

Inpatient Mental Health

Date of Origin: 02/10/2009

Last Review Date: 10/2020

Effective Date: 11/1/2020

Dates Reviewed: 04/2010, 06/2011, 05/2012, 05/2013, 05/2014, 05/2015, 07/2016, 07/2017, 07/2018, 07/2019, 10/2020

Developed By: Medical Necessity Criteria Committee

I. 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.

The following criteria are intended as a guide for establishing medical necessity for the requested level of care. They are not a substitute for clinical judgment, and should be applied by appropriately trained clinicians giving consideration to the unique circumstances of each patient, including co-morbidities, safety and supportiveness of the patient's environment, and the unique needs and vulnerabilities of children and adolescents.

II. Criteria: CWQI BHC-0005

A. Program Requirements:

Treatment must include **ALL** of the following:

1. Facility is licensed as an acute care general hospital or an acute or subacute care freestanding psychiatric hospital.
2. Daily psychiatric medical reviews for an acute care hospital or weekly psychiatric medical reviews for a subacute hospital.
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.

B. Admission Criteria:

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 of a psychiatric illness which requires immediate therapeutic intervention.
2. All other less restrictive levels of care have been considered and inpatient mental health treatment is the least restrictive level of care appropriate to treat the patient.
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, and results in impaired judgment which puts the patient at risk.
 - 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.

C. Continued Care Criteria:

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

1. Patient continues to demonstrate actual or imminent danger to self or others; or is grossly impaired, disorganized, or psychotic resulting in severely compromised ability to function at a lower level of care.
2. Patient has not progressed enough in treatment to be safely and effectively treated at a lower level of care.
3. The treatment team continues to meet regularly to review progress toward goals set forth at the time of admission. Progress is documented, but goals have not yet been achieved, or a recent treatment plan change is reasonably expected to resolve a lack of progress.
4. Appropriate discharge plan is being developed including timely mental health treatment at a lower level of care.

D. Discharge Criteria:

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

1. The patient no longer demonstrates actual or imminent danger to self or others; is no longer grossly impaired, disorganized, or psychotic; and can safely function at a lower level of care.
2. The patient can be treated safely and effectively at a less restrictive level of care.
3. The patient is no longer making progress at the current setting or level of care (unless a recent treatment plan change is reasonably expected to resolve the lack of progress).
4. Treatment goals and objectives appropriate to the inpatient level of care have been met.
5. The patient’s physical condition necessitates transfer to a medical facility.

III. Information Submitted with the Prior Authorization Request:

1. Diagnosis, symptoms, and functional impairment;
2. Relevant biopsychosocial and treatment history;
3. Alcohol and other drug use history, or assessment;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Specific goals for stabilization;
8. Current behavioral health providers;
9. Plan for outpatient follow-up following discharge;
10. Patient’s home or contact phone number
11. Faxed copy of initial psychiatric evaluation and/or History & Physical may be required.

IV. Annual Review History:

Review Date	Revisions	Effective Date
05/2013	Annual Review: Added table with review date, revisions, and effective date. Added termination criteria for not making progress, removed reference to DSM-IV.	05/2013
05/2014	Annual Review.	05/2014
05/2015	Annual Review. Added description of custodial care. Added program requirements for subacute inpatient treatment.	05/2015
07/2016	Annual Review.	07/2016
07/2017	Annual Review. Updated description of custodial care.	07/2017
07/2018	Annual Review. No changes	09/2018
07/2019	Annual Review. Added statement regarding application of the criteria. Minor clarifications.	09/2019
10/2020	Annual Review. No changes.	11/2020

V. References

1. American Psychiatric Association. (2003). Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors. 30-33.
2. Bisconer, S, Gross, D. (2007). Assessment of suicide risk in a psychiatric hospital. *Professional Psychology: Research and Practice*. 38(2): 143-149.
3. Coleman, J, Paul, G, Schatschneider, C. (2007). Impact of staff attention on predicting post-discharge community tenure of psychiatric inpatients. *Psychological Services*. 4(4): 306-315.
4. 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.
5. Kazdin, Alan E. (Ed). (2000). Encyclopedia of psychology, Vol. 4. (pp. 300-304). Washington, DC
6. US: American Psychological Association; Oxford University Press. 508 pp