

## 5122-29-06 Partial hospitalization service.

(A) Partial hospitalization is an intensive, structured, goal-oriented, distinct and identifiable treatment service that utilizes multiple mental health interventions that address the individualized mental health needs of the client. Partial hospitalization services are clinically indicated by assessment with clear admission and discharge criteria. The environment at this level of treatment is highly structured, and there should be an appropriate staff-to-client ratio in order to guarantee sufficient therapeutic services and professional monitoring, control, and protection. The purpose and intent of partial hospitalization is to stabilize, increase or sustain the highest level of functioning and promote movement to the least restrictive level of care. The outcome is for the individual to develop the capacity to continue to work towards an improved quality of life with the support of an appropriate level of care.

(B) In addition to the definitions found in rule [5122-24-01](#) of the Administrative Code, the following definition applies to this rule:

(1) "Partial hospitalization program day" means the total amount of hours an individual receives partial hospitalization service during a twenty-four hour calendar day.

(C) Partial hospitalization must be an intense treatment service that consists of high levels of face-to-face mental health interventions that address the individualized mental health needs of the individual as identified in his/her ISP.

(D) The minimum program length of this service shall be in accordance with the appropriate behavioral health standards of the agency's national accrediting body(ies). Such accrediting bodies are identified in rule [5122-25-02](#) of the Administrative Code.

(E) For purposes of this rule, a partial hospitalization program day shall consist of a minimum of two hours and up to a maximum of seven hours of scheduled intensive activities that may include, but are not limited to, the following:

(1) Determination of needed mental health interventions;

(2) Skills development

(a) Interpersonal and social competency as age, developmentally, and clinically appropriate, such as:

(i) Functional relationships with adults;

(ii) Functional relationship with peers;

(iii) Functional relationship with the community/schools;

(iv) Functional relations with employer/family; and

(v) Functional relations with authority figures.

(b) Problem solving, conflict resolution, and emotions/behavior management.

(c) Developing positive coping mechanisms;

(3) Managing mental health and behavioral symptoms to enhance vocational/school opportunities and/or independent living; and

(4) Psycho-educational interventions including individualized instruction and training of persons served in order to increase their knowledge and understanding of their psychiatric diagnosis(es), prognosis(es), treatment, and rehabilitation in order to enhance their acceptance of these psychiatric disabilities, increase their cooperation and collaboration with treatment and

rehabilitation, improve their coping skills, and favorably affect their outcomes. Such education shall be consistent with the individual's ISP and be provided with the knowledge and support of the interdisciplinary/intersystem team providing treatment in coordination with the ISP.

(F) When an agency provides more than one partial hospitalization service to an individual within the partial hospitalization program day, and the length of one or more of those partial hospitalization services consists of the daily minimum of two hours, the agency must ensure that each service provided is separate and distinct from the others.

(G) Providers of partial hospitalization services shall have a staff development plan based upon identified individual needs of partial hospitalization program staff. Evidence that the plan is being followed shall be maintained.

(H) Partial hospitalization service shall be provided and supervised by staff who are qualified according to rule [5122-29-30](#) of the Administrative Code.

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