



ADULT Acute Partial Hospitalization Program

PROGRAM DESCRIPTION

Acute partial hospitalization is a structured, therapeutically intensive day treatment program. Partial hospitalization offers an alternative to hospitalization for individuals who present with no imminent danger to themselves or others. Signs and symptoms of behavioral disorders are carefully and continuously monitored in this setting to document progress. Prompt and effective intervention with the individual who is exhibiting increased symptomatology is a hallmark of a partial hospitalization program and often averts hospitalization. Crisis intervention may also be a focus of treatment.

Admission to a partial program may follow an inpatient stay. The individual exiting the hospital may have significant residual symptomatology that requires the intensive treatment of a partial hospital program to remain stable and/ or progress in the resolution of symptoms. Other individuals may be admitted from lower levels of care or from the crisis response center or assessment site as an alternative to admission to the hospital. Once the individual has made sufficient progress, discharge from the partial hospital setting to a lower level of care may be possible.

MEDICAL NECESSITY CRITERIA (Appendix T)

Admission Criteria (must meet criteria I, II, and III):

I. A mental health professional, as defined in Chapter 5210.3 of the Partial Hospitalization regulations, has conducted an evaluation and has determined that the person meets one of the following:

- The person has an established history of a psychiatric disorder, excluding mental retardation, substance abuse or senility, unless these conditions co-exist with other psychiatric symptomatology, and is presenting symptoms which require this level of care; or
- The person does not have an established psychiatric history, but a psychiatrist, or physician, or a licensed clinical psychologist has been consulted and has confirmed the presence of a psychiatric disorder that requires this level of care; or
- The person has had an evaluation by a psychiatrist, a physician, or a licensed clinical psychologist at another mental health treatment facility, (e.g., inpatient, outpatient or crisis intervention) and is being directly referred to this level of care; or
- The person needs a diagnostic evaluation that cannot be performed at a lesser level of care.

and

II. The partial hospital level of care is appropriate because:

- The person has the capacity to participate in the partial hospitalization level of care; and
- The person has a community based network of support that enables him/her to participate in the partial hospitalization level of care; and
- The person exhibits sufficient control over his/her behavior such that he/she is judged not to be an imminent danger to self, others or property.

and

III. The severity of the symptoms presented by the person meets one or more of the following:

- The person's judgment or functional capacity and capability is compromised to such a degree that self-maintenance, occupational, educational or social functioning are significantly impaired, and the severity of the presenting symptoms is such that the success of treatment at a less intense level of care is unlikely; or
- The person requires treatment which may be unsafe if administered at a less intense level of care; or
- Sufficient clinical gains have not been made within a less intensive level of care, and the severity of presenting symptoms is such that the success of treatment at a less intense level of care is unlikely; or
- Co-existing, non-psychiatric medical conditions preclude treatment at a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability.

Continued Stay Criteria (must meet criteria I and II)

I. One or more of the symptoms or conditions which necessitated admission persist, or new symptoms develop which meet admission criteria, and the person meets one or more of the following:

- The person has not completed the goals and objectives of the Individualized Treatment Plan that are necessary to warrant transition to a less intensive level of care; or
- The person demonstrates a current or historical inability to sustain/maintain gains without a comprehensive program of treatment services provided by the partial hospital program; or
- Attempts to reduce the intensity and structure of the therapeutic program have resulted in, or are likely to result in, exacerbation of the psychiatric illness as manifested by regression of behavior and/or the worsening of presenting symptomatology; or
- Attempts to increase the person's level of functioning or role performance in the areas of interpersonal, occupational or self-management functioning have resulted in exacerbation of psychiatric illness as manifested by regression of behavior and/or the worsening of presenting symptomatology; or
- An adverse reaction to medication, procedures or therapies requires frequent monitoring which cannot be managed at a less intensive level of care.

and

II. The partial hospital program provides the following service elements:

- The person is receiving active treatment within the framework of a multidisciplinary individualized treatment plan approach; and
- There is the involvement of a psychiatrist in the development and management of the treatment program and discharge plan; and
- The treatment plan includes a discharge plan and is reviewed and modified, as appropriate, by the treatment team to respond to changes in the person's clinical presentation or lack of progress; and
- The person is an active participant in treatment and discharge planning; and
- Where clinically appropriate, and with the person's informed consent, timely attempts are made by the treatment team, and documented in the treatment plan, to involve the family and other components of the person's community support network in treatment planning and discharge planning.

Discharge Criteria (must meet I or II):

I. The person no longer needs the partial hospital level of care because:

- The symptoms, functional impairments and/or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the person's treatment can now be managed at a less intensive level of care; and
- The improvement in symptoms, functional capacity and/or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care; and
- There is a viable discharge plan with which service and care providers identified for after-care treatment, if needed, and support have concurred.

or

II. The partial hospital level of care is discontinued because:

- The diagnostic evaluation has been completed when this constitutes the reason for admission; or
- The person withdraws from treatment against advice and does not meet criteria for involuntary commitment; or
- The person is transferred to another facility/unit for continued care.