



Performance Standards

Acute Partial Hospitalization

Performance Standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression toward best practice performances, to increase the consistency of service delivery and to improve outcomes for members

Disclaimer: These Performance Standards should not be interpreted as regulations. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization in order to be eligible for payment for services.

ACUTE PARTIAL HOSPITALIZATION

PERFORMANCE STANDARDS

Description

The acute partial hospital program is a clinically enhanced day program that is provided to members who are in an acute exacerbation of symptoms but capable of living in the community, either in a supportive or independent setting, and whose clinical presentation requires intensive management by a multi-disciplinary treatment team to deter inpatient hospitalization.

PERFORMANCE SPECIFICATIONS

All acute partial hospital programs must comply with applicable PA laws and regulations, including licensure, Community Support Program (CSP), Child and Adolescent Service System Program (CASSP), and/or Bureau of Drug and Alcohol Programs (BDAP) principles, as appropriate, and credentialing requirements of Community Care. If provided as part of the HealthChoices program, the provider must have enrolled in the Pennsylvania Medical Assistance (MA) program as the appropriate provider type.

A typical length of stay would not exceed four calendar weeks in total, and the approved treatment plan should address discharge planning, including phase-out of intensity of services. A “usual” treatment plan would call for three to 10 days of daily attendance followed by a phase-out (planned reduction of attendance over several successive weeks) and step-down to a less intensive treatment program to meet member needs.

Only the hours of actual treatment may be billed. This would exclude recreational time, meal time, and other activities whose nature is not essentially treatment. The minimum period of billing must be three hours.

STRUCTURAL SPECIFICATIONS

Service and Program Descriptions

Acute partial hospital programs deliver a high intensity of psychiatric (including individuals with both psychiatric and addiction disorders) treatment including daily evaluation, medication management, multi-disciplinary treatment and rehabilitative services. Multi-disciplinary treatment in child and adolescent programs will include family therapy with a minimum of one face-to-face family session weekly as well as documentation of continuing efforts to engage the family and/or address stated barriers. Family/significant other participation in treatment will be based on member preference and consent, although staff are expected to review the importance of family/significant other involvement in supporting the member’s recovery and encourage participation whenever possible.

Staff/member ratios typically are one staff FTE to four members. Nursing staff is on-site during program hours. **A licensed Board-certified or Board-eligible psychiatrist must be available during program hours and must be on site at least twice each week.** Medications may be administered. Staff must document a clinical assessment of the member's clinical needs and response to treatment on each day of attendance. Documentation should be strengths based.

The program must conduct a comprehensive review and update of the treatment plan at least weekly (or more frequently if appropriate to the member's needs). The treatment plan should include measurable goals, objectives, and interventions. Programs are not locked and do not utilize mechanical restraints.

These programs are designed to provide stabilization of acute psychiatric symptoms with referral to less intensive services for continued treatment. Acute partial hospital programs provide programming a minimum of six hours a day, five days a week. Evening and weekend programming is encouraged but at a minimum, designated clinical staff are available during evenings to provide appointments as needed, meet the access standards for urgent care, and provide coverage for crisis intervention. Each member's treatment plan must include a plan for crisis intervention services, including explicit instructions for the member and family, as appropriate. Crisis intervention plans should be coordinated with case managers and other community and natural supports, as appropriate. This service is intended to respond to urgent needs, and must, therefore, be available within 24 hours of referral. Programs are administered in adherence to PA Code Title 55, Chapter 5210.

Physical Facilities

Services may be provided within the confines of a clinic or hospital setting, providing that adequate space for provision of services are available at this level. Space must be accessible to members with physical or other disabilities.

Clinical Services

Clinical services should be available to clients throughout the day. Psychiatric services should be available on a daily basis (on-site or by telephone) and contact should be required at appropriate intervals as determined by member need and the approved treatment plan. Nursing services should be available on a daily basis. Access to ongoing primary medical care should be available and documented in the member's treatment plan (primary care does not have to be provided on-site). Intensive treatment should be available at least five days/week, six hours/day and must include individual, group, and family therapy (depending on member needs and the approved treatment plan). Mental illness/substance abuse (MISA) evaluations and domestic violence screenings are to be included in assessments with necessary referrals documented.

The program must be capable of monitoring the adherence to medication schedules and of potential side effects. Improved symptom stability through the use of psychotropic medications should be a common focus for members involved in the program. The program must have the capability to administer medications as ordered at any time during program operations. Medication education will be provided to members and appropriate family members/significant others to target expectations of symptom reduction and explain possible side effects, the importance of follow up care, and the importance of adhering to a medication regime as part of the individual's plan for recovery.

Coordination of Care

Providers must ensure that care is coordinated and service linkage is provided, as needed, to the physical health HMO, including the primary care provider (PCP) and any medical specialists, other mental health and/or drug and alcohol providers, other social service agencies, and providers of crisis services. All contacts with the above service providers are clearly documented in the clinical record. Coordination of care with PCPs is expected for individuals who develop medically significant side effects from the prescribed psychotropic medications, e.g., potential weight gain as side effect of some atypical antipsychotics. Discharge planning and follow up must be documented clearly and should include the member's Wellness Recovery and Action Plan (WRAP) or Advance Directives.

Care must be coordinated with Community Care, and information required for service authorization is provided in a timely manner.

Supportive Services

The provider must make arrangements to assess the need for case management services, either directly or through referral to a case management provider. The results of the case management assessment should be documented in the member's partial hospital treatment record. Case management services should have access to all treatment teams for collaboration on coordination of care issues and to provide assistance with the coordination of service systems, i.e., financial, residential, transportation, and systems management. The provider is expected to offer all members information about natural supports available to support recovery including information about mutual support networks, peer support, and other member or family advocacy groups. The provider is expected to offer information about available recreational and social activities that support recovery. Based on individual need and consent, the provider will coordinate services and aftercare with educational or vocational services. The Acute Partial Hospital program's primary role is to provide behavioral health treatment rather than supportive services.

Crisis Stabilization and Prevention Services

Members must have access to 24 hour emergency evaluation and brief intervention services including services and natural supports that can prevent inpatient psychiatric care. Specific treatment plans must document either that the service is not expected to be necessary or that suitable arrangements have been made. Providers and members should develop individualized crisis plans that incorporate members' strengths, natural supports, and preferences. Evidence that members understand or have a copy of their crisis plan should be clearly documented. Information on resources for the development of WRAP and Advance Directives should be provided to all interested members. Crisis plans must be clearly written in the clinical record and must be on file with the provider of crisis services. Crisis plans for all HealthChoices members are made available to Community Care upon request.

Provider Agreements and Referral

If all treatment services needed by a member are not available from a provider, they will be made available to members through formal or informal provider agreements or in collaboration with Community Care. These arrangements must be documented in the treatment plan. The member will be referred as needed to other providers of these services within the geo-access requirements of Community Care. In the event that geo-access standards cannot be met, the provider will inform Community Care. Community Care will assist the member in accessing services.

Credentialing

All organizations must be assessed and approved through the credentialing process of Community Care.

Staffing

Primary clinical staff must be consistent with regulations and must include licensed behavioral health staff where staff functions require these, e.g., licensed nurses must be present to administer medications. Staff/member ratios should typically be one staff FTE to four members. Administrative and treatment staffs are representative of the cultural diversity of the community which the program serves. Staffing is available to address special needs of the members and priority populations within HealthChoices. Staffing must reflect sensitivity to the cultural diversity of members.

Orientation and Training

Providers must have written policies for supervision and training of all staff and maintain documentation of regularly scheduled and on-going supervision and training. Training records will reflect issues relevant to the population served. These will include policies regarding cultural diversity, CSP, CASSP, recovery principles, BDAP principles, confidentiality, internal policies and procedures, priority populations, co-occurring

disorders and completion of MISA assessments, Domestic Violence Screenings, and member rights (Member Rights and Responsibilities are posted at the facility).

Hours of Operation

Program services are available at least six days/week. Evening and weekend programming is preferred, but at a minimum designated clinical staff are available during evenings to provide appointments as needed, meet the access standards for urgent care, and provide coverage for crisis intervention.

UM and QM Programs

The case record must contain daily documentation of the current status of the members and the need for continuation of care. Provider maintains a clearly defined and ongoing program for utilization and quality management, which include tracking, resolution, and reporting on complaints, grievances, and critical incidents, measurement of functional outcomes and satisfaction, and a quality improvement plan. Senior level personnel are designated to oversee UM/QM programs, and members and families are integrally involved in the design, development, and evaluation of services.

Policies and Procedures

Providers develop and maintain policies and procedures that define adherence with Community Care's performance specifications, CSP principles, and relevant PA laws and regulations. Policies and Procedures are reviewed and revised at a minimum on an annual basis.

Providers Eligible to Provide Service

Provider Type 11, Specialty 113 or 114 - Psychiatric Partial Hospital Facility (mental health services).