



Sub-Acute Inpatient Programs (SAIP)

PROGRAM DESCRIPTION

Sub-acute psychiatric inpatient treatment is provided 24/7 on an unlocked unit within a hospital or non-hospital facility. Sub-acute psychiatric inpatient treatment represents a less intense intervention than acute inpatient hospitalization but more intensive than partial hospitalization; it can be used as a step-down from an acute level of care or as a direct admission from a crisis response center (CRC) or other assessment site. Sub-acute psychiatric inpatient treatment comprises therapeutic interventions and specialized programming in a controlled environment with a high degree of supervision. Comprehensive services include multi-disciplinary, multi-modal therapies, as well as the use of community resources for planned, purposeful, and therapeutic activities that will encourage the individual's autonomy.

MEDICAL NECESSITY CRITERIA (OMHSAS-approved)

Admission Criteria (must meet criteria I, II, and III)

- I. The individual must have a primary psychiatric diagnosis made by a licensed psychiatrist.
- II. Based on the individual's current condition and past history, there is reasonable expectation that initiation or continuation of sub-acute level of care would eliminate the need for acute inpatient psychiatric treatment.
- III. The individual cannot be treated at a less intensive level of care because of the following (must meet one of the following):
 - A. There is a need for continued programming, monitoring and assessment of the response to treatment following an inpatient stay.
 - B. There is an increase in the severity of the symptoms of illness or a decrease in the level of functioning but not meeting medical necessity criteria for a more acute level of care.
 - C. There is a temporary withdrawal or absence of a primary support system that might result in criteria A or B.

Continued Stay Criteria (must meet criteria I, II, and III)

- I. The individual continues to need the intensity of treatment as defined under the admission criteria.
- II. The individual is actively participating in treatment and discharge planning.
- III. The withdrawal of sub-acute stabilization services may result in the rapid re-occurrence of symptoms or behavior which cannot be managed at a lower intensive level of care.
- IV. Discharge planning must be in progress and must reflect adequate and timely implementation of treatment and supports which are responsive to the person's individual needs.

Discharge Indicators (must meet either criteria I and II, or criterion III)

- I. The individual no longer meets criteria as defined by Admission and Continued Stay Criteria and improvement will not be compromised at a lower level of care.
- II. The individual can safely be discharged to a less restrictive setting with appropriate linkages in place that include living arrangements and readily available follow-up care.
- III. The individual's psychiatric and/or medical condition is such that he/she can no longer be treated safely or effectively at this level of care and needs a more restrictive setting.