



Association for Ambulatory Behavioral Healthcare

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Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention CMs-4137 – NC  
P. O. Box 8017  
Baltimore, MD 21244-8010

**Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008**

Dear Sir:

The Association of Ambulatory Behavioral Healthcare (AABH) is providing Public Comment by way of this letter on Issues Related to the Implementation of the Mental Health Parity and Addiction Equity Act of 2008. We thank you for the opportunity to comment on this issue. The AABH feels that the use of Partial Hospital Programs (PHP) and Intensive Outpatient Programs (IOP) to treat mental illness and substance use (M/SU) conditions are proven methods of care and money saving options to inpatient and emergency care for these individuals.

A copy of the Standards and Guidelines for PHP and IOP, developed originally in the late 1970s and updated every few years since then by AABH Board of Directors and members, are attached to this letter

The AABH is a national membership organization of Partial Hospital Programs (PHP) and Intensive Outpatient Programs (IOP), outpatient hospital treatment providers, free standing treatment providers, administrators, doctors, psychologists, nurses, program directors, and front line therapist and support staff who serve as educators, case managers, political advocates, and treatment providers of individuals with mental illness and substance use (M/SU).

The AABH supports the PHP and IOP treatment programs concept within the M/SU continuum of care, flanked by outpatient/assessment services and inpatient/acute services. Medical necessity guidelines determine eligibility for PHP and IOP treatment and reflect an acuity level only slightly less severe than inpatient treatment.

In general, PHP and IOP treatment is effective when deemed medically necessary by the treating physician to avert inpatient hospital treatment. The patient must be experiencing noticeable impairment in self-care and must be unable to fulfill expected life functions. Patients may also be

referred to PHP or IOP as a step-down from more expensive inpatient treatment to facilitate base-line functioning. PHP and IOP services are known for their ease of accessibility, and low cost treatment for individuals with acute and chronic mental illness.

PHP and the less intensive IOP treatment, engages the patient in diagnostic assessments, symptom management and coping skills education, crisis intervention and relapse prevention, and relies on best practices and performance benchmarking to provide information as to the efficacy of the treatment programs.

**The inclusion of PHP and IOP services within the continuum of care is vital to the implementation of parity, as it allows for patients to be treated in the less restrictive and less costly level of care, to be treated in the community in which they live, and acts to prevent decompensation of symptoms and establishes a more positive quality of life.**

### **CURRENT STATEMENTS BY SAMHSA**

The AABH agrees with SAMHSA’s statement regarding their report describing the unique needs of M/SU individuals and how reform efforts can assist and establish the methods to integrate the best knowledge and expertise available for M/SU treatment and prevention services into the health care reform planning process.

“While reform must successfully deal with the medical needs of the many healthy individuals, the greater challenge is to ensure that a reformed system better serves the medical and M/SU chronic care and prevention needs of a small fraction of the population that consumes a disproportionate number of services. Currently:

- Providers are paid for providing services rather than producing desired outcomes;
- Significant disparities in health and health outcomes exist across sectors of society;
- Individuals, health practitioners, and policymakers make decisions based on a limited evidence base regarding which practices work effectively for which groups or individuals;
- The current system focuses heavily on expensive acute care for physical and M/SU illnesses to the detriment of a mind/body wellness and proactive approach that can prevent and/or stabilize disease well before acute care is ever needed.

The AABH fully supports SAMHSA’s position on utilizing the already proven and effective interventions provided through outpatient programs such as PHP and IOP for treating M/SU conditions while new and innovative interventions are being sought. M/SU treatment benefits already well exceed costs—for every dollar spent on M/SU treatment, seven dollars in future health care spending can be saved, compared to the widely accepted interventions such as pay-for-performance diabetes care that returns less than three dollars for every dollar invested. Preventive and proactive care will save money.

### **PARTIAL HOSPITAL PROGRAMS AND INTENSIVE OUTPATIENT PROGRAMS**

Since as early as 1968, PHPs have been providing mental health and substance abuse treatment for the nation’s chronic and disabled mentally ill. Although not widely used until the mid 1990s, the PHP was developed as a less costly and more accessible treatment option to in-patient hospital care. As the

M/SU patient is treated in the environment in which he lives, he is able to live in a stable environment and receive outpatient treatment close to his home. The savings are significant when the efficacy and cost of a long term PHP care is set against the efficacy and cost of short term hospital or emergency care.

Partial Hospital Programs (PHP), and the less structured Intensive Outpatient Programs (IOP), are ambulatory, active and time-limited M/SU treatment programs that offer therapeutically intensive coordinated and structured clinical services within a stable therapeutic milieu. "Partial Hospital and Intensive Outpatient" implies psychosocial milieu treatment with group therapy as the primary treatment modality. While specific program variables often differ, all PHPs and IOPs pursue the general goals of stabilizing clinical conditions, reducing symptoms and impairments, averting inpatient hospitalization, reducing the length of a hospital stay, and providing medically necessary treatment for individuals who cannot be effectively treated in a less intensive, strictly outpatient level of care.

All PHPs and IOPs attempt to employ an integrated, comprehensive and complementary array of evidence-based treatment approaches. Programs are designed to serve individuals with severe symptoms and functional impairments resulting from M/SU disorders. They are also intended to have a positive clinical impact on the individual patient's support system and therefore the individual's recovery environment. Treatment services may be provided during the day time, evening time and on some occasions, on the weekends.

PHPs and IOPs may be free standing, part of a mental health organization, or a department within a medical healthcare system. One of the unique strengths of a PHP or IOP is its applicability to a diverse array of circumstances such as clinical conditions, patient populations, treatment durations, treatment settings, etc.

**PARTIAL HOSPITAL PROGRAMS AND INTENSEVE OUTPATIENT PROGRAMS ARE INTENDED TO:**

- Provide the M/SU patient a way of managing their illness in an environment that allows them to remain in their homes and communities;
- Provides Continuum of Care options, as these patients require psychiatric care of some type for their entire lives;
- Provide options, other than inpatient hospitalizations, which are far more restrictive, far more costly, and far less effective;
- Provide a cost savings, as untreated mentally ill patients will eventually end up in hospital emergency departments, jails, prisons, or become part of the growing homeless population.

The concept of PHP and IOP is to maintain patients with chronic behavioral disorders in a controlled environment, providing psychotherapeutic and pharmacologic support on a daily basis, without requiring an inpatient hospitalization. Patients admitted to a PHP or IOP must be under the care of a physician; patients must provide written informed consent for treatment; must require comprehensive treatment due to a M/SU disorder which severely interferes with multiple areas of daily life, including social, vocational and educational functioning

Patients appropriate for the PHP or IOP level of care comprise the following:

- Discharged from an inpatient hospital treatment program;
- In lieu of continued inpatient treatment; or
- Patients who, in the absence of partial hospitalization, would require inpatient hospitalization.

Patients admitted to a PHP or IOP are provided comprehensive treatment and utilize the same services as inpatient psychiatric care at a greatly reduced cost; the treatment directly addresses the presenting symptoms and problems and consists of clinically recognized therapeutic interventions including individual, group, and family therapies and activities pertinent to the patient's illness. Medical and psychiatric evaluations and medication management are integral to treatment.

### **ADMISSION CRITERIA TO A PHP AND IOP**

M/SU patients should be treated in the least intensive and restrictive setting that meets the needs of their M/SU illness. If patients do not require a 24-hour per day level of care, as provided in an inpatient setting, the PHP outpatient level of care is the perfect setting to prevent inpatient hospitalization. The M/SU patients being treated in a PHP or IOP receive active treatment through a combination of services such as psychotherapy, occupational, activity therapy and medical interventions as necessary.

Patients admitted to a PHP or IOP must have an acute onset or decompensation of a covered Axis I mental disorder which severely interferes with multiple areas of their daily life and will have a degree of impairment that is severe enough to require a structured program

### **SERVICES PROVIDED IN A PHP OR IOP:**

- Medically necessary diagnostic services related to M/SU
- Individual or group therapy; Occupational Therapy
- Drugs and biologicals that cannot be self-administered
- Individualized activity therapies that are essential for progress toward treatment goals.
- Treatment plans noting how each therapy fits into the treatment of the patients illness
- Family counseling to assist the family members in helping the patient
- Patient education where activities are related to the care and treatment of the patient
- Diagnostic services for the purpose of identifying problem areas

M/SU conditions are tied to physical health and can be addressed like other chronic and acute conditions in order to provide efficacious health care. Ignoring one is likely to compound the other. However, people that need M/SU treatment services and the services vary widely. An effective health care delivery system must provide:

- Providers who are paid for providing services with desired outcomes;
- A comprehensive range of services;
- The full continuum of care, including PHP and IOP services;
- Service to those with both acute and chronic condition
- Service to a wide and varied population – some will present themselves, some will be delivered into the system, and some the system will need to seek out and serve.

## SUMMARY

PHPs and IOPs have evolved over the years until their current status as an instrumental part of the behavioral health continuum. Clients are referred both as an alternative to inpatient hospital care as well as a step-down from in-patient hospital care. PHPs and IOPs are particularly successful with first episode of care patients and utilize an educational format combined with group therapy, medication management, and specialized therapies to assist people in understanding their diagnosis and initiating a path toward recovery. Most programs are managed and adhere to strict medical necessity guidelines which determine individual eligibility for care.

In conclusion, we want to make sure that parity includes the provisions of PHP and IOP services for M/SU in healthcare plans, as they maintain a fundamental alternative to in-patient care for the seriously ill M/SU patient in acute crisis, while providing a supportive community-based setting that maintains the continuation of family and community support. This gives the patient the opportunity to maximize treatment gains through completion of homework assignments, reconnect with community services, seek out employment options, and be involved in activities that develop strengths and enhance resiliency and recovery.

Again, we would again like to thank you for this opportunity to share our comments. The AABH continues to work with other organizations and government agencies towards an integrated healthcare system where the M/SU patient will be able to receive a multitude of services including treatment in a PHP and IOP.

We look forward to working with you on implementing the Mental Health Parity and Addiction Equity Act.

Sincerely,

Larry Meikel - President of the Board  
AABH Board of Directors  
Public Policy Committee