

Partial Hospitalization Program Authorization Request Checklist

The following is a list of general information needed for all partial hospitalization program (PHP) authorization requests.

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

PHP initial requests:

	Member demographics, level of care, 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 within last month
	Current or historical substance use
	Circumstance(s) that brought member to this level of care (LOC) at this time <ul style="list-style-type: none">• 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/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, Department of Human Services involvement, social determinants of health, etc.
	Confirmation of adequate support during nonprogram hours
	Confirmation the member 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 LOC
	Potential barriers to discharge
	Anticipated discharge disposition and LOC



Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

545007OK0924 OKHMF6FEN0824

PHP initial requests:

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

	Nutritional assessment/calorie count
	Weight measurement and body mass index (BMI)
	Labs, if available

If the 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 American Society of Addiction Medicine (ASAM) details for each dimension:

	D1: Specific substance used, any withdrawal symptoms/postacute withdrawal symptoms
	D2: Chronic/acute medical issues, stability of medical issues stable, pregnancy status, medical prescription status
	D3: Behavioral health diagnoses, behavioral health symptoms
	D4: Stage of change <ul style="list-style-type: none">• Is the member mandated to treatment?
	D5: Level of cravings, level of insight, awareness of potential triggers, awareness of coping skills, medical history of substance use treatment (e.g., year, length of time, outcome)
	D6: Current living situation, sober supports, employment, legal issues, barriers to recovery

**Continued stay PHP requests—
should include most current information (since the last review date):**

	Number of days requested
	Progress or lack of progress toward 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, including any new symptoms in the past week <ul style="list-style-type: none">• Please include specific examples and dates of any significant events.
	Functional impairment (e.g., eating, sleeping, activities of daily living) within the last week
	Individualized, goal-oriented treatment plan
	Medication reconciliation

**Continued stay PHP requests—
should include most current information (since the last review date):**

	Most recent psychiatric medication evaluation and all healthcare provider notes for previous month
	Most recent psychosocial assessment
	Proof of stable housing and transportation to access services
	Confirmation of adequate support during nonprogram hours
	Explanation of why treatment is not expected to be successful in less intensive LOC and which goals require additional days
	Potential barriers to discharge
	Anticipated discharge disposition and LOC
If the member has an eating disorder, please add the following:	
	Nutritional assessment/calorie count
	Weight measurement and BMI
	Labs, if available
If the member has a PRIMARY diagnosis of a substance use disorder, please add the following:	
	Updates for each ASAM dimension

Resource

<https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care>