indications for admission to and continued treatment in partial hospitalization for substance use disorders.

**Procedure:** Medical documentation should support that the following services are needed: a coordinated, intense, ambulatory, multi-disciplinary and time limited treatment for individuals who can maintain personal safety with support systems in the community, as evidenced by the following admission or continued stay criteria being met:

**Criteria for Admission** to partial hospitalization for substance use disorders:

1. **None** of the following are present:
  - A. Life-threatening symptoms of withdrawal.
  - B. Current withdrawal symptoms that preclude active participation in treatment.

C. Medical or psychiatric impairments that preclude active participation in treatment.

2. **All** of the following must be met:

A. The individual has a documented diagnosis of a moderate-to-severe substance use disorder, per the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

B. The individual is expressing willingness to actively participate in this level of care.

C. The individual is mentally and emotionally capable to actively engage in the treatment program

D. The individual is able to live in the community without the restrictions of a 24-hour supervised setting, except as age-appropriate for children and adolescents.

E. The individual is able to develop a safety plan with the provider that includes being able to access emergency services so that a more intensive level of care is not required.

F. The individual has a support system that includes family or significant others who are able to actively participate in treatment – OR- If the individual has no primary support system, the individual has the skills to develop supports and/or become involved in a self-help support system.

G. If there are medical issues, they can be safely managed in a partial hospital level of care.

For individuals with a history of repeated relapses and/or multiple failed treatment episodes, he/she is expected to actively engage in the implementation of a treatment plan that specifically addresses prior non-adherence and poor response to

treatment and includes elements that are likely to reduce the frequency and severity of future relapse and has the goal of maintaining abstinence.

- AND-

**3. One or more** of the following must be met:

- A. The individual is demonstrating significant impairments in functioning secondary to a substance use disorder, as evidenced by both of the following:
  - i. The individual is not able to complete essential daily social, family, school, and/or work activities, AND
  - ii. The individual is not able to employ sufficient coping skills to compensate for this.
- B. The individual has recently demonstrated actions of or made serious threats of self-harm or harm to others, but does not require a 24-hour monitoring environment, OR
- C. The individual requires a structured program to avoid complications of a co-existing medical condition (e.g., pregnancy, uncontrolled diabetes).
- D. The individual requires a structured program to manage acute medical symptoms that are seriously interfering with treatment of a serious co-existing substance use disorder that cannot be safely and effectively managed at a less restrictive level of care.

**NOTE-** An Individual in Partial Hospitalization for Substance Use Disorders:

- May present ongoing risk of harm to him/her or others, but is able to develop a plan to maintain safety in the community without 24 hour supervision.

- Is having acute Substance Use Disorder symptoms that are compromising daily functioning with work, parenting, school, and/or with other activities of daily living
- Has the ability to make age-appropriate basic decisions for him/herself AND to accept age-appropriate responsibility for his/her own actions and behavior.
- Are typically in a structured treatment program 5 days per week.
- At a minimum, receive 20 hours of scheduled programming extended over at least five (5) days per week .
- Will have the opportunity to be exposed to circumstances/stressors that may have contributed to the admission and practice their coping skills.
- Live in the community without the restrictions of a 24-hour supervised setting during non-program hours.
- Are capable of safely controlling their behavior and seeking professional assistance or other support as needed.

**Criteria for Continued Stay**

**All** of the following must be met:

1. **One or more** of the following criteria must be met:

A. The treatment provided is leading to measurable clinical improvements in acute symptoms and a progression towards discharge from the present level of care, but the individual is not sufficiently stabilized so that he/she can be safely and effectively treated at a less restrictive level of care, OR

B. If the treatment plan implemented is not leading to measurable clinical improvements in acute symptoms

and a progression towards discharge from the present level of care, there must be ongoing reassessment and, modification to the treatment plan that addresses specific barriers to achieving improvement, when clinically indicated, OR

C. The individual has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

2. **All** of the following must be met:

A. The individual and family are involved to the best of their ability in the treatment and discharge planning process.

B. Continued stay is not primarily for the purpose of providing a safe and structured environment.

C. Continued stay is not primarily due to a lack of external supports.

Note: Treatment provided in this setting is similar in nature and intensity as that provided in an inpatient hospital setting. As such, the role of this level of care is to respond to acute situations, which without this level of care, could potentially result in life-threatening emergencies. Partial hospitalization programs may pursue one or both of the following major functions:

- Acute crisis stabilization
- Acute symptom reduction

The Treatment Plan is not based on a pre-established programmed plan or time frames.

The Discharge Plan starts at the time of admission and includes:

- At least weekly assessment of progress toward established treatment goals and status of aftercare plans
- Coordination with family, outpatient providers, and community resources to allow a smooth transition to less restrictive levels of care.
- Timely and clinically appropriate aftercare appointments within 7 days of discharge date.
- A prescription for any prescribed medications sufficient to bridge the time between discharge and the scheduled follow-up psychiatric appointment.

## References

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Redacted from Cigna Standards and Guidelines/Medical Necessity Criteria for treatment of Behavioral Health and Substance Use Disorders 2015 and revised edition 2017

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.