Hospital Services

Service Name	ADULT SUBACUTE INPATIENT HOSPITALIZATION
Funding Source	Medicaid Behavioral Health Services (For committed individuals only)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital
Basic Definition	The purpose of subacute care is to provide further stabilization, engage the individual in comprehensive treatment, rehabilitation and recovery activities, and transition them to the least restrictive setting as rapidly as possible.
Service Expectations	• Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's (applicant or recipient) need for care in the hospital (**42 CFR 456.170)** • Before admission or prior to authorization for payment, a multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians as per (**42 CFR 456.170)** • Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must establish a written plan of care for the individual (**42 CFR 456.180)** which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), • Screening for substance use/abuse conducted as needed, and addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process • Plan of care reviews under the direction of the physician should be conducted at least every 3 days, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and individual served as appropriate; and complete interdisciplinary team meetings under the direction of the physician during the episode of care and as often as medically necessary, to include the essential treatment team, individual served, family, and other team members and supports as appropriate. Updates to the written plan of care should be made as often as medically indicated. • Psychiatric nursing interventions are available to patients 24/7 • Multimodal treatments available/provided to each patient daily, seven days per week beginning at admission • 35-42 hours of active treatment available/provided to each client weekly, seven days per week • Educational, pre-vocational, psycho-social skill building, nutrition, daily living skills, relapse prevention skills, medication education • Medication management • Face to Face service with a psychiatrist three (3) or more times weekly • Individual (2X weekly), group (3X weekly), minimally, and family therapy (as appropriate) • Psychological services as needed • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical

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	• Laboratory and other diagnostic services as needed • Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual • A written Utilization Review Plan for medical care evaluation studies as outlined in (**42 CFR 456.142)** • Therapeutic passes planned as part of individual's transitioning to less restrictive setting
Length of Services	A number of days to a number of weeks driven by the medical necessity for a client to remain at this level of care.
Staffing	**Special Staff Requirements for Psychiatric Hospitals as per (42 CFR 482.62)** • Medical Director (Boarded or Board eligible Psychiatrist) • Psychiatrist (s) and/or Physicians (s) • APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist) • Director of Psychiatric Nursing APRN or RN with psychiatric experience • LMHP,LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure) • RN(s) and APRN(s) (psychiatric experience preferable) • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)
Staffing Ratio	See (**42 CFR 482.62)** • Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served. • RN availability must be assured 24 hours each day. • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.
Hours of Operation	24/7
Desired Individual Outcome	• Symptoms are stabilized and the individual is able to be treated at a less intensive level of care • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • The individual can safely maintain in a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day