

<b>Policy</b>	<b>MM-001</b>
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## Behavioral Health: Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP)

<b>Audience</b>
Medical Management

<b>Purpose</b>
<p>Medical policies provide general support for applying Mountain Health Co-Ops member coverage decisions; the member-specific benefit plan document must also be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op's medical policies are designed for informational purposes only and do not constitute an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions outlined in the member-specific policy document's coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
<p><b>Partial Hospitalization Program (PHP)</b>          A Partial Hospitalization Program (PHP) is an intensive, structured outpatient treatment program that provides at least 20 hours of service per week, typically delivered over five to seven days. The purpose of PHP is to stabilize and reduce acute symptoms, enhance functioning, and support integration into community life. PHP programs offer comprehensive assessment, diagnostic services, and active behavioral health and substance use treatment for individuals with serious symptoms causing significant</p>

distress and impairing psychosocial and environmental functioning. The treatment is multidisciplinary and evidence-based and addresses factors leading to admission through individual therapy, group therapy, family therapy (as clinically indicated), medication management, and psychoeducation. PHPs can treat mental health conditions or specialize in co-occurring mental health and substance-related disorders. PHPs can help to bridge the gap between inpatient treatment and less intensive IOP or traditional outpatient. PHPs aim to stabilize and reduce symptoms, enhance functioning, and prepare the member for a safe transition to less intensive care.

### **Intensive Outpatient Program (IOP)**

An Intensive Outpatient Program (IOP) is a structured, non-residential treatment program that provides comprehensive behavioral health services for individuals experiencing moderate mental health and/or substance use disorders. IOPs are at least 9 hours per week and offer a combination of assessment, diagnostic services, and active behavioral health treatment to address significant personal distress and psychosocial/environmental issues. The purpose of IOP is to support long-term recovery and community reintegration. The treatment is multidisciplinary and evidence-based. It addresses factors leading to admission through individual therapy, group therapy, family therapy (as clinically indicated), medication management, and psychoeducation. IOPs can help to bridge the gap between inpatient or PHP treatment and more traditional outpatient services. IOP aims to stabilize and reduce symptoms, enhance functioning, and prepare the member for a safe transition to less intensive care

### **American Society for Addiction Medicine (ASAM) Dimensions:**

#### **Levels of Care**

- **Dimension 1:** Acute intoxication and/or withdrawal potential. Exploring and assessing the current and past use of substances, as well as the history of withdrawal
- **Dimension 2:** Biomedical dimension, which explores a person's medical needs and health history
- **Dimension 3:** Emotional, behavioral, or cognitive conditions and complications
- **Dimension 4:** Readiness to change. Determining a person's willingness and readiness to change their substance use
- **Dimension 5:** Relapse, continued use, or continued problem potential. Assessing a person's individual needs that can influence their potential to relapse
- **Dimension 6:** Recovering/living environment. Assessing how a person's living situation can help or hinder their efforts at recovery

### **Policy/Procedure**

Mountain Health Co-Op covers services provided in a behavioral health partial hospitalization or intensive outpatient treatment when the member and facility meet minimum standards. Mountain Health Co-Op members must use an in-network facility unless approved by Mountain Health Co-Op.

### **1: Required Minimum Standards for Coverage of BH PHP/IOP Services (All Must be Met):**

**1.1** Referral and admission orders to PHP/IOP are made by a licensed provider (e.g., MD/DO, DNP, APRN, Ph.D., LCSW, LAC). The referral and order must be from an in-network provider with Mountain Health Co-Op and cannot be from the admitting facility. The referring provider must have assessed the member within the 14 calendar days preceding the referral/admission.

**NOTE-** *If a member is stepping down to PHP or IOP within the same facility or transferring to a new facility for a lower level of care after successfully completing a higher level, no external referral is required. Referrals are only necessary for new admissions to the facility.*

**1.2** The facility must be JCAHO or CARF-accredited and state-accredited for the level of care being serviced.

**1.3** There is documentation that the member has a condition recognized by the DSM5 and meets the appropriate ASAM Criteria for the level of care

**1.4** There is documented evidence as to why less intensive outpatient treatment has been tried and failed and is insufficient or an inappropriate level of care to manage the member's symptoms.

**1.5** There is no immediate risk of harm to self or others that would necessitate a higher level of care.

**1.6** The program is deemed appropriately able to manage the member's mental health and/or substance use disorder with evidence-based programming

**1.7** There is documentation to support that there are reasonable expectations that the member's presenting problems will improve throughout the treatment.

**1.8** There is documentation to support that the program is deemed appropriately able to manage the member's mental health and/or substance use disorder with evidence-based programming.

**1.9** The member must be willing and able to participate actively and tolerate the intensity and duration of the treatment sessions required by the level of care, including sitting through and engaging in individual and group therapies.

**1.10** A psychiatrist or psychiatrist extender must complete a comprehensive behavioral health evaluation and psychosocial assessment within 48 hours of admission. The provider must remain on call for face-to-face evaluations.

**1.11** The treatment plan must be goal-directed, individualized, and developed based on the initial assessment. It should include specific, measurable objectives.

### **Partial Hospitalization Program (PHP) Clinical Criteria**

#### **2. Requirements for Admission to Partial Hospitalization Program (PHP) (Must Meet ALL):**

**2.1** A minimum of 20 hours per week of structured programming, delivered over five to seven days.

**2.2** Mental health and medical services are available 24 hours per day, seven days per week, either on-site or off-site.

**2.3** A multidisciplinary team must be on-site, comprising psychiatrists, APRNs/PAs, psychologists, licensed therapists, nursing staff, and dieticians.

**2.4** After a multidisciplinary assessment, an individualized treatment plan using evidence-based concepts, where applicable, is developed within 3 treatment days of

admission and amended as needed for changes in the individual's clinical condition. Elements of this plan include, but are not limited to, subjects such as identification of key precipitants to current episode of treatment, assessment of psychosocial supports available after discharge, availability of aftercare services in member's home geographic area, potential need for supportive living placement to continue recovery, consideration of the ability of the member/family/support system to meet financial obligations incurred in the discharge plan, need for services for comorbid medical or substance use conditions, contact with aftercare providers to facilitate an effective transition to lower levels of care, and other issues that affect the likelihood of successful community tenure.

**2.5** Medication evaluation and management by a licensed provider within 48 hours of admission to the program, followed by weekly documentation of medication management.

**2.6** Provides the following services:

- a. Individual therapy at a minimum of once weekly
- b. Family therapy occurs at a minimum of once a week for adults, and
- c. Twice a week for adolescents
- d. Structured group therapy occurs at least two to three times a day.
- e. Sessions should include skill-building, psychoeducation, and other
- f. Evidence-based strategies.
- g. Indoor space is available for free and for informal client activities.

**2.7** Daily clinical assessment by a licensed mental health provider/prescriber that includes, but is not limited to, the member's mental status, safety, symptom severity, and response to treatment on each program day.

**2.8** Licensed behavioral health practitioners who supervise all treatment

**2.9** Daily group notes that document attendance, participation, behavior, themes discussed, progress toward the goal, and therapeutic interventions.

**2.10** There is documentation of a safety plan, including access for the member and/or family/support system to professional support outside of program hours.

**2.11** Treatment team members contact recent treating providers to help develop and implement the initial individualized treatment plan within three treatment days of admission.

**2.12.** Family participation:

- h. For adults: Family treatment is provided at the frequency specified in f(i). If family treatment is not provided, the facility or provider must specifically list the reasons why family therapy is contraindicated.
- i. For children and adolescents: Family treatment will be included as part of the
- j. overall treatment plan. If family treatment is not provided, the facility or provider must specify the reasons contraindicating Family Therapy. The assessment of the family/support system will be completed within three days of admission, with the expectation that the family will be involved in treatment decisions and discharge planning throughout care. Family sessions are required at least once a week.
- k. Family participation may be held through phone or virtual sessions when there are major geographic or other barriers

**2.13** A comprehensive discharge plan addressing follow-up care, social support, housing, barriers to discharge, vocational training, etc.

### **3. Clinical Criteria for Continued Stay PHP**

**3.1** All admission criteria for the program must continue to be met. This includes documented mental health or substance use disorder, the severity of the condition, a condition recognized by DSM-5/ASAM Criteria, and all other specified admission requirements. See Section 1.

**3.2** There is documentation of a reasonable expectation for improvement in the severity of the current condition and behaviors that require a continued minimum of PHP hours each week to provide treatment, structure, and support

**3.3** The members must actively participate in individual, group, and family therapies, as well as other program activities, as outlined in their treatment plan.

**3.4** There is documentation that the treatment is not primarily social, interpersonal, domiciliary, or respite care.

**3.5** There is documentation of regular updates to the treatment plan based on the member's progress, new symptoms, or changes in circumstances.

**3.6** There is documentation of family/support system coordination as evidenced by contact with family to discuss current treatment and support needed to transition and maintain treatment at lower levels of care.

**3.7** If a member is receiving treatment outside of their geographic home, discharge planning proactively reflects and mitigates the higher risk of relapses associated with treatment away from home.

**3.8** If a member has a recent history involving multiple treatment attempts with recidivism, the facility must document the development and implementation of a treatment plan focused on increasing motivation, readiness for change, practicing new skills to facilitate the development of recovery, and other supports to benefit the member in his/her recovery process.

**3.9** There is documentation that the member is displaying increasing motivation, interest in, and ability to actively engage in his/her behavioral health treatment, as evidenced by

active participation in groups, cooperation with the treatment plan, working on assignments, actively developing a discharge plan, and other markers of treatment engagement. If the member is not displaying increased motivation, there is evidence of active and timely reevaluation, as well as treatment plan modifications, to address the current condition.

**3.10** The member's treatment plan is centered on the alleviation of disabling symptoms and precipitating psychosocial stressors. There is documentation of member progress towards objective, measurable treatment goals that must be met for the member to transition to the next appropriate level of care. If the member is not progressing appropriately or if the member's condition has worsened, there is evidence of active, timely reevaluation and treatment plan modifications to address the current needs and stabilize the symptoms necessitating the continued stay.

### **Intensive Outpatient Program (IOP) Clinical Criteria**

#### **4. Requirements for Intensive Outpatient Program (IOP) (Must Meet ALL):**

- 4.1** The member requires IOP care because of at LEAST two of the following (i, ii, or iii):
- l. The member's condition or stage of recovery necessitates multiple treatment interventions per week to stabilize the clinical condition and acquire the necessary skills to succeed in the next level of care.
  - m. Marked variability in day-to-day acute capacity to cope with life situations
  - n. A crisis in the member's condition or stage of recovery that requires multiple
  - o. treatment interventions per week to stabilize the clinical condition and acquire
  - p. the necessary skills to succeed in the next level of care.
- 4.2** There is documentation that members are participating for a minimum of 9 hours per week for adults and 6 hours per week for adolescents.
- 4.3** Mental health and medical services are available 24 hours a day, 7 days a week, either onsite or off-site.
- 4.4** A multidisciplinary team comprising psychiatrists, APRNs/PAs, psychologists, licensed therapists, nursing staff, and registered dietitians
- 4.5** Following a multidisciplinary assessment, an individualized treatment plan is developed within three treatment days of admission, incorporating evidence-based concepts where applicable. This plan is amended as needed to reflect changes in the individual's clinical condition. Elements of this plan include, but are not limited to, subjects such as identification of key precipitants to current episode of treatment, assessment of psychosocial supports available after discharge, availability of aftercare services in member's home geographic area, potential need for supportive living placement to continue recovery, consideration of the ability of the member/family/support system to meet financial obligations incurred in the discharge plan, need for services for comorbid medical or substance use conditions, contact with aftercare providers to facilitate an effective transition to lower levels of care, and other issues that affect the likelihood of successful community tenure.
- 4.6** Medication evaluation and management by a licensed provider within 48 hours of admission to the program, followed by weekly documentation of medication management.
- 4.7** Provides the following services:
- a. Individual therapy must occur at a minimum of once a week
  - b. Family therapy must occur at a minimum of once a week for adults, and twice a week for adolescents
  - c. Group therapy must occur at least once daily.
  - d. Indoor space is available for free and for informal client activities.
- 4.8** Clinical assessment by a licensed mental health provider/prescriber at least once a week that includes, but is not limited to, the member's mental status, safety, symptom severity, the response to treatment, and progressive documented changes to the plan of care on each program day.
- 4.9** Licensed behavioral health practitioners supervise all treatment
- 4.10** Daily group notes that document attendance, participation, behavior, themes discussed, progress toward the goal, and therapeutic interventions.
- 4.11** There is documentation of a safety plan, including access for the member and/or family/support system to professional support outside of program hours.

**4.12** There is documentation that the treatment team members have contacted the recent treating providers to help develop and implement the initial individualized treatment plan within three treatment days of admission.

**4.13** Family participation:

- a. **For adults:** Family treatment is being provided at an appropriate frequency. If family treatment is not provided, the facility or provider specifically lists the contraindications to family therapy.
- b. **Children/adolescents:** Family treatment will be provided as part of the treatment plan. If family treatment is not held, the facility/provider must specifically list the contraindications to Family Therapy. The family/support system assessment will be completed within three treatment days of admission, with the expectation that the family will be involved in treatment decisions and
- c. Discharge planning throughout the care process.
- d. Family sessions must occur at least once a week.
- e. Family participation may be held through phone or virtual sessions when there are significant geographic or other documented barriers.

**4.14** A comprehensive discharge plan addressing follow-up care, social support, housing, barriers to discharge, vocational training, etc.

## **5. Clinical Criteria for Continued Stay IOP. (Must Meet ALL):**

**5.1** All admission criteria for the program must continue to be met. This includes documented mental health or substance use disorder, the severity of the condition, a condition recognized by DSM-5/ASAM Criteria, and all other specified admission requirements. **See—section 1.**

**5.2** There is an expectation for improvement in the severity of the current condition and behaviors that require a continued minimum of IOP or PHP hours each week to provide treatment, structure, and support

**5.3** The member must actively engage in individual, group, and family therapy sessions, along with other program activities, as specified in their treatment plan.

**5.4** There is documentation that the treatment is not primarily social, interpersonal, domiciliary, or respite care.

**5.5** Regular updates to the treatment plan are made based on the member's progress, new symptoms, or changes in their circumstances.

**5.6** Family and support system coordination is evidenced by contacting families to discuss current treatment and the support needed to transition and maintain care at lower levels.

**5.7** If a member is receiving treatment outside of their geographic home, discharge planning proactively reflects and mitigates the higher risk of relapses associated with treatment away from home.

**5.8** If a member has a recent history involving multiple treatment attempts with recidivism, the facility must document the development and implementation of a treatment plan focused on increasing motivation, readiness for change, practicing new skills to support recovery, and other supports to help the member in his/her recovery process.

**5.15** There is documentation showing that the member is demonstrating increasing motivation, interest in, and ability to actively participate in their behavioral health treatment. This is evidenced by active involvement in groups, cooperation with the treatment plan, completion of assignments, development of a discharge plan, and other signs of treatment engagement. If the member is not showing increased motivation, there is evidence of prompt and active reevaluation, as well as modifications to the treatment plan to address the current condition.

**5.16** There is documentation that the member's treatment plan focuses on relieving disabling symptoms and addressing psychosocial stressors. Documentation also shows the members' progress toward specific, measurable treatment goals that must be achieved before moving to the next appropriate level of care. If the member is not progressing adequately or if their condition has worsened, there is evidence of prompt reevaluation and adjustments to the treatment plan to meet current needs and stabilize symptoms that require continued care.

## **6. Noncovered Services**

**6.1** Any facility considered/described to be a luxury facility is not a covered service

- a. Any facility that describes itself as a luxury rehab facility or retreat
- b. Facility may include therapy services such as acupuncture, art therapy, cooking, sports, equine, beaches, spas/massage.

**6.2** Meals, self-administered medications, and transportation.

**6.3** Activity therapies, group activities, or other services and programs which are primarily recreational or diversional in nature.

**6.4** Outpatient psychiatric day treatment programs that consist entirely of activity therapies.

**6.5** Daycare programs, which include, but are not limited to, those that provide primarily social, recreational, or diversional activities, custodial, or respite care.

**6.6** Psychosocial programs that are primarily for social or recreational purposes.

**6.7** Vocational training when the services are related solely to specific employment opportunities, work skills, or work settings.

## **7. It is not reasonable and necessary to provide PHP or IOP services to the following types of patients:**

**7.1** Members who cannot or refuse to participate (due to their behavioral, cognitive, or emotional status, e.g., individuals with persistent substance abuse, moderate to severe intellectual disability, or organic brain syndrome) with active treatment of their mental disorder, or who cannot tolerate the intensity of a partial hospitalization program.

**7.2** Members who require 24-hour supervision because of the severity of their mental disorder or their safety or security risk.

**7.3** Members who require primarily social, custodial, recreational, or respite care.

**7.4** Members with multiple absences or who are persistently non-compliant.

**7.5** Members who do not participate in active treatment for the required hours per day/week

**7.6** Members who have met the criteria for discharge from the partial hospitalization program/intensive outpatient program or who require a different level of care.

Payment is subject to the provider's contract for in-network or out-of-network reimbursement, including member benefits at the time of eligibility.

Per-diem is an all-inclusive allowance for facility and services, such as room and board, pharmaceuticals, routine nursing, individual and group therapy, urine drug screening, ancillary services, psychological testing and assessment, overhead, supplies, and other similar services. Per diem payments will not be allowed for leave days on which treatment is not provided

## Vendors

- HPS
- Personify

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### Review/Revision/Approval History

Date	Description
07/01/2025	Reviewed
3/9/2026	Revised section 7 by Mountain Health CO-OP Policy Committee
05/06/2026	Added Licensed Alcohol Counselor in the referral section

### Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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