## ANNEX A

PROGRAM COMMITMENTS PARTIAL CARE SERVICES	
NAME OF AGENCY:	
CONTRACT NUMBER: TO	
BUD	BUDGET MODIFICATION NO: (0 = Original)
1.	Is the projected average daily attendance in program
2.	Is the physical client capacity of this program
3.	Is the projected active caseload in program
4.	Months are the projected mean length of stay
5.	Residents of public psychiatric hospitals will participate on-site in the programs to prepare for discharge from the hospital
6.	Residents of public psychiatric hospitals will be served at the psychiatric hospitals by staff of this program to prepare for discharge
7.	Staff face-to-face outreach contacts with clients residing in independent living arrangements will be provided
8.	Staff face-to-face outreach contacts with clients residing in boarding homes will be provided
9.	Staff face-to-face outreach contacts with clients residing in nursing homes will be provided
10.	Socialization/recreation group sessions for former or inactive partial care clients will be provided
11.	Total number of new clients enrolled in program
12.	Total units of service will be provided. (SEE NEW DEFINITION ON NEXT PAGE)

## PARTIAL CARE SERVICES

Comprehensive, facility-based, structured, non-residential day treatment mental health services that may reduce the risk of hospitalization and that may include structured support, rehabilitation, relapse prevention, and/or the development of community living skills. Services may include counseling, psychoeducation, medication monitoring and other psychiatric care, prevocational training, direct skills teaching, and recreation and social events, available on a half-day or full-day basis for no fewer than five days per week.

**UNITS OF SERVICE:** Refers to the total count of units of service provided to all partial care clients. The definition of a unit of service is 1 hour = 1 unit; e.g. client attends for 2 hours of partial care services = 2 units of service.

**PHYSICAL CLIENT CAPACITY:** Refers to the space in which the PC/PH is located as limited by legal constraints such as fire codes, as well as what capacity the provider would feel comfortable serving, were resources made available to fund this capacity.