

Benefit Coverage

Covered Benefit for lines of business including:
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
Excluded from Coverage:
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.

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](#)

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