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**Authority**

The provisions of this Chapter 5210 issued under section 201(2) of the Mental Health and Mental Retardation Act of 1966 (50 P.S. § 4201(2)); section 1021 of the Human Services Code (62 P.S. § 1201); and sections 105 and 112 of the Mental Health Procedures Act (50 P.S. §§ 7105 and 7112).

**Source**

The provisions of this Chapter 5210 adopted March 20, 1981, effective July 19, 1981, 11 Pa.B. 1031, unless otherwise noted.

**Notes of Decisions**

The Department’s addition of the requirement of JCAH accreditation for for-profit providers subsequent to the publication of § 8303 in the Notice of Proposed Rulemaking does not serve to enlarge the purpose of the regulations, so no violation of section 1202 of the Commonwealth Documents Law, act of July 31, 1968 (P. L. 769) (45 P. S. § 1202), occurred through the addition of that requirement, nor does the application of the JCAH accreditation requirement to only for-profit providers violate those providers’ equal protection or due process rights. *Community Services Management Corp. v. Department of Public Welfare*, 482 A.2d 1192 (Pa. Cmwlth. 1984).

**Cross References**

This chapter cited in 6 Pa. Code § 11.2 (relating to applicability); 55 Pa. Code § 2380.2 (relating to applicability); and 55 Pa. Code § 6100.2 (relating to applicability).

**GENERAL PROVISIONS****§ 5210.1. Legal base.**

The legal authority for this chapter is sections 105 and 112 of the Mental Health Procedures Act (50 P. S. §§ 7105 and 7112); section 201(2) of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4201(2)); and section 1021 of the Public Welfare Code (62 P. S. § 1021).

**§ 5210.2. Scope.**

(a) This chapter provides standards for the licensing of free-standing partial hospitalization facilities under 1021 of the Public Welfare Code (62 P. S. § 1021), and approval of partial hospitalization facilities which are part of a health care facility as defined in section 802.1 of the Health Care Facilities Act

(35 P. S. 448.802a) under sections 105 and 112 of the Mental Health Procedures Act (50 P. S. §§ 7105 and 7112).

(b) This chapter applies to private, nonprofit or for-profit facilities which provide mental examination, diagnosis, care and treatment to the mentally ill or emotionally disturbed for a period of more than 3 hours but not less than 24 hours during the day, evening or night, and which participate in the public mental health program.

### § 5210.3. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Child psychiatrist*—A physician who has completed a residency in psychiatry and who has a specialty in child psychiatry and who is licensed to practice in this Commonwealth.

*Clinical staff*—A mental health professional or mental health worker. The term does not include support staff such as clerical, fiscal or administrative.

*Department*—The Department of Human Services.

*FTE—Full-time equivalent*—Thirty-seven and one-half hours per week of staff time.

*Facility*—A mental health establishment, hospital, clinic, institution, center, day care or other organizational unit or part thereof, which is devoted primarily to the diagnosis, treatment, care and rehabilitation of mentally ill or emotionally disturbed persons.

*Mental health professional*—A person trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing, rehabilitation or activity therapies who has a graduate degree and mental health clinical experience.

*Mental health worker*—A person without a graduate degree who by training and experience has achieved recognition as a mental health worker.

*Partial hospitalization*—A nonresidential treatment modality which includes psychiatric, psychological, social and vocational elements under medical supervision. It is designed for patients with moderate to severe mental or emotional disorders. Partial hospitalization patients require less than 24-hour care, but more intensive and comprehensive services than are offered in outpatient treatment programs. Partial hospitalization is provided on a planned and regularly scheduled basis for a minimum of 3 hours, but less than 24 hours in any 1 day.

*Program capacity*—The maximum number of patients which the program is designed to serve on 1 day. Since some patients may attend the program less frequently than every day, it is not the total registered patient population.

*Psychiatric nurse*—A person who by years of study, training and experience has achieved professional recognition and standing in the field of psychiatric nursing and who is licensed by the State Board of Nursing to engage in the practice of professional nursing.

*Psychiatric social worker*—A person with a graduate degree in social work who by years of study, training and experience in mental health has achieved professional recognition and standing in the field of psychiatric social work.

*Psychiatrist*—A physician who has completed a 3-year residency in psychiatry and who is licensed to practice in this Commonwealth.

*Psychologist*—A person licensed to practice psychology in this Commonwealth.

*Quality assurance program*—A formal process to assure quality care and maximize program benefit to patients.

#### § 5210.4. Service providers.

Partial hospitalization services for the mentally and emotionally disturbed shall be provided only by a facility which complies with this chapter and is certified by the Department to provide a program.

#### § 5210.5. Application review process.

(a) Any facility intending to provide partial hospitalization services shall file an application for a certificate of compliance with the Department under Chapter 20 (relating to licensure or approval of facilities and agencies). A facility shall meet both the requirements of Chapter 20 and this chapter to obtain a certificate. Submission of an application does not constitute a certificate to operate pending Departmental approval. Facilities shall be inspected a minimum of once per year, but are subject to visit by the Department's designee at other times to ensure continuing conformance of the operations of the facility with these regulations. The Department may request the facility to provide information concerning programs and fiscal operations at the Department's discretion.

(b) Programs currently operating under preexisting approval shall have 3 months after the effective date of this chapter to meet the requirements found in this chapter. Programs requesting a certificate under this chapter have 6 months to meet the minimum size of program section of these standards. Other program requirements as set forth in this chapter shall be met before a certificate can be granted.

#### § 5210.6. Goal and objectives.

The goal of partial hospitalization is to increase the level of patient functioning. The service may be provided to clients with chronic or acute mental disorders who require active treatment. Its objectives include the following:

- (1) The diversion of patients from acute psychiatric inpatient units or to shorten the length of stay.
- (2) Crisis stabilization and treatment of chronically ill patients currently in treatment who require more intensive service for some period of time than is provided in outpatient or aftercare programs.
- (3) The return to the community of intermediate or long-term patients.

**§ 5210.7. Program standards.**

(a) *Accreditation.* These standards must be met by any facility seeking licensure or approval. For-profit facilities must also have the Joint Commission on Accreditation of Hospital (JCAH) accreditation in order to be licensed or approved under this chapter.

(b) *General description.*

(1) Partial hospitalization services may be directed towards different patient populations. Therefore, two different types of partial hospitalization programs are delineated. Adult partial hospitalization is a program designed for the treatment of adults with acute psychiatric illness, or an acute exacerbation of chronic psychiatric illness, or the treatment and rehabilitation of adults who are chronically ill and marginally functional and who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient or aftercare programs. Children and youth partial hospitalization programs are designed for the treatment of adolescents and children 14 years of age or under as either alternatives to inpatient care or as more intensive treatment programs than are afforded by outpatient settings.

(2) Adult partial hospitalization programs may treat adolescents under the age of 14 years when clinically appropriate, and where specialized children and youth partial hospitalization programs are not available. The treatment plan shall specify the appropriateness of this procedure. When adolescents are treated in the adult program, a specialized program appropriate to their needs shall be developed including arrangements for education. Children and youth partial hospitalization programs may treat adolescents 14 years of age and older when clinically appropriate.

**ORGANIZATION****§ 5210.11. Organization and structure.**

The partial hospitalization unit shall be as a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. When the unit is a portion of a larger organizational structure, the director or supervisor of the unit shall be identified and his responsibilities clearly defined. The organizational structure of the unit shall be described in an organizational chart. A written description of all services provided by the unit shall be on file and available to the Department. The Department shall be notified of any major change in the organizational structure or services.

**§ 5210.12. Linkages with other parts of the service system.**

(a) Partial hospitalization program requires a close relationship with an acute psychiatric inpatient service. A written statement as to the availability of these services to patients is required and shall be maintained on file at the facility.

(b) Partial hospitalization program shall also assure linkages with other appropriate treatment and rehabilitative services including emergency services, outpatient services, and vocational rehabilitation programs. A written statement documenting such linkages shall be maintained on file at the facility.

(c) The partial hospitalization program shall participate in the overall system of care as defined in the County Mental Health/Mental Retardation (MH/MR) plan. A letter of agreement with the county program is required specifying the relationship of the partial program with the county program case management system and shall be included in its application for a certificate of compliance.

(d) New partial hospitalization programs or new sites of existing programs established after the effective date of this chapter shall document the need in the proposed service area for the expansion of partial hospitalization services. County MH/MR authorities shall review this documentation and make recommendation to the Department. The Department may deny approval of such expansion where inadequate justification is provided.

#### PARTIAL HOSPITALIZATION—ADULT

##### § 5210.21. Staffing and personnel.

(a) *Program director.* The program director shall be a mental health professional and have a minimum of 2 years of post-graduate clinical experience.

(b) *Staff/patient ratio.* Adult partial hospitalization programs shall have a minimum of one full-time equivalent (FTE) clinical staff member to every six patients. Staff/patient ratio is to be determined on the basis of the designed program capacity, such as, a program with a program capacity of 30 would require five FTE staff. When there are changes in the program capacity, appropriate staffing changes shall be made as required. Staff should be of appropriate disciplines and shall include at least one member, other than program director, who is a mental health professional or one member who is a psychiatric nurse. All clinical staff time devoted specifically to the partial program including that of the program director and medical staff shall be included when calculating patient/staff ratio.

(c) *Psychiatric staff.* Adult partial hospitalization programs shall have a minimum of 2 hours of assigned psychiatric time per week for every five patients of program capacity. This is to ensure adequate care and supervision for patients in the partial hospitalization program.

##### § 5210.22. Psychiatric supervision.

At a minimum, the psychiatric supervision of an adult partial hospitalization program shall be a psychiatrist who shall monitor each treatment plan on a regular basis as defined in § 5210.23 (relating to treatment planning and records) and clinically supervise the treatment of patients.

**§ 5210.23. Treatment planning and records.**

An individualized treatment plan shall be formulated for patients in adult partial hospitalization programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff. The treatment team leader shall be a mental health professional. For patients undergoing involuntary treatment, the treatment team leader shall be a physician or psychologist.

**Cross References**

This section cited in 55 Pa. Code § 5210.22 (relating to psychiatric supervision).

**§ 5210.24. Treatment team.**

(a) The treatment team leader shall assure that staff trained and experienced in the use of the modalities proposed in the treatment plan shall participate in its development, implementation and review.

(b) The treatment team leader is responsible for the implementation and review of the individualized treatment plan, for the coordination of service delivery from other service providers and for the review of progress notes and discharge summary.

(c) The treatment team leader shall ensure that the person in treatment is encouraged to become involved in the treatment planning process.

**§ 5210.25. Contents and review of a comprehensive treatment plan.**

The treatment plan shall include the following:

(1) Be formulated to the extent possible, with the cooperation and consent of the patient, or a person acting on his behalf.

(2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental aspects of the patient's situation.

(3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives.

(4) Be maintained and updated with signed daily notes, and be kept in the patient's medical record or a form developed by the facility.

(5) Be developed within the first 5 days of service and reviewed by the treatment team a minimum of once every 20 days of service to the individual patient and modified as appropriate.

**§ 5210.26. Records.**

(a) Under section 602 of the Mental Health and Mental Retardation Act of 1966 (50 P. S. § 4602) and in accordance with recognized and acceptable principles of patient recordkeeping, the record shall include the following:

(1) Patient identifying informaton.

- (2) Referral source.
  - (3) Presenting problem.
  - (4) Consent forms.
  - (5) Medical, social and developmental history.
  - (6) Diagnosis and evaluation.
  - (7) Treatment plan.
  - (8) Treatment progress notes for each contact.
  - (9) Medication orders.
  - (10) Discharge summary.
  - (11) Referrals to other agencies, when indicated.
- (b) Records shall also be maintained as follows:
- (1) Legible and permanent.
  - (2) Reviewed periodically as to quality by the facility director.
  - (3) Maintained in a uniform manner so that information can be provided in a prompt, efficient, accurate manner and so that data is accessible for administrative and professional purposes.
  - (4) Signed and dated by the staff member writing in the record.
- (c) The facility shall maintain a record on each person admitted to the partial hospitalization program.
- (d) The records shall comply with §§ 5100.31—5100.39 (relating to confidentiality of mental health records).
- (e) Case records shall be kept in locked, protected locations to which only authorized personnel shall be permitted access.

**§ 5210.27. Treatment policies and procedures.**

- (a) Each facility shall have a written plan describing the policies and procedures of the partial hospitalization program. The plan shall provide for:
- (1) The services to be provided and the scope of such services.
  - (2) Intake policy and procedures.
  - (3) Admissions and discharge policies.
  - (4) Policies providing for continuity care for patients.
  - (5) There shall be a planned regular, ongoing program for staff development.

**§ 5210.28. Size of program.**

Adult partial programs shall operate a minimum of 3 full days a week and shall have a minimum program capacity of 15 patients.



**PARTIAL HOSPITALIZATION—CHILDREN AND YOUTH****§ 5210.31. Staffing and personnel.**

(a) *Program director.* The program director shall be a mental health professional with a minimum of 3 years of relevant post-graduate clinical experience including one year experience or training with children and youth mental health programs.

(b) *Staff/patient ratio.* Children and youth partial hospitalization programs require a minimum of one FTE clinical staff member for every five patients, such as, a program with an average daily capacity of 20 would require four FTE staff. Staff/patient ratio shall be prorated on the basis of capacity of the program. When there are changes in program capacity, appropriate staffing changes shall be made as required. Staff shall be of appropriate professional disciplines and shall include at least one member, other than the program director, who is a mental health professional or one member who is a psychiatric nurse. Any clinical staff time devoted specifically to the partial program including that of program director and medical staff shall be calculated in the patient/staff ratio.

(c) *Psychiatric staff.* Children and youth partial hospitalization programs shall have a minimum of 2 hours of assigned psychiatric time per week for every five patients of program capacity.

**§ 5210.32. Psychiatric supervision.**

At a minimum, the psychiatric supervision of a children and youth partial hospitalization program shall be by a psychiatrist who shall monitor each treatment plan on a regular basis as defined in § 5210.33 (relating to treatment planning and records) and clinically supervise the treatment of all patients.

**§ 5210.33. Treatment planning and records.**

An individual treatment plan shall be formulated for all patients in children and youth partial hospitalization programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist and other appropriate staff of the treatment program. The treatment team leader shall be a mental health professional. For patients undergoing involuntary treatment, the treatment team leader shall be a physician or psychologist. Treatment plans shall be reviewed with parents or guardians of persons in children and youth partial programs if appropriate.

**Cross References**

This section cited in 55 Pa. Code § 5210.32 (relating to psychiatric supervision).

**§ 5210.34. Treatment team.**

(a) The treatment team leader shall ensure that staff trained and experienced in the use of the modalities proposed in the treatment plan shall participate in its development, implementation and review.

(b) The treatment team leader is responsible for the implementation and review of the individualized treatment plan, for the coordination of service delivery from other service providers, and for the review of progress notes and discharge summary.

(c) The treatment team leader shall ensure that the child or youth in treatment is encouraged to become increasingly involved in the treatment planning process.

**§ 5210.35. Contents and review of a comprehensive treatment plan.**

(a) The treatment plan shall:

(1) Be formulated to the extent possible, with the cooperation and consent of the patient or a person acting on his behalf.

(2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational, and developmental aspects of the patient's situation.

(3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives and staff assignments.

(4) Be maintained and updated with signed daily notes, and be kept in the patient's medical record on a form developed by the facility.

(b) Treatment plans for children and youth partial hospitalization programs shall be developed within the first 5 days of service and reviewed by the treatment team and psychiatrist a minimum of once every 20 days of service and modified as appropriate. Such modification shall be recorded in the patient's record.

**§ 5210.36. Treatment policies and procedures.**

Each facility shall have a written plan describing the policies and procedures of the partial hospitalization program. The plan shall provide for:

(1) The services to be provided and the scope of such services.

(2) Intake policy and procedures.

(3) Admissions and discharge policies.

(4) Policies providing for continuity of care for patients.

(5) There shall be a regular ongoing program for staff development.

**§ 5210.37. Linkages with educational programs.**

Basic education and, in particular, special education are an essential and required part of service for emotionally disturbed children and youth. By law, such education is to be provided by the Department of Education or its agent. The

education program may be provided at the same site as the partial hospitalization program, but is considered a separate, though complimentary, program and shall not be included as part of the partial hospitalization program for reimbursement purposes.

**§ 5210.38. Size of program.**

Children and youth partial hospitalization programs shall operate a minimum of 3½ days a week and shall have a minimum program capacity of 10 patients.

**§ 5210.39. Patient program.**

Patients in partial hospitalization programs shall receive a minimum of 3 hours of planned treatment programs per hospitalization day. These programs shall emphasize a therapeutic milieu, and include therapeutic, recreational, social and vocational activities, individual, group, or family psychotherapy, psychiatric, psychological and social evaluations, medication evaluations and other activities as determined by the treatment team.

#### MISCELLANEOUS PROVISIONS

**§ 5210.51. Fee schedule.**

Each partial hospitalization program shall maintain a schedule of uniform basic charges for services which is available to all patients. Fee schedules shall be submitted to the Department for information purposes.

**§ 5210.52. Quality assurance.**

All partial hospitalization programs shall have a utilization review and clinical audit process designed to ensure that the most appropriate treatment is delivered to the patient. Patients shall be discharged when the identified benefit, as reflected in the initial evaluation, goals, objectives, and treatment plan has been received.

**§ 5210.53. Physical facility.**

(a) Adequate space, equipment and supplies shall be provided in order that the partial hospitalization services can be provided effectively and efficiently. Functional surroundings shall be readily accessible to the patient and community served.

(b) All space and equipment shall be well maintained and shall meet applicable Federal, State and local requirements for safety, fire and health.

(c) A waiting room which is neat, cheerful and comfortably furnished shall be provided.

(d) There shall be office space for the clinical staff suitably equipped with chairs, desks, tables and other necessary equipment.

(e) There shall be an adequate number of suitably equipped conference rooms to provide for staff conferences and therapy.

(f) There shall be adequate provisions for the privacy of the patient in interview rooms.

(g) The facility shall be appropriate to the age and developmental needs of the persons served.

(h) A partial hospitalization program is defined by its staff and organizational structure rather than by a specific building or facility. It may operate at more than one site if the respective sites meet all physical facility standards and the sites operate as a portion of a total partial hospitalization program. The Department will issue a single certificate of compliance to the parent organization which will list all operational sites.

#### **§ 5210.54. Combined programs.**

Facilities may be certified for different types of programs at the same location; however, such facilities shall have clearly separate programs and shall meet all the staffing and other requirements for the projected program capacity of each program.

#### **§ 5210.55. Notice of nondiscrimination.**

Programs may not discriminate against staff or clients on the basis of age, race, sex, ethnic origin, economic status, sexual preference, or religion and must observe all applicable State and Federal laws and regulations.

#### **§ 5210.56. Other applicable regulations.**

This chapter does not supplant other applicable regulations which apply to mental health facilities in the Commonwealth of Pennsylvania such as 34 Pa. Code Chapters 49—59 and §§ 5100.31—5100.39 and 5100.51—5100.56 (relating to confidentiality of mental health records; and patient rights).

#### **§ 5210.57. Waiver of standards.**

In instances where the development of specialty partial hospitalization program services is severely limited by these standards, such as, rural clinics, a waiver may be granted to a particular standard for a period of 6 months and may be renewed up to 3 times. The waivers can be applied only in areas where the need for the services and the attempts to meet the standards are adequately documented. The waivers are to be considered only in exceptional circumstances and are subject to approval by the Office of Mental Health.

#### **§ 5210.58. Drugs and medications.**

(a) If medication is prescribed or dispensed by the facility, the requirements of applicable Federal and State drug statutes and regulations shall be met.

(b) Written policies and procedures providing for the safe dispensing and administration of drugs by the medical and nursing staff shall be in writing and on file. The policies shall include the following:

- (1) Prescriptions shall be written only by the physician.
- (2) Drugs shall be dispensed only on the order of a physician.
- (3) Drugs shall be kept in a secure place.
- (4) Each dose of medication administered by the facility shall be properly recorded in the patient's medical record.

**Cross References**

This section cited in 55 Pa. Code § 5210.58b (relating to clarification of the term “written”—statement of policy).

**§ 5210.58a. Medication prescription—statement of policy.**

Prescriptions for medications may be written by and dispensed on the order of a certified registered nurse practitioner in partial hospitalization facilities as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners).

**Source**

The provisions of this § 5210.58a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

**Cross References**

This section cited in 55 Pa. Code § 5210.58b (relating to clarification of the term “written”—statement of policy).

**§ 5210.58b. Clarification of the term “written”—statement of policy.**

(a) The term “written” in §§ 5210.58(b)(1) and (2) and 5210.58a (relating to drugs and medications; and medication prescription—statement of policy) includes prescriptions and orders that are handwritten or recorded and transmitted by electronic means.

(b) Written prescriptions transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by an unauthorized person.

**Source**

The provisions of this § 5210.58b adopted August 2, 2013, effective August 3, 2013, 43 Pa.B. 4355.

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(367830) No. 467 Oct. 13

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