CHILD Acute Partial Hospitalization Program (APHP)

PROGRAM DESCRIPTION

Acute partial hospitalization is a structured, therapeutically intensive day treatment program. Partial hospitalization offers an alternative to hospitalization for children and adolescents 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 or regression. The goal of acute PHP is to reduce the child's need for restrictive therapeutic settings for treatment, and help the child develop the necessary self- control and/or capacity for constructive expression, including more adaptive interpersonal skills, to make the transition to interacting more fully in family and community environments.

Admission to a partial program may follow an inpatient stay to address residual symptomatology that requires continued intensive treatment. Other youth may be admitted from lower levels of care, the crisis response center, or assessment sites as an alternative to admission to the hospital. Once the youth has made sufficient progress, discharge from the partial hospital setting to a lower level of care, such as outpatient, may be possible.

MEDICAL NECESSITY CRITERIA (Appendix T)

Admission Criteria (Must meet I *and* II or III)

I. DIAGNOSTIC EVALUATION AND DOCUMENTATION

A. Diagnosis on DSM IV Axis I or Axis II as part of a complete multiaxial diagnostic examination (MR or D&A cannot stand alone) by a psychiatrist or psychologist (as defined in Chapter 5200.3 of the Pennsylvania Code);

AND

B. Behaviors which indicate a risk for safety to self/others, and/or decreased functioning for the child's developmental level, such that:

- this behavioral disturbance requires regular observation and treatment, but does not require 24-hour supervision, *and*
- reasonable treatment within a less restrictive setting has been attempted by a mental health professional, *or* treatment in a less restrictive setting has been considered and documented, but is rejected directly in favor of partial hospital treatment;

AND

C. Partial hospitalization must be recommended as the most clinically appropriate and least restrictive service available for the child, by the *treatment team* [as described in PA 55 §5100.2.] to also include: child, parent/guardian and/or caretaker, and case manager;

AND

D. Removal of a child from his/her regular classroom for all or part of the school day necessitates the incorporation of an interagency planning team (in accordance with Chapter 5210.24,(b), except when partial provides acute hospital diversion. [The interagency planning team must include the appropriate representative from the child's local school in compliance with PA School Code, Sections 1306-1309 and 2561, and establish that the child's mental health needs cannot be otherwise met with appropriate supports in a school setting];

AND

E. A treatment plan [See PA 55 §5210.35], to include a complete strengths-based assessment of the child, including identifying the strengths of child's family, community, and cultural resources, can be completed prior to admission or within five (5) days of service in the partial hospitalization program;

AND

F. In the event that conditions prevent the possibility of parental or child involvement, attempts to involve the child and parents, and/or reasons explaining their non-involvement, must be fully documented and presented to the interagency team.

II. SEVERITY OF SYMPTOMS

The child's problematic behavior *and/or* severe functional impairment discussed in the **presenting history** *and* **psychiatric examination** must include at least one (1) of the criterion in A through F with a severity level as indicated in "B" above.

A. Suicidal/homicidal ideation

B. Impulsivity and/or aggression

C. Psycho-physiological condition (i.e.-bulimia, anorexia nervosa)

E. Affect/Function impairment (i.e.-withdrawn, reclusive, labile, reactivity)

F. Psychosocial functional impairment

G. Thought Impairment

H. Cognitive Impairment

III. OBSERVATION

The child's problematic behavior *and/or* severe functional impairment discussed in the **presenting history** *and* **psychiatric examination** requires further observation for clarification under section II. Allowable for up to fifteen (15) calendar days within which time the examining psychiatrist must clarify the criteria for admission under II *AND/OR* recommend development of a transition plan. Should it be found that the child does not fit the criteria for admission, an appropriate transition plan is to be developed with the interagency team, and the child discharged under the provisions of that plan.

A. Troubling symptoms of the child which have been described by members of the family (and/or representatives of the community or school), persist but,

-they are not observed on a psychiatric inpatient unit, *or*

-they are denied by the child in outpatient treatment, *such that* the day treatment milieu and return to home environment daily, provides an ideal opportunity to observe and treat the child;

OR

B. Child's symptoms have not sufficiently improved despite responsible comprehensive treatment at a lower level of care, which has involved the participation of an interagency team in planning, coordinating and providing this treatment, and the interagency team currently recommends this level of treatment.

Continued Stay Criteria (Must meet I and II)

I. DIAGNOSTIC EVALUATION AND DOCUMENTATION (see also, Appendix A)

A. The initial evaluation and diagnosis is updated and revised as a result of a current face-to-face diagnostic examination by the treating psychologist or psychiatrist;

AND

B. Less restrictive treatment modalities have been considered;

AND

C. There is the clinically determined likelihood of substantial benefit as a result of continued active intervention in the Partial Hospitalization Program, without which there is great risk of a recurrence of symptoms;

AND

D. Any other reasons supporting the rejection of other alternative services in favor of continuing Partial Hospitalization;

II. SEVERITY OF SYMPTOMS

A. Severity of illness indicators and updated treatment plan support the likelihood that: **substantial benefit** is expected as a result of continued active intervention in a partial hospitalization program, without which there is **great risk of a recurrence of symptoms; OR severity is such that treatment cannot be safely delivered at a lesser level of care;**

B. The treatment team review recommends continued stay, documenting the need for the child's further improvement, with the corresponding modifications in both treatment plan and the discharge goals;

AND

C. Child is making **progress toward treatment goals** in the expected treatment process as evidenced by reductions in the problematic signs, symptoms, and/or behaviors the child presented upon admission; and the treatment team or interagency team review recommends continued stay, documenting the need for further improvement and the corresponding modifications in both treatment plan and the discharge goals;

OR

D. The **symptoms or behaviors** that required admission, **continue with sufficient acuity** that a less intensive level of care would be insufficient to stabilize the child's condition;

OR

E. The appearance of **new problems, symptoms, or behaviors** meet the admission criteria.

III. Discharge Criteria

A. A child admitted under Sections I and III only, of the ADMISSION CRITERIA must be discharged within fifteen (15) calendar days of admission, unless a subsequent face-to-face psychiatric evaluation clarifies child's eligibility under Section II.

B. A child not meeting criteria as established in Section II, SEVERITY OF SYMPTOMS, of the CONTINUED STAY CRITERIA, must be discharged.