VALUE BEHAVIORAL HEALTH of PENNSYLVANIA
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Adult Non-Acute Partial Hospitalization Program

Best Practice Program Standards

Non-Acute Partial Hospitalization Program is a nonresidential treatment program that may or may not be hospital-based. The program provides clinical diagnostic and treatment services on a level of intensity less than acute partial hospitalization but more intensive than outpatient.

Services include:

- Therapeutic milieu
- Nursing
- Psychiatric evaluation and medication management and monitoring
- Group Psychotherapy
- Individual Psychotherapy
- Family Psychotherapy if indicated
- Psychological testing if indicated
- Vocational counseling
- Rehabilitation recovery counseling
- Substance abuse assessment and referral
- Recovery Plans

The environment at this level is highly structured, and there should be a staff-to-patient ratio sufficient to ensure necessary therapeutic services, professional monitoring, and protection. Clinical services will be provided at least 12 hours per week with the expectation that services are provided up to five days per week.

Non-acute partial hospitalization is used for stabilization and treatments of individuals in acute phases of mental illnesses appropriate for a partial hospitalization program (PHP). As such, it can be used both as a transitional level of care (i.e., step-down from inpatient) or a stand-alone level of care to stabilize a deteriorating condition to 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.

Non-acute psychiatric partial hospital treatment is separate and distinct from an acute partial psychiatric hospitalization program based on the intensity of the services. In addition non-acute psychiatric partial hospital treatment program is separate and distinct from psychiatric social

rehabilitation programs or day treatment programs, which focus on maximizing an individual's level of functioning (e.g., self-sufficiency, communication skills, social support network), that are less psychiatrically-based, located in a community setting, and focus more on the development or enhancement of an individual's coping skills necessary for daily social and occupational functioning.

Record Requirements for Best Practice

1. Member identifying information.
2. Intake/orientation packets provided to members.
3. Referral source identified.
4. Presenting problem/issue identified.
5. Psychiatric Evaluation completed within 30 days prior to admission or within five program days following admission.
6. Comprehensive individualized recovery-oriented treatment plan addressing presenting problem/issue will be developed within the first five days of treatment.
7. Individualized recovery-oriented treatment plans have realistic goals and timeframes.
8. Individualized recovery-oriented treatment plan will be updated at a minimum every 20 program days indicating progress and/or changes to meet specific individual needs.
9. Individualized rationale for the days per week a member is to attend will be based on the severity of his/her illness.
10. Member's acknowledgement of participation in the development of his/her recovery-oriented treatment plan.
11. Medication list in chart to include: name, dose, frequency, and route of administration for physical health and behavioral health medications. List to include prescriber and/or facility where member attends.
12. Medication Education – in each chart documenting teaching of risk, benefits, dosage, and side effects. Completed by an RN, LPN, MD, DO, CRNP or PAC when medications are ordered and following every medication change. Rationale for change documented, educational record includes documentation of member's understanding.
13. Individual Therapy – if clinically indicated and relevant to the individualized recovery-oriented treatment plan, at least one session every five program days. Duration of session depends on clinical needs or request of the individual.
14. Group Psycho Therapy – will be relevant to the individualized recovery-oriented treatment plan (groups need to be 2-10 individuals for at least 60 minutes). Sign-in sheet or signature of member for groups attended will be present for each program day.
15. Medication Management – evaluated within five business days from date of admission by an MD, DO, CRNP or PAC. Medication evaluation to be face-to-face with the individual. Medication management sessions with MD, DO, CRNP, PAC, RN, LPN scheduled at least every 10 program days unless a physician documents the individual's needs can be met if less frequent.

16. Medication Monitoring – to include at a minimum daily assessment of adherence, side effects, and benefit of medication to be done by MD, DO, CRNP, PAC, RN, LPN, mental health professional, or mental health worker.
17. Family therapy/collaboration – required if admitting issue/concern is family/relationship in nature or if requested by member unless documentation supports a contraindication.
18. Vocational Counseling – to be done or referred to specialists when presenting problem is related to vocational issues and addressed in the recovery-oriented treatment plan.
19. Each daily treatment intervention must have a separate documentation entry by the clinician providing the service. Each note will have a start and end time and relationship to his/her recovery oriented treatment plan.
20. Group activities are not covered unless the activity is individualized, essential for the treatment, and the need must be clearly justified within the member's recovery-oriented treatment plan.
21. Transportation and meal time are not billable unless the intervention is essential and clearly justified on the member's recovery-oriented treatment plan.

Additionally, adherence to all program requirements in Pennsylvania Code, Title 55. Chapter 5210. Partial Hospitalization is required.