

PARTIAL CARE/ PARTIAL HOSPITALIZATION CRITERIA

Partial Hospitalization Criteria

Service Description

Partial hospitalization is an intensive, nonresidential, therapeutic treatment program that may or may not be hospital-based. Partial hospitalization is used as a time limited response to stabilize acute symptoms. It can be used as a step-down from inpatient services or out-of-home treatment, or to stabilize a deteriorating condition and avert hospitalization.

Treatment efforts need to focus on the individual’s response during program treatment hours, as well as the continuity and transfer of treatment gains during the individual’s non-program hours in the home/community. Services may vary from 2 to 5 days per week, for up to 5 hours a day and should be coordinated with the youth’s educational program.

Treatment may include individual counseling, group counseling and support, therapeutic activities to address daily living (ADL) skills, recreation and stabilization needs; family support services such as family therapy, family psycho-education, supportive counseling, or parenting skills development; psychiatric assessment and medication management; case coordination; therapeutic milieu activities; and referral, advocacy, and service linkages.

Services are delivered by a multi-disciplinary treatment team that includes a master’s level clinician and a licensed psychiatric provider. The partial hospitalization setting is highly structured, and maintains a 1:5 staff to youth ratio to ensure necessary therapeutic services and supervision.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

1. The youth is under the age of 21. Eligibility for services is in place until the youth’s 21st birthday. Youth between the ages of 18 and the 21st birthday should be connected with the CMO.
2. The youth is in need of clinical and social support in order to remain stable outside of an inpatient or out of home environment, or to transition to living in the community from a more restrictive setting.
3. The CSOC Assessment and other relevant information indicate that a comprehensive, integrated program of clinical and psychosocial rehabilitation services is needed to support improved functioning within the community.
4. The youth presents with symptomatology consistent with a DSM 5 diagnosis and/or emotional, behavioral symptoms consistent with a DSM 5 diagnosis for which therapeutic interventions more intensive than outpatient services are clinically indicated.

	<ol style="list-style-type: none"> 5. The youth has the capacity and support for regular attendance and the stability necessary for maintenance in the program. 6. There is a risk to self or others that is not so serious as to require 24-hour medical/nursing supervision, but does require both structure and supervision for a significant portion of the day. Examples of risk are: an inability to take care of self; mood, thought or behavioral disorder interfering significantly with activities of daily living; suicidal ideation or non-intentional threats; risk-taking or other self-endangering behaviors. 7. The youth’s condition requires a comprehensive, multi-disciplinary, multi-modal course of treatment, including routine psychiatric observation/supervision to effect significant regulation of medication and behavioral intervention to maximize functioning and minimize risks to self, others and property.
<p>Exclusion Criteria</p>	<p>Any of the following are sufficient for exclusion from this intensity of service:</p> <ol style="list-style-type: none"> 1. The youth and/or parent/guardian/caregiver does not voluntarily consent to treatment and there is no court order requiring such treatment. 2. The CSOC Assessment and other relevant information indicate that the youth’s treatment needs are not consistent with a Partial Hospitalization intensity of service, as they need either a less intensive therapeutic service or a more intensive therapeutic service. 3. The behavioral symptoms are the result of a medical condition that warrants a medical setting for treatment. 4. The youth has a primary treatment need related to substance use which requires primary medical stabilization or intervention. 5. The youth has a sole diagnosis of Autism and/or Intellectual Disability and there are no co-occurring DSM-5 Diagnoses, or symptoms/ behaviors consistent with a behavioral health DSM-5 Diagnosis. 6. The youth is not a resident of New Jersey. For youth who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.
<p>Continued Stay Criteria</p>	<p>The following criteria are necessary for continuing treatment at this intensity of service:</p> <ol style="list-style-type: none"> 1. The presenting clinical information indicates that the youth continues to need the Partial hospitalization intensity of service. 2. The severity of behavioral and emotional challenges continues to require this intensity of service and continued treatment services at this intensity is required

	<p>in order to support reintegration into the community or maintain the youth in the community.</p> <ol style="list-style-type: none"> 3. Treatment planning is appropriate to the youth’s changing condition with realistic and specific goals including target dates for accomplishment and objectives clearly stated. 4. There is clinical documentation that the youth, parent/guardian/caregiver, and provider are in mutual agreement regarding the treatment services. 5. Progress in relation to specific behaviors is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved. 6. The youth and parent/guardian/caregiver are participating to the extent all parties are able. 7. When clinically necessary, appropriate psychopharmacological intervention has been evaluated, recommended and monitored. 8. There is documented evidence of active transition planning.
<p>Transition Criteria</p>	<p>The following criteria are sufficient for transition from this intensity of service:</p> <ol style="list-style-type: none"> 1. The CSOC Assessment and other relevant information indicate that the youth no longer meets criteria for this level of care. 2. The Youth's treatment plan and transition goals for this intensity of service have been substantially met. 3. Consent for treatment is withdrawn by the youth and/or parent/guardian/caregiver. 4. The youth meets criteria for a higher or lower intensity of service.