

PARTIAL HOSPITALIZATION

I. Definition of Service:

Partial hospitalization is a nonresidential treatment program that may or may not be hospital-based. The program provides clinical, diagnostic and treatment services at a level of intensity equal to an inpatient program, 5-7 days a week, delivering at least 20 hours of outpatient service, with the patient going home each evening and/or weekend. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, and group, individual and family therapy. The care environment at this level of treatment is highly structured and there should be a staff-to-patient ratio sufficient to ensure necessary therapeutic services, professional monitoring, and safety. Psychiatric partial hospital treatment may be appropriate when a patient does not require the more restrictive and intensive environment of a 24-hour inpatient setting.

Partial hospitalization is used as a time limited response to stabilize acute symptoms. It can be used as a step-down from an inpatient service or to stabilize a deteriorating condition and avert hospitalization. Treatment efforts need to focus on the individual's response during treatment program hours, as well as, the continuity and transfer of treatment gains during the individual's non-program hours in the home/community. Psychiatric partial hospital treatment is separate and distinct from psychiatric social rehabilitation programs or day treatment programs, which also focus more on the development or enhancement of an individual's coping skills necessary for daily social occupational functioning.

II. Admission Criteria:

All of the following criteria are necessary for admission:

- A. The individual demonstrates symptoms consistent with a covered DSM-IV-TR (Axis I-V) diagnosis that requires and can reasonably be expected to respond to therapeutic intervention.
- B. There is evidence of patient's capacity and support for reliable attendance at the partial hospital program, including a safe and stable living environment when not in the program.
- C. There is an adequate social support system available to provide the stability necessary for maintenance in the program.
- D. There is a risk to self or others (e.g. inability to take care of self; mood, thought, or behavioral disorder interfering significantly with activities of daily living; suicidal ideation or non-intentional threats or gestures; risk-taking or other self-endangering behavior), which is not so serious as to require 24-hour medical/nursing supervision, but does require structure and supervision for a significant portion of the day and family/community support when away from the partial hospital program.
- E. The patient's condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, including routine medical observation/supervision to effect significant regulation of medication and/or routine nursing observation and behavioral intervention to maximize functioning and minimize risks to self, others and property.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

III. Exclusion Criteria:

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The individual is an active or potential threat to the safety of self or others, or sufficient impairment exists that acute inpatient treatment is required.
- B. The individual does not voluntarily consent to admission.
- C. Individuals with the following conditions are excluded from admission **unless** there is also a co-existing covered DSM-IV-TR psychiatric diagnosis/condition which determines the needs for this level of care **and** it is the focus of intervention:
 - Autism
 - Mental Retardation
 - Delirium, Dementia, Amnestic and Other Cognitive Disorders
 - Mental Disorders Due to a General Medical Condition
 - Primary Substance Abuse Problems
- D. The individual has medical conditions or impairments that would prevent utilization of services.
- E. The individual can be safely maintained and treated effectively at a less intensive level of care.
- F. The primary problem is social, economic (i.e. housing, family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

IV. Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The individual's condition continues to meet admission criteria at this level of care;
- B. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated;
- C. There is documented active discharge planning.
- D. Assessment and treatment by a psychiatrist is to occur at least twice a week. In the case of children and adolescents, the psychiatrist must be a child and adolescent psychiatrist.
- E. Family and other natural supports are involved in the treatment process whenever possible and appropriate for the patient's recovery.
- F. Children and adolescents are to receive appropriate educational services that assist in improving their educational functioning.

V. Discharge Criteria:

All of the following criteria are sufficient for discharge from this level of care:

- A. The individual's documented treatment plan, goals and objectives have been substantially met.
- B. The individual no longer meets admission criteria.
- C. Consent for treatment is withdrawn and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- D. Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been secured.
- E. There is a discharge plan with follow up appointments scheduled.

VI. Frequency of Review:

- A. Seven treatment days

* Up to three hours equals half-day; more than three hours equals a full day.

VII. Clinical Resource

“Criteria for Short-Term Treatment of Acute Psychiatric Illness”, American Academy of Child & Adolescent Psychiatry and the American Psychiatric Association.