

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP)

Prior authorization and medical review is required.

Participation in this program is a conditional benefit; Approval is based on review of the medical necessity documentation.

## Coverage Determination

The Hasbro Partial Program is a day program for children with both medical and psychiatric/behavioral health conditions, who require care of an interdisciplinary team to manage these conditions. When the medical co-morbid conditions are unstable, the provider sends medical necessity documentation to Neighborhood Utilization Management's attention to request authorization.

## Criteria

The following criteria must be met in order to be considered for admission authorization.

▶ **NOTE:** Criteria 1-4 must be met, criterion # 5 is recommended:

- The child has active medical and active behavioral health diagnoses, which are treatable in partial hospital setting
- Any psychiatric or behavioral condition where the child is at risk for deterioration in status, and/or potential risk for inpatient facility admission
- The medical condition is unstable, and cannot be managed in home environment secondary to psycho-social or environmental barriers
- The child and (parent/guardian) have capacity for reliable attendance and active participation in all phases of the treatment
- Other appropriate settings for treatment have been maximized, have failed, or are not available. (i.e. acute hospital, home environment, group home)

## Authorization for a continued stay must meet the following criteria:

- The child continues to meet admission criteria, and less intensive care is not appropriate
- The goals and progress are being monitored and documentation demonstrates progress towards goals
- The member and/or family compliance with treatment plan
- Active discharge planning is ongoing and documentation demonstrates the goal of transitioning the child to a less intensive level of care

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.

Fax authorization forms to 401-459-6023.

**Covered Codes:** For information on Coding please reference the [Authorization Quick Reference Guide](#)

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**CMP Cross Reference:**

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**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

**References:**

Beacon Health Strategies, LLC. Level of Care Criteria, Section G. Acute Psychiatric Partial Hospitalization