Sentara Health Plans

Medicaid

Mental Health Partial Hospitalization Program (MH-PHP), BH 30

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Mental Health Services, App. F - Intensive Clinic Based Support p. 15 (05/28/2025)

Mental Health Partial Hospitalization (MH-PHP) services are highly structured, short-term, non-residential clinical programs designed to provide an intensive combination of interventions and services similar to an inpatient program, but available on a less than 24-hour basis. MH-PHP is intended to treat and stabilize acute psychiatric symptoms experienced by youth or adults. Services are delivered under physician direction with individuals at risk of psychiatric hospitalization or transitioning from a psychiatric hospitalization to the community. Individuals qualifying for this service must demonstrate a medical necessity for the service arising from behavioral health disorders that result in significant functional impairments in major life activities.

Critical Features of MH-PHP include:

Mental Health Services, App. F - Intensive Clinic Based Support p. 15 (05/28/2025)

- MH-PHP services are appropriate when an individual requires at least four hours of clinical services a day, over several days a week, totaling a minimum of 20 hours per week.
- MH-PHP involves a multidisciplinary team approach under the direction of a physician. MH-PHP programs include structured schedules for participants. Treatment goals should be measurable, person-centered, recovery oriented, trauma-informed, time-limited, developmentally appropriate, medically necessary, and directly related to the reason(s) for admission.
- MH-PHP tapers in intensity and frequency as an individual's symptoms improve as evidenced by their ability to establish community supports, resume daily activities or participate in a lower level of care.
- Services are provided in groups or on a one-to-one basis as clinically indicated.

In addition to the required activities for all mental health services providers located in MHS - Chapter 4 (updated 7.17.25)_Final.pdf, the following required activities apply to MH-PHP:

Treatment Program:

- MH-PHP must be available at a minimum of four hours a day, five days per week (totaling a minimum of 20 hours per week).
- The individual must participate in a minimum of three distinct covered service components daily.
- If the session involves a Comprehensive Needs Assessment as a service component, only one other covered service component shall be required in order to bill the per diem that day.

The following covered service components must be available to individuals in the treatment program and provided in accordance with the individual's ISP:

- Assessment
- Individualized treatment planning
- Individual, family and group therapy
- Medication Management
- Skills restoration/development
- Health literacy counseling/psychoeducational activities
- Occupational and/or other therapies performed by a professional acting within the scope of their practice
- Medical, psychological, psychiatric, laboratory, and toxicology services available by consult or referral
- crisis intervention and safety planning support available 24/7
- peer recovery support services, offered as an optional supplement
- Care coordination

- If an individual does not participate in the minimum number of service hours (four) per day or the minimum number of days (five) per week, the provider shall document the reason for the ISP deviation and notify the MCO or the FFS service authorization contractor staff at the time of the next authorization review.
- If the individual consistently deviates from the required services in the ISP, the provider should reassess for another Level of Care or model to better meet the individual's needs.

Assessment:

- At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner or Physician Assistant shall conduct an initial assessment consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the individual's diagnosis/es and describing how service needs match the level of care criteria. If a nurse practitioner who is not a psychiatric/mental health nurse practitioner or a physician assistant conducts the initial assessment it can only be used as the assessment for MH-PHP and cannot be used as a comprehensive needs assessment by the provider for other mental health services (see Chapter IV for details).
  An assessment completed by the provider within the 30 days prior to admission can meet the above initial assessment requirements if the required components are included and there is a documented review and update at admission by a LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner or Physician Assistant
- An updated assessment conducted by a LMHP, LMHP-R, LMHP-RP, LMHP-S, nurse practitioner or physician assistant is required at every 90 days of consecutive service. This assessment shall document continued medical necessity and define treatment goals included in the ISP for continued services.
- Psychiatric oversight by a physician, nurse practitioner or physician assistant is required. An initial psychiatric evaluation must be conducted by the psychiatric provider with the individual either in-person or through telemedicine within 48 hours of admission. The provider must coordinate medication management with existing medical and psychiatric providers.
  A psychiatric evaluation completed within the 30 days prior to admission can meet the above initial psychiatric evaluation requirement if there is a documented review and update at admission by the psychiatric provider.
- Ongoing medication management by the psychiatric provider must occur at a minimum of weekly or more frequently as clinically indicated in the ISP.
- Assessments and psychiatric evaluations completed by the provider within 30 days of admission can meet the above initial assessment requirements if there is a documented review and update at admission by a LMHP, LMHP-R, LMHP-RP, LMHP-S, Nurse Practitioner or Physician Assistant.

Treatment Planning:

- ISPs (see Chapter IV for requirements) shall be required during the entire duration of services and must be current. The initial ISP shall be completed on the day of admission to the service. Other staff may assist with treatment planning through collaborative behavioral health services but the treatment plan must be directed and authorized by a LMHP, LMHP-R, LMHP-RP, LMHP-S, nurse practitioner or physician assistant.

- ISPs must be reviewed as necessary at a minimum of every 30 calendar days or more frequently depending on the individual's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30 calendar day review as well as additional quarterly review requirements.

Individual, Family and Group Therapy:

- The individual must participate in daily individual, family or group therapy provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S.
- See Chapter IV for information on group sizes.

Crisis Intervention:

- The provider must have an individualized crisis intervention plan that is accessible to the individual 24/7.

Skills Restoration:

- The individual must participate in a minimum of 3 sessions of group-based delivery of skills-restoration/development per week.

Care Coordination:

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
- If the individual continues to also meet with an existing outpatient therapy provider, the MH-PHP provider must coordinate the ISP with the provider.
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports, should include the following:
    - The provider must collaborate in the transfer, referral, and/or discharge planning process to ensure continuity of care;
    - The provider must collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists and substance use disorder providers.
    - If an individual participates in medication for SUD, the MHPHP shall coordinate with the appropriate provider.
    - If an individual participates in Assertive Community Treatment and MH-PHP, the MH-PHP provider shall coordinate with the ACT team to assure alignment of the ISP and avoid any duplication of services.

Admission Criteria:

MHS - Appendix F (updated 5.28.25)_Final.pdf p. 19

Mental Health Partial Hospitalization Program (MH-PHP) is considered medically necessary for **1 or more** of the following:

- **Admission** with **ALL** of the following:
    - Documentation indicates evidence that the individual currently meets criteria for a primary diagnosis consistent with the most recent version of the International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates with the Diagnostic and Statistical Manual that requires and can reasonably be expected to respond to treatment interventions;
    - There is a clinical determination that in the last 14 days, the individual has experienced persistent or increasing symptoms associated with a primary DSM disorder. These symptoms have contributed to decreased functioning in home, school, occupational or community settings and difficulties maintaining relationships with others;
    - The individual is at risk for admission to inpatient hospitalization, residential treatment services or residential crisis stabilization as evidenced by acute intensification of symptoms, but has not exhibited evidence of immediate danger to self or others and does not require 24-hour treatment or medical supervision; or the individual is stepping down from one of these settings and is no longer exhibiting evidence of immediate danger to self or others and does not require 24-hour treatment or medical supervision;
    - The individual has a community-based network of natural supports who are able to ensure individual's safety outside the treatment program hours
    - The individual requires access to an intensive structured treatment program with an onsite multidisciplinary team, including psychiatric interventions for medication management
    - The individual can reliably attend, and actively participate in, all phases of the treatment program

- The severity of the presenting symptoms cannot be safely or adequately addressed in a less intensive level of care
- The individual has demonstrated willingness to recover in the structure of an ambulatory treatment program
- If an individual is being admitted to MH-PHP for an eating disorder**, 1 or more** of the following must also be met:
  - Does **NOT** apply
  - Does apply for **ALL** of the Following:
    - The individual exhibits symptoms consistent with an eating disorder diagnosis and requires at least **two of the** following:
      - As a result of eating disorder behaviors, weight stabilization above 80% IBW (or BMI 15-17); or
      - Daily, or near daily supervision and structure that could not be attained in a less intensive setting, to interrupt compensatory weight management behavior, such as caloric restriction, intake refusal, vomiting/purging, excessive exercise, compulsive eating/binging; or
      - Individual misuse of pharmaceuticals with an intent to control weight (e.g., laxatives, diuretics, stimulants) and cannot be treated at a lower level of care.
    - Medical comorbidity or medical complications resulting from the eating disorder are absent or manageable and do not require 24-hour medical monitoring or procedures provided in a hospital level of care.
    - If the above criteria are not met, service authorization requests and medical necessity will be assessed on an individualized basis to determine if the individual's treatment needs can be best met in this setting and can be delivered in a safe and effective manner.

- Continuation of services for individuals who meet **ALL** of the following:
  - **1 or more** of the following:
    - The individual continues to meet admission criteria
    - Another less intensive level of care would not be adequate to administer care
    - Treatment is still necessary to reduce symptoms and increase functioning so the individual may be treated in a less intensive level of care
    - The individualized treatment plan (ISP), updated every 30 calendar days or as clinically appropriate, contains evidence suggesting that the identified problems are likely to respond to current treatment plan (ISP)
  - The ISP contains evidence suggesting that the identified symptoms and functional capacity are likely to respond to treatment;
  - Documentation indicates that the individual is making progress towards goals, or the ISP is modified if the individual is not making substantial progress toward a set of clearly defined and measurable goals;
  - A psychiatric medical evaluation documents that medication options have been considered or initiated;
  - The provider is engaging the individual's natural supports in treatment as clinically indicated;
  - Documentation demonstrates that coordination of care and discharge planning has been ongoing from the day of admission with the goal of transitioning the individual to a less intensive level of care. These efforts should be documented to include communication with potential future service providers, community partners, and resources related to school, occupational or other community functioning; and
  - If an individual is being admitted to MH-PHP for an eating disorder, then one of the following must also be met:
    - Does NOT apply – not eating disorder related.
    - Individual has had no stabilization of weight since admission or there is continued instability in food intake;
    - The eating disorder behaviors persist and continue to put the individual's medical status in jeopardy.
- If the above criteria are not met, service authorizations may be extended for up to 10 calendar days to give additional time to ensure successful transition to the after-care plan. Providers must submit a service authorization request and documentation supporting the need for the extension to the MCO or FFS Service Authorization Contractor.

Individuals may be authorized to participate in less than 20 hours a week as a transitional step down to lower level services for up to two weeks prior to discharge. The plan for transition must be documented in the ISP.

Discharge Guidelines:

MHS - Appendix F (updated 5.28.25)_Final.pdf p. 22

The individual meets discharge criteria if any of the following are met (**1 or more** of the following):

- The individual no longer meets necessity criteria.
- The individual has met ISP goals and an appropriate aftercare plan has been established;
- The individual does not appear to be participating in the treatment program despite documented efforts to engage the individual;
- For eating disorders, individual has gained weight, or is in better control of weight reducing behaviors/actions, and can now be safely and effectively managed in a less intensive level of care;

Exclusions and Service Limitations:

MHS - Appendix F (updated 5.28.25)_Final.pdf p. 22

Individuals meeting any of the following are ineligible for MH-PHP:

- The individual's functional impairment is solely a result of a personality disorder or Developmental Disability and/or Intellectual Disability, as defined in the Code of Virginia § 37.2- 100
- Presenting issues are primarily due to Substance Use Disorder (individual should be referred for evaluation for Addiction and Recovery Treatment Services).

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in MHS - Chapter 4 (updated 7.17.25)_Final.pdf of the DMAS manual, the following service limitations apply:

- MH-PHP shall not be authorized concurrently with Addiction and Recovery Treatment Services at ASAM levels 2.1-4.0, Psychosocial Rehabilitation, Therapeutic Day Treatment, Intensive In-Home Services, Therapeutic Group Home, Applied Behavior Analysis, Mental Health Intensive Outpatient Services, Community Stabilization, Residential Crisis Stabilization Unit (RCSU), Multisystemic Therapy, Functional Family Therapy, Psychiatric Residential Treatment or Inpatient Hospitalization. A seven day overlap is allowed care coordination and continuity of care.
- If an individual has an authorization for a behavioral health service prior to admission to MH-PHP that is not allowed to be authorized concurrently with MH-PHP, an initial service authorization request to resume previously authorized services may not be required if the individual is discharged from MH-PHP within 31 days. Contact the individual's MCO or FFS Contractor for authorization requirements.
- Providers shall not bill the MH-PHP per diem when the individual is not present at the program;
- Recreational activities, such as trips to the library, restaurants, museums, health clubs, or shopping centers, are not a part of the scope of this treatment program.

Document History:

Revised Dates:

- 2025: May – Implementation date of August 1, 2025. Updated to new format. DMAS manual update May 25, 2025 policy language updated to align.
- 2024: June – Updated Description of Service, and Exceptions and Limitations language per DMAS manual update of 6/14/2023.
- 2023: July
- 2022: June
- 2001: July, October

Reviewed Dates:

- 2026: May – Implementation date of September 1, 2026. No change to criteria. DMAS manual has not updated.
- 2024: June – Annual review. No change to criteria. DMAS manual has not updated.

Origination Date: January 2018

Coding Information:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation

90792	Psychiatric diagnostic evaluation with medical services
90839	Psychotherapy for crisis; first 60 minutes
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0035	Mental health partial hospitalization, treatment, less than 24 hours

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products except Sentara Health Plan Virginia Medicaid FAMIS members.
- Authorization Requirements:
    - Pre-certification by the Plan is required.
    - Provider Manual Title: Mental Health Services. Revision Date: 05/28/2025 Appendix F: Intensive Clinic Based Support p. 25
    - Service Authorization:
        - MH-PHP requires service authorization. Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests. If submitted after the required time frame, the begin date of authorization will be based on the date of receipt.
        - Initial service authorization requests must include, at a minimum, a complete service authorization request form.
    - Continued stay requests must include, at a minimum, the following:
        - A complete service authorization request form;
        - Initial assessment;
        - Current addendum to the initial assessment (can be in a progress note) that describes any new information impacting care, progress and interventions to date, a description of the rationale for continued service delivery, and evidence the individual meets medical necessity criteria; and
        - Updated ISP
    - If services are provided through telemedicine, providers must include, at a minimum, on the initial and all continued stay authorization requests the following information:
        - A schedule that includes when or under which conditions services will be provided through telemedicine and when services are scheduled to be provided in-person.
        - Clinical evidence that the amount, duration and scope of the use of telemedicine is a clinically appropriate modality to meet the treatment needs of the individual.
        - Evidence of how a provider will meet the identified treatment needs documented in the ISP via an in-person modality, when needed.

      NOTE: Additional service authorization information is located in MHS - Appendix C (updated 9.16.25)_Final.pdf to this manual.

- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), EPSDT Supplement B (updated 5.19.22)_Final.pdf
  - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

(2025, Jun 13). Retrieved Mar 31, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

Mental Health Services - Appendix F: Intensive Clinic Based Support. (2025, May 28). Retrieved Mar 31, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-05/MHS%20-%20Appendix%20F%20%28updated%205.28.25%29_Final.pdf

Keywords:

Mental Health Partial Hospitalization Program, MH-PHP, SHP Behavioral Health 30