



**2008 LEVEL
OF CARE
GUIDELINES:
SUBSTANCE
ABUSE**

Partial Hospital/Day Treatment

A partial hospital/day treatment program is a freestanding or hospital-based program that provides services for at least 20 hours per week, and can be used to treat Substance-Use Disorders or can specialize in the treatment of co-occurring mental health conditions and Substance-Use Disorders. Partial hospital also encompasses partial hospital programs that provide overnight boarding.

When supported by the benefit plan, Partial Hospital/Day Treatment services may be available with less intensity to members who are recovering from severe and/or chronic behavioral health conditions. Partial Hospital/Day Treatment services for members who are recovering from severe and/or chronic behavioral health conditions may include psychotherapy, pharmacotherapy, and supportive/rehabilitative interventions.

Partial hospital/day treatment programs are used as a step up from routine or intensive outpatient services, or as a step down from acute inpatient or residential care.

Any one of the following criteria must be met...

1. Impairment in psychosocial functioning due to the presence of severe symptoms/behaviors caused by a Substance-Use Disorder, which cannot be safely managed on a traditional outpatient basis.
2. Deterioration in the member's Substance Use Disorder, associated with a likelihood of requiring acute inpatient care if the member is not in a partial hospital program.
3. The member requires frequent and intensive monitoring of behavior and/or medication without the need for 24-hour structure, monitoring, and nursing care.
4. The member's clinical condition requires the structure, monitoring, and medical/psychological intervention available in a partial hospital program.

And all of the following...

1. Co-occurring medical or mental health conditions, if any, can be safely managed in an outpatient setting.
2. There is no indication of withdrawal, or the symptoms of withdrawal can be safely managed.
3. The member or his/her support system understands and can comply with the requirements of a PHP, or the member is likely to participate in treatment with the structure and supervision afforded by a PHP.
4. An active goal oriented treatment plan focused on symptom reduction, rapid stabilization, motivational enhancement, relapse prevention, management of co-occurring medical and mental health conditions, and anticipated discharge disposition, is initiated within the first 48 hours of admission. The treatment plan is updated every 2-3 days to reflect the member's progress and any new information related to treatment or discharge ultimately ensuring that an appropriate and final discharge plan is in place prior to discharge. The treatment plan must include ALL of the following elements:
 - a) It must clearly address all risk issues and include supervision for the monitoring of behavior, the effects/possible side effects of medication and any co-morbid medical problems, including the availability of specialty medical consultation.
 - i) The treatment plan should also include documentation that risk issues were discussed with the member
 - b) Interventions for managing co-occurring mental health conditions.
 - c) A plan to contact the member's family and/or social support network, with the member's documented consent, within the first 48 hours of admission to participate in the member's treatment (ideally face-to-face) on a regular ongoing basis (at least 1 time per week) unless clinically contraindicated.
 - d) An anticipated discharge date and disposition with alternative contingencies, if appropriate.
 - e) The plan to link the member with available community resources including the member's school and community-based sources of structure, therapy, and support with the goal of returning the member to his/her regular social environment as soon as possible, when appropriate.

- f) A comprehensive and detailed plan for treatment at the next appropriate level of care and involvement in an age-appropriate organized sobriety support group if clinically indicated, including obtaining an accountability partner such as a sponsor or re-connecting with an accountability partner if the member already has one.
5. The member has sufficient personal/social resources to assure safety outside of program hours.
 6. Psychiatric/Medical consultation is available on a daily basis, and the program's psychiatrist/addictionologist is seeing the member for at least 2 visits per week.
 7. With the member's documented consent, contact with clinicians who were involved with the member's treatment prior to admission to obtain all relevant information and input occurs within 48 hours of admission. With the member's documented consent, they should also be contacted prior to discharge for communication of the discharge plan when appropriate.
 8. A discharge plan is initiated within 24 hours of admission with at least preliminary attention to the elements listed below and is finalized during the course of treatment in a partial hospital/day treatment program. This plan should be provided to the Care Advocate at least 24 hours prior to the anticipated date of discharge. Whenever possible, the treatment team should meet with the member and the provider at the next level of care prior to discharge to review the discharge plan.

The plan will address the elements listed below.

- a) Anticipated discharge date.
- b) Next level of care recommended and the rationale for it.
- c) Name(s) of clinician(s) responsible for post-discharge care.
- d) Date of first follow-up appointment within one week post-discharge. If there is more than one clinician, dates of appointments with each are indicated, one of which should be within 7 days. Details of the follow up appointment are provided in writing to the member/family.
- e) With the member's documented consent, communication of all pertinent clinical information to the provider at the member's next level of care.
- f) Modalities of post-discharge treatment to be employed, including:
 - i) Frequency of each modality.

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- ii) If pharmacotherapy is one modality, names, dosages, and frequency of each medication and a schedule for appropriate lab tests when indicated
 - iii) Medications (including quantities and dosages) that will be given to member at discharge.
 - g) Discharge planning will include the active involvement of the member's family and/or primary support system with the member's documented consent.
9. The treatment is not solely due to the member's refusal to comply with treatment at a less restrictive level of care.
10. Treatment includes random drug screens to monitor for relapse.