

## Partial Hospitalization Program (PHP) Authorization Request Checklist

The following is a list of general information needed for all Partial Hospitalizations Program (PHP) authorization requests.

**Please note:** Additional information may be requested based on each member's unique presentation.

### Initial requests

- Member demographics, level of care (LOC), diagnoses, start date and number of days requested.
- Psychiatric Evaluation, any outpatient or inpatient stays within the last year, medication list, active suicidal ideation, homicidal ideation, auditory hallucinations, and/or visual hallucinations, symptoms within the last week, functional impairments, changes in baseline functioning within last month.
- Current or historical substance use.
- Circumstance(s) that brought member to this LOC at this time: Is the member stepping down from another LOC?
- Chronic/acute medical issues, (psychiatric, behavioral, or other comorbid conditions) medical prescriptions, pregnancy status, dysfunction in daily living prior diagnosis of traumatic brain injury or intellectual or developmental disabilities.
- Individualized goal-oriented treatment plan.
- Psychosocial assessment including housing, current living situation, names/relationships of cohabitants, current employment, current legal issues, current guardian, DHS involvement, SDOH, etc.
- Confirmation of adequate support during non-program hours.
- Confirmation that Patient is willing to participate in treatment.
- Proof of stable housing and transportation to access services.
- Explanation of why treatment is not expected to be successful in less intensive level of care.
- Potential barriers to discharge.
- Anticipated discharge disposition and LOC.



**If your member has an eating disorder, please add the following:**

- Nutritional assessment/calorie count.
- Weight measurement and BMI.
- Labs, if available.

**If your member has a substance use disorder, please add the following:**

- Specific substance(s) used, date of last use, amount/frequency of use, duration of use.
- Urine Drug Screen/ Blood Alcohol Level (if applicable).

**If substance use is primary, include ASAM with details for each dimension:**

- D1: Specific substance used, any withdrawal symptoms/PAWS.
- D2: chronic/acute medical issues, medical issues stable? Pregnant? Medical prescriptions?
- D3: behavioral health diagnoses, behavioral health symptoms.
- D4: Stage of change, mandated to treatment?
- D5: level of cravings, level of insight, aware of potential triggers, aware of coping skills, history of substance use treatment (year, length of time, outcome).
- D6: current living situation, sober supports, employment, legal issues, barriers to recovery.

**Continued stay requests**

***Continued stay requests should include the following (updated since the last review date)***

- Number of days requested.
- Progress or lack of progress towards treatment goals, including level of engagement in treatment, level of engagement with family therapy, if applicable.
- Progress or lack of progress regarding mental health symptoms, include any new symptoms in the past week and please include specific examples and dates of any significant events.
- Functional Impairment (i.e. eating, sleeping, ADLs) within the last week.
- Individualized, goal-oriented treatment plan.
- Medication reconciliation.

- Most recent psychiatric medication evaluation and all MD notes for previous month.
- Most recent psychosocial assessment.
- Proof of stable housing and transportation to access services.
- Confirmation of adequate support during non-program hours.
- Explanation of why treatment is not expected to be successful in less intensive level of care and what goals require additional days.
- Potential barriers to discharge.
- Anticipated discharge disposition and LOC.

**If your member has an eating disorder, please add the following:**

- Nutritional assessment/calorie count.
- Weight measurement and BMI.
- Labs, if available.

**If your member has a primary diagnosis of a substance use disorder, please add the following:**

- Updates for each ASAM dimension.

\*ASAM stands for the American Society for Addiction Medicine.