

Partial Hospitalization - MH - Adult (Managed Medicaid only Service)

Definition

Partial hospitalization is a nonresidential treatment program that is hospital-based. The program provides diagnostic and treatment services on a level of intensity similar to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation, medication management, group, individual and family therapy. The environment at this level of treatment is highly structured, and there should be a staff-to-patient ratio sufficient to ensure necessary therapeutic services. Partial Hospitalization may be appropriate as a time-limited response to stabilize acute symptoms, transition (step-down from inpatient), or as a stand-alone service to stabilize a deteriorating condition and avert hospitalization.

Policy

Acute Inpatient mental health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

Program Requirements

Refer to the program standards common to all levels of care/programs for additional requirements.

Licensing/Accreditation

The hospital must be licensed or formally approved as a hospital by the Nebraska Department of Health and Human Services Regulation and Licensure.

The agency must have written policies and procedures related to:

Refer to “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features and Hours

Partial Hospitalization may be available 7 days/week with a minimum availability of 5 days /week. Staff must be available to schedule meetings and sessions at a variety of times in order to support family/other involvement for the individual. Partial Hospitalization can be provided in full-day increments of 6 hours or half-day increments of 3 hours.

Service Expectations

- An initial diagnostic interview by the attending psychiatrist/physician within 24 hours of admission
- A history and physical within 24 hours of admission
- Multidisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed
- An initial treatment/recovery plan developed by the multidisciplinary team (including the individual, their family or other supports as appropriate) integrating individual strengths and needs, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission

- The individual treatment/recovery plan is reviewed at least weekly and more often as necessary, updated as medically indicated, and signed by the treatment team members including the individual being served
- Medication management
- Consultation for general medical needs, psychological, pharmacy, pastoral, and emergency medical services, laboratory, dietary if meals are served within the program, and other diagnostic services
- Ancillary service referral as needed: (dental, optometry, ophthalmology, dietary, etc.)
- Psychological, pharmacy, pastoral, emergency medical, laboratory and other diagnostic services
- Readily available, on-site nursing services
- Individual, group, and family therapy services
- Recreation and social services
- Access to community based rehabilitation/social services that can be used to help the individual transition to the community
- Face-to-face psychiatrist (APRN under psychiatrist supervision) visits 4 of 5 days

Special Staff Requirements for Psychiatric Hospitals as per (42 CFR 482.62)

Medical Director/Clinical Director (Boarded or Board eligible Psychiatrist)

Psychiatrist (s) and/or Physicians (s)

APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist)

Director of Psychiatric Nursing (RN, APRN)

LMHP, LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure)

RN(s) and APRN(s) (psychiatric experience preferable)

Director of Social Work (MSW preferred)

Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree)

Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)

Medical Director (Boarded or Board eligible Psychiatrist):

A Nebraska licensed physician, working within his/her scope of practice, qualified to insure the medical integrity of, and provide the leadership required for an acute psychiatric treatment program. The psychiatrist physician's personal involvement in all aspects of the patient's care must be documented in the patient's medical record (i.e., physician's orders, progress notes).

Director of Psychiatric Nursing (RN or APRN with psychiatric experience)

The Director of Psychiatric Nursing is licensed in the State of Nebraska, works within his/her scope of practice, and has the psychiatric nursing experience to provide the leadership for the Acute Inpatient program. This position directs, supervises, evaluates, and trains other program staff to implement the nursing and other therapeutic components of the patient's treatment plan.

Director of Social Work (MSW preferred)

Monitor and evaluate the quality an appropriateness of social services furnished. If the Director of Social Work is not an MSW, at least one individual in this department needs to be an MSW.

APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist)

Provides services in lieu of psychiatrist/attending physician. Works under the direction of the psychiatrist/attending physician

Licensed Mental Health Practitioner, Psychologist, Licensed Independent Mental Health Practitioner: A sufficient number of Nebraska licensed or provisionally licensed clinicians working within their scope of practice should be available to meet patient needs for psychotherapy services. Dual licensure is preferable for some positions to provide optimum services to patients with co-morbid diagnoses (MH/SA).

RN(s) and APRN(s):

RN's and APRNs must be Nebraska licensed, working within their scope of practice and have experience in developing and carrying out nursing care plans in psychiatric service programs.

Social Worker:

Social work services in the Acute Inpatient program are carried out under the direction of a Social Work Services Director preferably possessing a MSW degree from an accredited school of social work, licensed in the State of Nebraska, and working within his/her scope of practice. The Social Worker(s) fulfills responsibilities relating to the specific needs of the

individual patient and their families in regard to discharge planning, community resources, consulting with other staff and community agencies as needed. This position may also assist in obtaining psychosocial information for use in planning by the treatment team.

Technicians:

Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)

Staffing Ratios

Therapist/Client: 1 to 8

Technician/Client: 1 to 3

RN services are provided in a RN/client ratio sufficient to meet patient care needs

Other positions staffed in sufficient numbers to meet patient and program needs

Training

Refer to “Standards Common to all Treatment Services” for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Clinical Documentation

The program shall follow the agency’s written policy and procedures regarding clinical records. The agency’s policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify the client’s medical necessity for this service.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All summary progress notes should contain the name and title of the author of the note.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the ASO’s request to review or receive a copy of the complete record. All clinical records must be maintained for a minimum of seven years following the provision of services.

Length of Stay: Length of service is individualized and based on clinical criteria for admission and continuing stay, but considering its time-limited expectations, a period of 14 to 21 days with decreasing attendance hours is typical.

Special Procedures

The Partial Hospitalization program is responsible to follow all Federal, State, and accrediting body guidelines in the use of restraint and seclusion.

Clinical Guidelines: Partial Hospitalization Mental Health - Adult

Admission Guidelines:

Valid principal DSM (most current version) Axis I or II diagnosis AND All of the following:

1. The client is unable to maintain an adequate level of functioning outside the treatment program due to a mental health disorder as evidenced by:
 - a. Severe psychiatric symptoms
 - b. Inability to perform the activities of daily living
 - c. Failure of social/occupational functioning or failure and/or absence of social support resources.
2. The treatment necessary to reverse or stabilize the client's condition requires the frequency, intensity and duration of contact
3. provided by a day program as evidenced by:
 - a. Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.
 - b. Need for a specialized service plan for a specific impairment.
 - c. Passive or active opposition to treatment and the risk of severe adverse consequences if treatment is not pursued.
 - d. Can maintain safety after the program hours.
4. The client's medical and mental health needs can be adequately monitored and managed by the staff of the facility.
5. The individual can be reasonably expected to benefit from mental health treatment at this level and needs structure for activities of daily living.

Exclusionary Guidelines:

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

1. The individual is an active or potential danger to self or others or sufficient impairment exists that a more intense level of service is required.
2. The individual has medical conditions or impairments that warrant a medical/surgical setting for treatment.
3. The individual requires a level of structure and supervision beyond the scope of the program.
4. The individual can be safely maintained and effectively treated at a less intensive level of care.
5. The primary problem is social, economic (i.e. housing, family conflict, etc.) or one of physical health without a concurrent major
6. psychiatric episode meeting guidelines for this level of care, or admission is being used as an alternative to incarceration.

Continued Stay Guidelines:

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

1. The individual's condition continues to meet admission guidelines for this level of care.

2. The individual does not require a more intensive level of care, and no less intensive level of care would be appropriate.
3. There is reasonable likelihood of substantial benefit as a result of active continuation in the therapeutic program, as demonstrated by objective behavioral measurements of improvement.
4. The consumer is making progress toward goals and is actively participating in the interventions.
5. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated.
6. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner consistent with sound clinical practice, including evaluating and/or prescribing appropriate psychopharmacological intervention.
7. There is documented active discharge planning, including active relapse and crisis prevention planning.

Discharge Guidelines

Any of the following may be sufficient for discharge from this level of care:

1. The individual's documented treatment plan, goals and objectives have been substantially met.
2. The individual no longer meets Continued Stay Guidelines, or meets Guidelines for a less or more restrictive level of care.
3. Support systems that allow the individual to be maintained in a less restrictive treatment environment have been secured.

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