Hospital Services

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
Funding Source	Medicaid Behavioral Health (For committed individuals only)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital
Basic Definition	An Acute Inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to individuals with a DSM (current version) diagnosis and/or co-occurring disorder experiencing an acute exacerbation of a psychiatric condition. The Acute Inpatient setting is equipped to serve patients at high risk of harm to self or others and in need of a safe, secure, lockable setting. The purpose of the services provided within an Acute Inpatient setting is to stabilize the individual's acute psychiatric conditions.
Program Expectations	• Before admission to the inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's 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)** • Screening for substance use/abuse conducted as needed • Before admission to the 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 the discharge plan components (consider community, family and other supports), • Plan of care reviews under the direction of the physician should be conducted at least daily, 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 • Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate • Face-to-face service with the physician (psychiatrist preferred), or APRN, 6 of 7 days • Psychological services as needed • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical,

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	therapeutic activities • 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)**
Length of Services	A number of days driven by the medical necessity for a patient 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 no longer meets clinical guidelines acute care • Sufficient supports are in place and individual can move to a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day