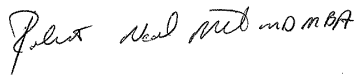


Origination Date: 02/10/09	Revision Date(s): 4/20/10, 06/23/11
Developed By: Medical Criteria Committee	



Approved: **Robert Mills, MD**

Date: 06/23/11

Description:

Acute inpatient mental health treatment is the most intensive level of psychiatric care. Treatment is provided in a 24-hour secure and protected, medically staffed environment with a multimodal approach. Daily evaluations by a psychiatrist; twenty-four hour skilled psychiatric nursing care, medical evaluation, and structured milieu are required. The goal of the inpatient stay is to stabilize the individual who is experiencing an acute psychiatric condition with a relatively sudden onset, severe course, or a marked decompensation due to a more chronic condition. Typically, the individual is an imminent danger to self or others; is grossly impaired; and/or behavioral or medical care needs are unmanageable at any available lower level of care. Active family involvement is important unless clinically contraindicated.

Program Requirements:

Treatment must include the following:

1. Facility is licensed as an acute care general hospital or an acute care freestanding psychiatric hospital. Sub-acute inpatient psychiatric services are not covered (patients appropriate for a sub-acute psychiatric level of care may be treated in a Residential or Partial Hospital Program).
2. Daily psychiatric medical reviews.
3. Discharge planning begins on day of admission.
4. Family sessions, when appropriate, are conducted in a timely manner.
5. The treatment plan is structured to resolve the acute symptoms which necessitated admission in the most time-efficient manner possible, consistent with sound clinical practice.
6. Coordination with relevant outpatient providers.
7. An outpatient appointment with a licensed mental health clinician is scheduled to occur within seven days of discharge whenever feasible.

Criteria for admission:

Authorization for admission is indicated by **ALL** of the following:

1. Patient has been evaluated by a licensed clinician or medical doctor and demonstrates symptoms consistent with a DSM-IV-TR (or most recent edition) Axis I diagnosis which requires immediate therapeutic intervention.
2. All other less restrictive levels of care have been considered and acute inpatient mental health treatment is the least restrictive level of care appropriate to treat the patient.

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3. Patient demonstrates actual or imminent danger to self or others, or is grossly impaired as evidenced by at least **ONE** of the following:
 - a. A suicide attempt or active suicidal ideation that cannot be safely managed at a lower level of care (e.g. suicidal ideation with a plan, intent, and means).
 - b. Recent threats of harm to others, escalating aggressive behavior which indicates possible imminent risk of harm to others, or actual violence/aggressive behavior/harm to others, or active homicidal ideation that cannot be safely managed at a lower level of care (e.g. homicidal ideation with a plan, intent and means).
 - c. Recent life threatening self-mutilation, life threatening risk-taking, or loss of impulse control or significantly impaired judgment resulting in danger to self or others.
 - d. Command hallucinations directing harm to self or others.
 - e. Disorganized, psychotic, or bizarre behavior that severely compromises the patient's ability to function at a lower level of care.
 - f. Severe or life-threatening side effects from the use of psychotropic medications.
 - g. Severe impairment in interpersonal, social, occupational, and/or educational functioning that can only be addressed in an acute inpatient mental health setting.

Criteria for continued care:

Continued authorization is indicated by **ALL** of the following:

1. Patient continues to meet admission criteria for inpatient care.
2. Patient has not progressed enough in treatment to be safely moved to a lower level of care.
3. The treatment team continues to meet regularly to establish progress toward goals set forth at the time of admission. Progress is documented, but goals have not yet been achieved, or adjustments to the treatment plan are being made.
4. Appropriate discharge plan is being developed.

Information to be Submitted with Pre-Authorization Request:

1. Multi-axial diagnosis, symptoms, and functional impairment;
2. Relevant biopsychosocial and treatment history;
3. Alcohol and other drug use history, if any;
4. Current medical status ;
5. Current medications;
6. Risk assessment;
7. Treatment plan;
8. Specific goals for stabilization; and
9. Plan for outpatient follow-up following discharge.

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Discharge Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Treatment goals and objectives have been substantially met.
2. The patient no longer meets admission criteria.
3. The patient meets criteria for a less restrictive level of care.
4. The patient's physical condition necessitates transfer to a medical facility.

References:

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Kazdin, Alan E. (Ed). (2000). Encyclopedia of psychology, Vol. 4. (pp. 300-304). Washington, DC, US: American Psychological Association; Oxford University Press. 508 pp.

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