



ADULT Acute Psychiatric Inpatient Hospitalization

PROGRAM DESCRIPTION

Acute psychiatric inpatient hospitalization is a highly structured level of care designed to meet the needs of individuals who have emotional and behavioral manifestations that put them at risk of harm to self or others, or otherwise render them unable to care for themselves. Individuals in an acute setting may lack adequate impulse control and the ability to accomplish activities of daily living without significant support. They may have co-occurring substance use, medical conditions, and/or intellectual disabilities. Acute inpatient psychiatric treatment is provided in a locked, secure facility 24/7 by a multidisciplinary team of behavioral health professionals including psychiatrists, psychiatric nurses, and mental health technicians. The goals of psychiatric hospitalization include symptom relief and coordination of care to promote recovery. With daily assessment of risk and ongoing contact with friends, family, and relevant professionals, continuing support plans are developed in preparation for discharge.

Services include:

- Prevention of harm/ destruction of self, others, and/ or property
- Prevention of exacerbation of psychiatric symptoms
- Management of medication with close monitoring and control of side effects
- Clinical interventions to address lack of impulse control, suicidal or homicidal ideation, psychotic state, decrease in functioning, failure to take medication resulting in symptom increase
- Group therapy and psychoeducational groups daily
- Individual and/or family therapy as needed

MEDICAL NECESSITY CRITERIA (Appendix T)

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

A physician has conducted an evaluation and has determined that:

I. The person has a psychiatric diagnosis or provisional psychiatric diagnosis, excluding mental retardation, substance abuse or senility, unless these conditions coexist with another psychiatric diagnosis or provisional psychiatric diagnosis.

and

II. The person cannot be appropriately treated at a less intense level of care because of the need for:

- 24 hour availability of services for diagnosis, continuous monitoring and assessment of the person's response to treatment,
- availability of a physician 24 hours a day to make timely and necessary changes in the treatment plan,
- the involvement of a psychiatrist in the development and management of the treatment program, and
- 24 hour availability of professional nursing care to implement the treatment plan and monitor/ assess the person's condition and response to treatment.
- 24 hour clinical management and supervision,

and

III. The severity of the illness presented by the person meets one or more of the following:

- The person poses a significant risk of harm to self or others, or to the destruction of property.
- The person has a medical condition or illness which cannot be managed in a less intensive level of care because the psychiatric and medical conditions so compound one another that there is a significant risk of medical crisis or instability.
- The person's judgment or functional capacity and capability has decreased to such a degree that self-maintenance, occupational, or social functioning are severely threatened.
- The person requires treatment which may be medically unsafe if administered at a less intense level of care.
- There is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to self, others, or property.

Continued Stay Criteria (must meet criteria I and II)

I. The severity of the illness presented by the person meets one or more of the following:

- Persistence of symptoms which meet admission criteria; or
- development of new symptoms during the person's stay which meet admission criteria; or
- there is an adverse reaction to medication, procedures, or therapies requiring continued hospitalization; or
- there is a reasonable expectation based on the person's current condition and past history, that withdrawal of inpatient treatment will impede improvement or result in rapid decompensation or the re-occurrence of symptoms or behaviors which cannot be managed in a treatment setting of lesser intensity.

and

II. The person continues to need the intensity of treatment defined under Admission Criterion II; and

- a physical examination is conducted within 24 hours after admission; and
- a psychiatrist conducts a psychiatric examination within 24 hours after admission; and
- the person participates in treatment and discharge planning; and
- treatment planning and subsequent therapeutic orders reflect appropriate, adequate and timely implementation of all treatment approaches in response to the person's changing needs.

Discharge Indicators (must meet I or II)

I. The person no longer needs the inpatient level of care because:

- The symptoms, functional impairments and/ or coexisting medical conditions that necessitated admission or continued stay have diminished in severity and the person's treatment can now be managed at a less intensive level of care; and
- The improvement in symptoms, functional capacity and/ or medical condition has been stabilized and will not be compromised with treatment being given at a less intensive level of care; and
- The person does not pose a significant risk of harm to self or others, or destruction of property; and
- There is a viable discharge plan which includes living arrangements and follow-up care

or

II. Inpatient psychiatric treatment is discontinued because:

- A diagnostic evaluation and/ or a medical treatment has been completed when one of these constitutes the reason for admission; or
- The person withdraws from treatment against advice and does not meet criteria for involuntary commitment; or
- The person is transferred to another facility/ unit for continued inpatient care.