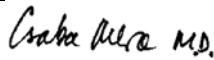


Origination Date: 02/10/09	Revision Date(s):
Developed By: Medical Criteria Committee	

Approved:



Date: 02/10/09

Csaba Mera, MD

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. 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 poses a significant danger to self or others, or displays an inability to engage in self-care. Active family involvement is important unless clinically contraindicated.

Criteria for admission:

1. Patient has been evaluated by a licensed clinician and demonstrates symptoms consistent with a DSM-IV-TR (or most recent edition) Axis I diagnosis which requires immediate therapeutic intervention.
and
2. All other least restrictive levels of care have been considered and inpatient mental health is the least restrictive level of care available to treat the patient.
or
3. Patient demonstrates actual or potential danger to self or others, or an inability to engage in self-care, as evidenced by at least **ONE** of the following:
 - a. A suicide attempt, or suicidal ideation that cannot be safely managed at a lower level of care (e.g. suicidal ideation with a plan and means).
 - b. Recent threats of harm to others or escalating aggressive behavior.
 - c. Recent self-mutilation (non-chronic), significant risk-taking, or loss of impulse control resulting in danger to self or others.
 - d. Command hallucinations directing harm to self or others.
 - e. Disorganized or bizarre behavior that interferes with the patient's ability to function at a lower level of care.
 - f. Inability to maintain adequate nutrition or self-care due to a psychiatric disorder.
 - g. Severe or life-threatening side effects from the use of psychotropic medications.
 - h. Severe impairment in interpersonal, social, occupational, and/or educational functioning that can only be addressed in an inpatient mental health setting.

Continued stay criteria:

1. Patient continues to meet admission criteria for inpatient care. Patient has not improved enough to be safely moved to a lower level of care.
and
2. 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.
and

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3. Family sessions, when appropriate, are conducted in a timely manner.
and
4. Treatment is carefully structured to achieve optimum results in the most time-efficient manner possible consistent with sound clinical practice.
and
5. Coordination with relevant outpatient providers is implemented.

Information to be Submitted with Pre-Authorization Request:

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

Discharge Criteria:

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

References:

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- Fontanella, C. (2008). The influence of clinical, treatment, and healthcare system characteristics on psychiatric readmission of adolescents. *American Journal of Orthopsychiatry*. 78(2): 187-198.
- Kazdin, Alan E. (Ed). (2000). Encyclopedia of psychology, Vol. 4. (pp. 300-304). Washington, DC, US: American Psychological Association; Oxford University Press. 508 pp.