Policy/Procedure Statement

Policy No.: UM 10002
Policy: REVISED
Effective Date: 4/23/2013

Dana Lasenby
Reviewed By

Utilization Management (UM)
Department

Approved By: Jeff De Lay, COO
Approval Date: 20 Dec 2014

Subject: Admission and Discharge from In-Patient Psychiatric Hospitalization

I. Policy
   It is the policy of the Detroit-Wayne Mental Health Authority (Authority), to ensure appropriate admission and discharge procedures are available to all consumers seeking inpatient psychiatric admissions.

II. Purpose
   To provide guidance to the Authority’s contractors and subcontractors in the development, implementation and monitoring of policies and procedures specific to prescreening and discharge planning for all consumers requesting inpatient psychiatric admissions.

III. Application
   The Authority, Managers of Comprehensive Provider Networks (MCPN), their Sub-Contractors, Substance Use Disorder Providers and Director Contractors

IV. Definitions
   A. Consumer: An individual who is currently receiving treatment/services/supports within the Authority network of contractors and subcontractors.
   B. Contractor: A legal entity or division of a legal entity, that contracts with the Authority to provide any Community Mental Health (CMH) service as defined by the Authority.
   C. Licensed professional of the healing arts: A clinician who is professionally licensed as a: Registered Nurse (RN), physician (MD), Doctor of Osteopathic Medicine (DO), Psychologist (LP, LLP), Professional Counselor (LPC), Marriage
Family Therapist (MFT), Social Worker (LMSW) and has sufficient experience and expertise to perform the face-to-face assessment required for prescreening consumers seeking inpatient psychiatric admission.

D. **Mental Health Professional (MHP):** An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

1. A physician who is licensed to practice medicine in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
2. A psychologist licensed to practice in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
3. A registered professional nurse licensed to practice in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
4. A licensed master’s social worker licensed to practice in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
5. A licensed professional counselor licensed to practice in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
6. A marriage and family therapist licensed to practice in the State of Michigan under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

E. **Subcontractor:** A legal entity which is contracted to perform all or part of a community mental health service that is the contractual obligation of an Authority contractor 333.18838.

F. **Medical Necessity:** As defined by the Michigan Department of Community Health, refers to mental health (and/or substance use disorder) services that are:

1. Necessary for screening and assessing the presence of a mental illness or substance (use) disorder as defined by standard diagnostic nomenclature of the American Psychiatric Association, (i.e., DSM-V or its successor).
2. Required to identify and evaluate a mental illness or substance use disorder that is inferred or suspected.
3. Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness or substance use disorder and to prevent or delay relapse.
4. Expected to prevent, arrest or delay the development or progression of a mental illness or substance use disorder and to prevent or delay relapse.
5. Designed to provide rehabilitation for the recipient to attain or maintain an optimal level of functioning according to his or her potential, including functioning in important life domains such as daily activities, social relationships, independent living and employment pursuits.
6. Delivered consistent with national professional standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, and/or empirical professional experience.

7. Provided in the least restrictive setting appropriate and available.

G. Prescreening: The process completed by a licensed professional of the healing arts immediately following medical clearance, which is inclusive of a face-to-face assessment, resulting in a disposition to authorize or deny the request for inpatient psychiatric admission. (See Exhibit A & B)

V. STANDARDS

Admission:

MCPNs, their subcontractors and direct contractors shall develop and implement policies, procedures, practices and monitoring activities to ensure that, at a minimum, the standards described below are included:

- Ensure Inpatient pre-admission screening services shall be available 24 hours a day, 7 days per week.
- Ensure medical necessity criteria are consistently utilized to determine the need for inpatient psychiatric hospitalization. (See Exhibit C)
- Ensure consumers seeking inpatient psychiatric admission meet the medical and clinical criteria and are physically available to the licensed professional of the healing arts at the community mental health crisis centers, emergency room or provider agencies for the required face-to-face mental health assessment.
- Ensure the face-to-face assessment is completed for all consumers seeking inpatient psychiatric admission prior to arriving at a disposition which either authorizes or denies inpatient admission.
- Ensure the disposition which authorizes or denies inpatient admission is completed within a three-hour time frame.
- Ensure staff is trained and possesses current knowledge specific to policy and procedures related to the pre-screening process and three-hour disposition.
- Ensure the standardized Authority established pre-screening tool is utilized throughout the contracted provider network and findings submitted into MH-WIN.
- Review a five percent sample of inpatient pre-screenings on a quarterly basis to ensure pre-screen services are appropriately provided and consistently availability 24 hours per day, 7 days per week.

The Authority Shall:

- Ensure MCPN and direct contractor policies and procedures reflect Authority expectations specific to admission and discharge for inpatient psychiatric hospitalizations, including pre-screening and three hour disposition.
- Ensure training is provided to MCPNs and contracted providers specific to admission and discharge procedures for inpatient psychiatric hospitalizations.
• Review pre-screening data submitted into MH-WIN, report findings and implement corrective actions to address any deficiencies identified.

• Ensure on-going quality improvement activities including clinical record reviews and root cause analysis when indicated, to promote effective performance and desired outcomes specific to adherence to the three hour disposition.

Discharge:
MCPNs, their subcontractors, direct contractors shall develop and implement policies, procedures, practices and monitoring activities specific to admission and discharge planning to ensure that, at a minimum, the standards described below are included:

• Ensure hospital liaisons facilitate the submission and coordination of the individual plan of service/person-centered plan with appropriate hospital staff to promote continuity of care.

• Ensure clinical reviews are conducted to determine medical necessity for continued inpatient level of care.

• Ensure discharge planning procedures are coordinated with appropriate hospital staff, including the consumer’s interdisciplinary treatment team.

• Ensure inpatient clinical reviews include evaluation of the consumer’s appropriateness for all less restrictive levels of care and available community resources to address individual/family’s needs and preferences.

• Ensure discharge planning includes coordination with all appropriate systems of care (i.e. primary health care, schools, substance use agencies, etc.).

• Ensure community mental health outpatient appointments are provided, to include consultation with the treating psychiatrist within seven days for all consumers discharged from inpatient psychiatric hospitals.

• Conduct clinical record reviews and on-going monitoring of contracted providers to ensure appropriate discharge planning procedures are consistently implemented.

The Authority Shall:

• Ensure MCPN and direct contractors policies and procedures reflect Authority expectations specific to admission and discharge for inpatient psychiatric hospitalizations, including appropriate discharge planning.

• Ensure training is provided to MCPNs and contracted providers specific to discharge procedures for inpatient psychiatric hospitalizations.

• Ensure on-going quality improvement activities, including clinical record reviews to promote effective performance and desired outcomes specific to coordinated discharge planning.
• Ensure clinical record reviews demonstrate effective coordination with other systems of care as indicated (i.e. primary health care, schools, substance use agencies, etc.).

• Ensure performance monitoring and record review findings demonstrate adherence to the requirement for community mental health outpatient appointments within seven days of discharge

VI. QUALITY ASSURANCE/IMPROVEMENT

The Authority shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The MCPNs, their subcontractor’s and direct contractor’s quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

Agency staff, MCPNs, their subcontractors, direct contractors, and Substance Abuse Coordinating Agencies (CAs) and their subcontractors are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state and county contractual requirements, policies and administrative directives in effect as may be amended.

VIII. LEGAL AUTHORITY AND REFERENCES

The Authority policy refers to the most recent policy at the time of writing:

1. Medical and Psychiatric Advance Directives
2. Individualized Plan of Service/Person-Centered Plan (IPOS/PCP)

IX. EXHIBIT(S)

A. Pre Screen for Inpatient Psychiatric Admission (PAR) form
B. Instructions for Prescreen Inpatient Psychiatric Hospital Admissions
C. Medical Necessity Criteria for Hospitalization
Please Check:

Policy: New ☐ Revised ☒ Annual Review ☐

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>Reviewed By:</th>
<th>Reviewed Date:</th>
<th>Fiscal Year:</th>
</tr>
</thead>
</table>
### Consumer Information

<table>
<thead>
<tr>
<th>Name</th>
<th>AKA (if applicable)</th>
<th>DOB</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>( ) MALE ( ) FEMALE</td>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone No:</th>
<th>Social Security No:</th>
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<tr>
<th>Height:</th>
<th>Weight:</th>
<th>Blood Pressure:</th>
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<table>
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<tr>
<th>MCPN:</th>
<th>Current Out-Patient Provider (if applicable)</th>
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<tr>
<th>Phone No:</th>
<th>Phone No:</th>
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### Primary Guardian Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Guardianship:</th>
<th>Relationship to Consumer:</th>
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</thead>
</table>

<table>
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<tr>
<th>Address:</th>
<th>Phone No:</th>
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</thead>
</table>

### Insurance Type

( ) Medicaid ( ) Healthy Michigan ( ) MI-Child ( ) General Fund ( ) Other:

Insurance ID No:

### TELEPHONIC OR FACE TO FACE ASSESSMENT

**Screening Information**

<table>
<thead>
<tr>
<th>Referral Source:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Recipient</td>
<td>( ) Family</td>
</tr>
<tr>
<td>( ) Physician</td>
<td>( ) MCPN</td>
</tr>
</tbody>
</table>

Name of Screening Location

<table>
<thead>
<tr>
<th>Complete Name and Credentials of Person Completing the PAR</th>
<th>Phone No:</th>
</tr>
</thead>
</table>

Type of Screening

( ) Face To Face ( ) Phone ( ) Other:

<table>
<thead>
<tr>
<th>Date/Time Consumer Came to CMH Screening Center or ER:</th>
<th>Date/Time Consumer Left CMH Screening Center or ER:</th>
</tr>
</thead>
</table>

Date/Time MCPN staff or designee was notified for request Prescreen:
Date/Time consumer is determined to be clinically and medically cleared for screening (start time):

*(Insert Date and Start Time)*

*If it is not possible to start and/or complete due to uncontrolled general medical or psychiatric condition, such as, i.e., uncontrolled hypertension, diabetes, seizures, delirium, intoxication or sedation, active psychosis requiring restraint or medical management, do NOT start the clock.*

**Start Time:** - *When the consumer is clinically, medically, and physically available to the licensed professional of the healing arts (RN, MD, DO, LP, LLP, LPC, LMFT, LMSW) at the emergency room begins the clock for the required face-to-face mental health assessment.*

**Stop Time:** - *When the licensed professional of the healing arts who has the authority, makes the decision whether or not to admit the consumer. After the decision is made, the clock stops but other activities should continue (screening, transportation, arranging for bed, crisis intervention). However, the Authority’s expectation is the clock stops when the authorized MCPN staff or designee determines disposition which approves or denies inpatient admission. Keep in mind, MDCH defines “disposition” to mean the decision was made to refer, or not refer, to inpatient care.*

**Precipitating Factor(s)/Presenting Problem(s):**

<table>
<thead>
<tr>
<th>History of Mental Health Treatment?</th>
<th>If Yes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Yes</td>
<td>o Psychiatric Inpatient</td>
</tr>
<tr>
<td>o No</td>
<td>o Psychiatric Day Treatment</td>
</tr>
<tr>
<td>o Unknown</td>
<td>o Mental Health Out-Patient</td>
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</table>

### DIAGNOSIS

<table>
<thead>
<tr>
<th>Axis I</th>
<th>ICD-9</th>
<th>DSM</th>
<th>Description</th>
<th>Rule Out</th>
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<tbody>
<tr>
<td>Primary</td>
<td></td>
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<td></td>
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<tr>
<td>Secondary</td>
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<tr>
<td>Axis II</td>
<td>Primary</td>
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</tr>
<tr>
<td>Secondary</td>
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<tr>
<td>Axis III</td>
<td>Primary</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axis IV</td>
<td>( ) Economic problems</td>
<td>( )</td>
<td>Problem with primary support group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) Problem accessing healthcare</td>
<td>( )</td>
<td>Problem related to social environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) Education problem</td>
<td>( )</td>
<td>Problem related to interaction with legal system</td>
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<tr>
<td></td>
<td>( ) Occupational problem</td>
<td>( )</td>
<td>Other psychological and environmental problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) Housing problem</td>
<td>( )</td>
<td>Behavior/Personality issues</td>
<td></td>
</tr>
<tr>
<td>Axis V</td>
<td>Current GAF</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Diagnosis Made by: (Complete Name and credentials)
### RISK ASSESSMENT

<table>
<thead>
<tr>
<th>To Self (SI)</th>
<th>With Ideation</th>
<th>With Intent</th>
<th>With Plan</th>
<th>With Means</th>
</tr>
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<tbody>
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Describe:

<table>
<thead>
<tr>
<th>To Others (HI)</th>
<th>With Ideations</th>
<th>With Intent</th>
<th>With Plan</th>
<th>With Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Describe:

Current Attempts?  
- Yes  
- No  
If Yes, ( ) SI or ( ) HI  
Date of Attempt:

Describe:

Prior Attempts?  
- Yes  
- No  
If Yes, ( ) SI or ( ) HI  
Date of Attempt:

Describe:

Other Dangerous or Self Injurious Behaviors  
- Yes  
- No  
Describe:

### PHYSICAL HEALTH

<table>
<thead>
<tr>
<th>Other Pertinent General Medical Condition Information that may impact Treatment?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
If Yes, Describe/Explain:  
Name of Primary Care Physician:  
Phone No:  

### SUBSTANCE ABUSE ASSESSMENT

(List in order of choice beginning with first drug of choice)

<table>
<thead>
<tr>
<th>Type/Name:</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
</table>
Current Consumption:  
Date of Last Use:  
History of Substance Abuse Treatment?  
- Yes  
- No  
- Unknown  
If Yes:  
- Sub-acute Detox  
- Residential  
- Intensive Out-Patient  
- Out-Patient  
Blood Alcohol Level (BAL):  
Drug Screen:  
UDS: ( ) Yes ( ) No  
If Yes, date:
<table>
<thead>
<tr>
<th>If Yes, outcome: ( ) Pending ( ) Negative ( ) Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Positive, for What:</td>
</tr>
</tbody>
</table>

### PRE ADMISSION REVIEW

**Admission: SEVERITY OF ILLNESS CRITERIA MET?**  
(Must meet diagnosis, severity of illness and intensity of service)

- **Yes**
- **No**

**IDICATE WHICH ADMISSION-SEVERITY OF ILLNESS CRITERIA MET?**

- **A. DIAGNOSIS**
- **B. SEVERITY OF ILLNESS (MUST MEET AT LEAST ONE)**
  - 1. PSYCHIATRIC SYMPTOMS
  - 2. DISRUPTION OF CARE
  - 3. HARM TO SELF
  - 4. HARM TO OTHERS
  - 5. DRUG/MEDICAL COMPLICATIONS OR CO-EXISTING MEDICAL OR SAFETY

**Admission: INTENSITY OF SERVICE CRITERIA MET?**

- **Yes**
- **No**

**INDICATE WHICH ADMISSION-INTENSITY OF SERVICE CRITERIA MET**

- 1. CLOSE AND CONTINUOUS SKILLED MEDICAL OBSERVATION AND SUPERVISION ARE NECESSARY TO MAKE SIGNIFICANT CHANGES IN PSYCHOTROPIC MEDICATIONS
- 2. CLOSE AND CONINUOUS SKILLED MEDICAL OBSERVATION IS NECESSARY DUE TO OTHERWISE UNMANAGEABLE SIDE EFFECTS OF PSYCHOTROPIC MEDICATIONS
- 3. CONTINUOUS OBSERVATION AND CONTROL OF BEHAVIOR (E.G. ISOLATION, RETRAIN, CLOSED UNIT, SUICIDAL/HOMICIAL PRECAUTIONS) IS NEEDED TO PROTECT THE CONSUMER, OTHER, AND/OR PROPERTY, OR TO CONTACT THE CONSUMER SO TREATMENT CAN OCCUR

**Name/Credentials of Attending/Treating Physician:**  
**Phone No:**

**Physician’s Recommended Disposition:**

- ( ) Inpatient Admission  
- ( ) Crisis Residential  
- ( ) Crisis Stabilization  
- ( ) Partial Hospitalization  
- ( ) Other:  

**Actual/Finalized Disposition:**

- ( ) Inpatient Admission  
- ( ) Crisis Residential  
- ( ) Crisis Stabilization  
- ( ) Partial Hospitalization  
- ( ) Other:  

**Name of Facility:**

**Facility Phone No:**

**If consumer is admitted for acute in-patient is this a ( ) Voluntary Admission ( ) Involuntary Admission**

**Date and Time Authorized MCPN staff or designee determines disposition which approves or denies inpatient admission.**

**Who Should be contacted for additional discussion including facilitation of transfer:**

**Name:**  
**Phone No:**
Exhibit B
INSTRUCTIONS PRESCREEN INPATIENT PSYCHIATRIC HOSPITAL ADMISSIONS

A. Consumer Information:
1. Enter the consumer’s name, aliases, date of birth and gender
2. Enter the consumer’s home address, phone number and social security number
3. Enter the consumer’s height, weight, blood pressure information
4. Enter MCPN name and Current Out-Patient Provider (if applicable)
5. Enter MCPN phone number and Out-Patient Provider phone number

B. Primary Guardianship Information
1. Record Guardian’s name, and indicate type of guardianship and relationship to consumer if applicable.
2. Enter Guardian’s address and phone number

C. Insurance Type:
1. Check the insurance type: MEDICAID, HEALTHY MI, MICHILD, GENERAL FUND or OTHER INSURANCE
2. Enter Insurance ID number

D. Telephonic or Face to Face Assessment:
1. Check referral source
2. Enter name of where the screening took place
3. Enter complete name and credentials of person completing the form and phone number to contact this person
4. Check type of screening
5. Enter date and time the consumer arrived/entered the CMH Screening Center or Emergency Room and the date and time the consumer physically left the CMH Screening Center or Emergency Room. The timeframe may or may not include the consumer being medically cleared.
6. Enter date and time MCPN staff or designee was notified of request for prescreen
7. Enter date and time of when consumer is clinically and medically cleared for screening to begin which is the start time to determine 3 hour disposition. If is not possible to start or complete due to uncontrolled general medical or psychiatric condition, such as i.e., uncontrolled hypertension, diabetes, seizures, delirium, intoxication or sedation, active psychosis requiring restraint or medical management do not start the clock.

➢ **Start time:** When the consumer is clinically, medically and physically available to the licensed professional of the healing arts (RN, MD, DO, LP, LLP, LPC, LMFT, LMSW) at the CMH crisis center (DRH/UHC, Sinai Grace PIC), MCPN or emergency room begins the required face-to-face mental health assessment.

➢ **Stop time:** The authorized MCPN staff or designee determines the disposition which includes approval or denial of inpatient admission.
8. Document the precipitating factors that lead to the consumer arriving at the CMH Screening Center or Emergency Room. Why now? What are the consumer’s presenting problem(s)?
9. Check whether the consumer has had previous mental health services and if so, check the level/type of care
E. Diagnosis:
1. Enter Primary and Secondary (if applicable) ICD-9 and/or DSM V (or its successor) code number and the complete name. Check if the diagnosis is one to be ruled out. This should be done for Axis I, II and III
   - **Axis I: All psychological diagnostic categories except mental retardation and personality disorder**
   - **Axis II: Personality disorders and mental retardation**
   - **Axis III: General medical condition; acute medical conditions and physical disorders**
2. Check the psychosocial and environmental factors contributing to the consumer's disorder which is **Axis IV**
3. Document the current level of functioning using the Global Assessment of Functioning Scale (GAF) or Children’s Global Assessment Scale for children under the age of 18 for **Axis V**
4. Enter the complete name and credentials of the person determining the diagnosis.

F. Risk Assessment:
1. Check if there is a presence of suicidal ideations/thoughts, intent, plan and/or available means to complete. If any are checked, include a brief description
2. Check if there is a presence of homicidal ideations/thoughts, intent, plan and/or available means to complete. If any are checked, include a brief description
3. Check if the consumer has made a current suicidal and/or homicidal attempts or gestures. If yes, include a description
4. Check if there is a presence of dangerous or self-injurious behaviors and if yes, include a description

G. Physical Health:
1. Check if there are any other important medical conditions that may impact on the consumer’s behavioral health treatment. If yes, include the name and a brief description of the medical condition.
2. Enter the complete name of the consumer’s primary care physician and his/her phone number.

F. Substance Abuse Assessment:
1. List the specific name/type of substance beginning with the consumer’s first drug of choice
2. Document the current pattern for each substance which includes the frequency and amount i.e. cocaine 3-4x/week, about $50 each time
3. Document date and time of last reported use for each substance
4. Check if the consumer has had past substance abuse services and if yes, check the level/type of care
5. Document blood alcohol level if applicable
6. Document whether a urinary drug screen (UDS) was completed and if yes, document the results of the screen
G. PRE-ADMISSION REVIEW (PAR)
1. Check which severity of illness criteria is met for the consumer (refer to Exhibit C)
2. Check which intensity of service criteria is met for the consumer (refer to Exhibit C)
3. Document the complete name and credentials of the attending/treating physician and his/her phone number
4. Check the physician’s recommended disposition (recommended level of care) for the consumer
5. Check the MCPN’s actual/final disposition (level of care) for the consumer and document the name and phone number of the facility where the consumer will be receiving treatment
6. If applicable, check if this is a voluntary or involuntary admission
7. Enter date and time MCPN staff or designee determines disposition which approves or denies inpatient admission. This is the stop time to determine the 3 hour disposition.
8. Document the complete name and phone number of who the receiving facility should contact at the CMH screening center or Emergency Room for additional information and facilitation of transfer.
INPATIENT ADMISSION CERTIFICATION CRITERIA: ADULTS

Inpatient psychiatric care may be used to treat a mentally ill person who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based upon the assumption that the consumer is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria for Admission:

Must meet all three

A. Diagnosis:

The consumer must be suffering from a mental illness, reflected in a primary, validated, DSM V or its successor’s Axis I, or ICD-10 Diagnosis (not including V Codes).

B. Severity of Illness: (signs, symptoms, functional impairments and risk potential):

At least one of the following manifestations is present:

1. Severe Psychiatric Signs and Symptoms
   - Psychiatric symptoms - features of intense cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression) - severe enough to cause seriously disordered and/or bizarre behavior (e.g., catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living so the person cannot function at a lower level of care.

   - Disorientation, seriously impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others.

   - A severe, life-threatening psychiatric syndrome or an atypical or unusually complex psychiatric condition exists that has failed, or is deemed unlikely to respond to less intensive levels of care, and has resulted in substantial current dysfunction.
2. Disruptions of Self-Care and Independent Functioning

- The person is unable to attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living due to psychiatric disorder.

- There is evidence of grave impairment in interpersonal functioning and/or extreme deterioration in the person’s ability to meet current educational/occupational role performance expectations.

3. Harm to Self

- Suicide: Attempt or ideation is considered serious by the intentionally, degree of lethality, extent of hopelessness, degree of impulsivity, level of impairment (current intoxication, judgment, and psychological symptoms), history of prior attempts, and/or existence of a workable plan.

- Self-Mutilation and/or Reckless Endangerment: There is evidence of current behavior, or recent history. There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations.

- Other Self-Injurious Activity: The person has a recent history of drug ingestion with a strong suspicion of overdose. The person may not need detoxification but could require treatment of a substance-induced psychiatric disorder.

4. Harm to Others

- Serious assaultive behavior has occurred, and there is a risk of escalation or repetition of this behavior in the near future.

- There is expressed intention to harm others and a plan and/or means to carry it out and the level of impulse control is non-existent or impaired (due to psychotic symptoms, especially command or verbal hallucinations, intoxication, judgment, or psychological symptoms, such as persecutory delusions and paranoid ideation).

- There has been significant destructive behavior toward property that endangers others.
5. Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care

- The person has experienced severe side effects of atypical complexity from using therapeutic psychotropic medications.

- The person has a known history of a psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the adjustment or re-initiation of medications following discontinued use requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the consumer’s condition or to the nature of the procedures involved.

- There are concurrent significant physical symptoms or medical disorders that necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

Special Consideration: Concomitant Substance Abuse

The underlying or existing psychiatric diagnosis must be the primary cause of the consumer’s current symptoms or represent the reason observation and treatment is necessary in the psychiatric unit or hospital setting.

C. Intensity of Service:

The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least one of the following:

1. Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.

2. Close and continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications.

3. Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) is needed to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur.
4. A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer’s signs and symptoms.

Criteria for Continued Stay:

Severity of Illness criteria for continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

1. the persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs), or
2. the emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs), or
3. that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization, or
4. a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting, documented in daily progress notes by a physician or admitting qualified and credentialed professional.

B. Intensity of Service:

The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least one of the following:

1. Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.
2. Close and continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications.
3. Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) is needed to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur.
4. A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer’s signs and symptoms.
INPATIENT ADMISSION CERTIFICATION CRITERIA: CHILDREN AND ADOLESCENTS

Inpatient psychiatric care may be used to treat a mentally ill/emotionally disturbed child or adolescent who requires care in a 24-hour medically structured and supervised facility. The Severity of Illness (SI)/Intensity of Service (IS) criteria for admission are based on the assumption that the consumer is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective.

Medicaid coverage is dependent upon active treatment being provided at the medically necessary level of care.

Criteria for Admission:

Must meet all three

A. Diagnosis:

The consumer must be suffering from a mental illness, reflected in a primary, validated, DSM-V or its successor’s Axis I, or ICD-10 Diagnosis (not including V Codes).

B. Severity of Illness: (signs, symptoms, functional impairments and risk potential):

At least one of the following manifestations is present:

1. Severe Psychiatric Signs and Symptoms

   - Psychiatric symptoms - features of intense cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression) - severe enough to cause disordered and/or bizarre behavior (e.g., catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living, so the person cannot function at a lower level of care.

   - Disorientation, impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others.

   - Severe anxiety, phobic symptoms or agitation, or ruminative/obsessive behavior that has failed, or is deemed unlikely, to respond to less intensive levels of care and has resulted in substantial current dysfunction.
2. Disruption of Self-Care/Support or Severely Impaired Personal Adjustment

- Consumer is unable to maintain adequate nutrition or self-care due to a severe psychiatric disorder.

- The consumer exhibits significant inability to attend to age appropriate responsibilities, and there has been a serious deterioration/impairment of interpersonal, familial, and/or educational functioning due to an acute psychiatric disorder or severe developmental disturbance.

3. Harm to Self

- A suicide attempt has been made that is serious by degree of lethal intent, hopelessness, impulsivity.
- There is a specific plan to harm self with clear intent and/or lethal potential.
- There is self-harm ideation or threats without a plan that are considered serious due to impulsivity, current impairment or a history of prior attempts.
- There is current behavior or recent history of self-mutilation, severe impulsivity, significant risk taking or other self-endangering behavior.
- There is a verbalized threat of a need or willingness to self-mutilate, or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations.
- There is a recent history of drug ingestion with a strong suspicion of intentional overdose. The person may not need detoxification but could require treatment of a substance-induced psychiatric disorder.

4. Harm to Others

- Serious assaultive behavior has occurred and there is a clear risk of escalation or repetition of this behavior in the near future.
- There is expressed intention to harm others and a plan and means to carry it out; the level of impulse control is non-existent or impaired.
- There has been significant destructive behavior toward property that endangers others, such as setting fires.
5. Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care

- The person has experienced severe side effects of atypical complexity from using therapeutic psychotropic medications.
- The person has a known history of a psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the adjustment or re-initiation of medications following discontinued use requires close and continuous observation and monitoring, and this cannot be accomplished at a lower level of care due to the consumer’s condition or to the nature of the procedures involved.
- There are concurrent significant physical symptoms or medical disorders which necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization, and the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

Special Consideration: Concomitant Substance Abuse

The underlying psychiatric diagnosis must be the primary cause of the consumer’s current symptoms or represent the reason observation and treatment is necessary in the hospital setting.

C. Intensity of Service:

The person meets the intensity of service requirements if inpatient services are considered medically necessary and if the person requires at least one of the following:

1. Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.

2. Close and continuous skilled medical observation is needed due to otherwise unmanageable side effects of psychotropic medications.

3. Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur.

4. A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer’s signs and symptoms.
Criteria for Continued Stay:

Severity of Illness criteria for continued stay.

A. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:

1. the persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs), or
2. the emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs), or
3. that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization, or
4. a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting, documented in daily progress notes by a physician or admitting qualified and credentialed professional.

B. Intensity of Service:

1. Close and continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.

2. Close and continuous skilled medical observation is needed due to otherwise unmanageable side effects of psychotropic medications.

3. Continuous observation and control of behavior (e.g., isolation, restraint, closed unit, suicidal/homicidal precautions) to protect the consumer, others, and/or property, or to contain the consumer so treatment may occur.

4. A comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity and/or the severity of the consumer’s signs and symptoms.