TUFTS Health Plan

a Point32Health company

Partial Hospital Program (PHP) Performance Specifications

These performance specifications apply to the following Tufts Health Plan products:

- ☐ Tufts Health Plan Commercial[1]
- ☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)[2]
- ☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)[2]

These performance specifications apply to the following Tufts Health Public Plans products:

- ☐ Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- ☒ Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plan)
- ☐ Tufts Health RITogether (a Rhode Island Medicaid Plan)
- ☒ Tufts Health One Care (a dual-eligible product)

Providers contracted for this level of care or service will be expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations and all requirements of these service-specific performance specifications, in addition to the General Behavioral Health Performance Specifications. All Performance Specifications are located online at Tufts Health Plan, in the Provider Resource Center.

DEFINITION

PHPs offer short-term, intensive, acute treatment within a stable therapeutic milieu. Hospital based or freestanding facilities may provide PHP services to Tufts Health Public Plans patients who are severely ill, disabled, at severe risk for relapse, or for whom a less intensive setting would not be appropriate. PHP services are the same level of intensity as hospital level care and can be beneficial when Members have a supportive environment to return to in the evening. PHP services may be used to provide transition from an inpatient level of care and to continue treatment interventions started on an inpatient unit or as a diversion from a more intense level of care.

COMPONENTS OF SERVICE

1. The partial hospital program (PHP) functions under medical supervision of a qualified psychiatrist who is available to the program during all its business hours and will provide daily psychiatric management and active treatment comparable to that provided by an inpatient setting.
2. The PHP offers short-term day programming consisting of therapeutically intensive acute treatment within a therapeutic milieu.
3. The program must have access to Tufts Health Public Plans contracted Emergency Service Programs (ESP) that clearly establish guidelines for the admission of appropriate referrals as well as to ensure access to more intense levels of intervention for Members whose condition warrants further psychiatric intervention. In situations where the PHP does not operate within the confines of an acute hospital, the facility will maintain procedures to ensure access to emergent and ongoing medical services for all Members.
4. The program must be maintained as a separate and distinct program from inpatient or other 24- hour care settings. Where clinically indicated, Members may participate in group therapy or other structured activities attended by inpatient Members.
5. The program must maintain live telephonic access to all Members during normal business hours and must provide telephonic access during off hours that identifies easy access to both live telephonic services as well as to direct face-to-face emergent services. The program will have established written affiliation arrangements with all sites and services that are used as part of their off-hour's coverage.

1. Commercial products include HMO, POS, PPO, and CareLink℠ when Tufts Health Plan is the primary administrator.
2. Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

6. A PHP is open, at a minimum, Monday through Friday with behavioral health programming available at least 6 hours per day. In addition, the following, at a minimum, will occur:
   - Psychosocial assessment within 1 day of admission
   - Clinical assessment at least 1X/day
   - Medication reconciliation initiated within 1 day of admission
   - Group therapy at least 4 hours/day at least 5 days/week
   - Family therapy at least once a week or more as needed
   - Education and activity therapies (OT/RT) as needed and identified on the treatment plan
   - Substance use evaluation/toxicology screens/education as needed
   - Self-help and 12-step programs or groups as needed

STAFFING REQUIREMENTS

1. Program staff will include staff with training and experience appropriate to the population being served and at a minimum, include the disciplines of psychiatry, nursing, psychology, social work, occupational therapy, and vocational rehabilitation.
2. The program shall have a program director, and this individual, or his/her designee will be available to handle urgent or emergency situations.
3. Program must maintain a minimum staff ratio of 1 staff to 8 Members.
4. The program will employ a psychiatrist and/or an ARPN working under the direct supervision of a psychiatrist both of whom are available to the program during business hours.
5. There must be a minimum of 1 full-time clinician within the program.
6. Staffing must reflect the cultural, gender and linguistic needs of the community it serves.
7. The program ensures staff are appropriately credentialed and re- credentialed initially and at regular intervals according to Tufts Health Public Plans' criteria.
8. Facility is responsible for providing staffing and supervision in accordance with Tufts Health Public Plans' Behavioral Health General Performance Specifications, and DPH and BSAS Licensing requirements.
9. Clinical Supervisor shall mean an independently licensed clinician with a minimum of a doctorate or master's degree in one of the following disciplines or a closely related field: clinical psychology education- counseling, medicine, psychology, nursing, rehabilitative counseling, social work
10. Clinician shall mean an individual with a minimum of a master's degree in any of the disciplines mentioned under Clinical Supervisor and who has a minimum of four years of counseling experience, one year of which shall have been related to substance abuse.

SERVICE, COMMUNITY, AND COLLATERAL LINKAGES

1. Program staff coordinates treatment planning and aftercare with the Member's primary care provider, outpatient, and other community-based providers, involved state agencies, educational system, community supports, and family, guardian and/or significant others when applicable. If consent for such coordination is withheld or refused by the parent or guardian of a minor, then this is documented in the Member's record.
2. The program ensures that a written aftercare plan is available to the Member on the day of discharge. When consent is given, a copy of the written aftercare plan is forwarded at the time of discharge to the referral source, family/guardian/significant other, any state agency the Member is affiliated with, outpatient or community-based provider, PCP, school, and other entities and agencies that are significant to the Member's aftercare.
3. In the case of children or youth involved with CBHI services, the facility social worker or other clinician will collaborate with those providers, including but not limited to, Community Service Agencies (CSA). The program will accommodate requests from a CSA to facilitate or attend a team meeting while the Member is at the facility.
4. The program will also coordinate all admission and discharge activities with any educational authorities providing services to any child or youth in special education programs, or any child or youth in the care and/or custody of the Commonwealth.
5. The program will also coordinate all admission and discharge planning with other with key collaterals, such as but not limited to, the primary care provider, other behavioral health providers, appropriate state agency and medical specialists.

QUALITY MANAGEMENT (QM)

1. The program will develop and maintain a Quality Management Plan that is consistent with that of Tufts Health Public Plans, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.

2. A continuous quality improvement process is utilized and will include outcome measures and satisfaction surveys to measure and improve the quality of care and service delivered to Members, including youth and their families.
3. Clinical outcomes data must be made available to Tufts Health Public Plans upon request and must be consistent with Tufts Health Public Plans' performance standard for Partial Hospitalization Programs.
4. All Reportable Adverse Incidents will be reported to Tufts Health Public Plans within 1 business day of their occurrence per Tufts Health Public Plans policy and DMH licensing requirements. A Reportable Adverse Incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services managed by Tufts Health Public Plans or has recently been discharged from services managed by Tufts Health Public Plans.
5. The facility/program will adhere to all reporting requirements of DPH and/or DMH regarding Serious Incidents and all related matters.

PROCESS SPECIFICATIONS

Treatment Planning and Documentation

1. Admission procedures ensure admission of Members occurs within one day of referral
2. The multidisciplinary treatment team establishes a provisional treatment and discharge plan within 24 hours of the Member's admission. The Member is encouraged to participate in treatment planning or documentation is provided explaining why the Member would not participate in treatment planning. Subsequent treatment plans show significant Member/family involvement, unless clinically or legally contraindicated. The plan is signed by the Member/guardian.
3. The ongoing treatment and discharge plan is formulated within 48 hours of admission by the treatment team. The Member-specific treatment plan is developed, reviewed and updated at least every 48 hours (a maximum of 72 hours between reviews and updates is allowed on weekends).
4. All Member records must show evidence of daily progress notes on days of attendance at the program.
5. A psychiatrist meets with the Member within 24 hours of admission.
6. Ensure that Behavioral Health Clinical Assessments conducted by Behavioral Health Providers are in writing, dated and signed, and include, at a minimum, the following:
    - Clinical formulation, rationale for admission or continuance of care, discussion of any possible diversionary or lower levels of care, recommendations, and strengths.

Discharge Planning and Documentation

1. Components of discharge planning incorporate Member identified concerns, including but not limited to, the following: housing, finances, health care, transportation, familial, occupational, educational, and social supports.
2. The treatment team staff member who is responsible for implementing a Member's discharge plan documents in the medical record all of the discharge-related activities that have occurred while the Member is in the facility (e.g., outpatient provider was called, and an appointment was scheduled).
3. All Members who are discharged from PHP participate in the development of their discharge/aftercare plan as evidenced by documentation in the medical record of the Member's a) attendance at discharge planning meetings or b) refusal to participate.
4. Member has at least 1 aftercare appointment within 7 days of discharge from PHP, and if discharged on medications, has at least 1 medication monitoring visit within 14 calendar days of discharge. These will be clearly documented in the Members medical record.
5. The completed Discharge Form, including referral to any agency, is available to and given to the Member, and when appropriate, the Member's family or guardian at the time of discharge, which includes but is not limited to, appointments, medication information and emergency/crisis information.

DOCUMENT HISTORY

- January 2024: Tufts Health One Care (a dual-eligible product) name change.
- August 2020: Templates updates