

MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:

Community Inpatient-Board Managed Local Hospital/Level II Service

SERVICE DESCRIPTION: This service is defined as All Inclusive Room and Board, plus Ancillaries. The PIHP is responsible for timely screening and authorization/certification of requests for admission, notice and provision of several opinions, and continuing stay for inpatient services. Screening takes place when the PIHP has sufficient information to make a determination of the most appropriate services for the beneficiary. The screening may be provided on-site, face-to-face, or by telephone. Authorization/certification takes place when the PIHP has screened the beneficiary and has approved the services requested. The telephone screening must be followed up by the written certification. Inpatient psychiatric care may be used to treat a person with Mental Illness or Serious Emotional Disturbance, who requires care in a 24 hour medically structured and supervised facility. The established criteria detailed below is based on the assumption that the individual is displaying signs/symptoms of a serious psychiatric condition, demonstrating functional impairments and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be **Unsafe or Ineffective**.

STANDARD PROCEDURE CODE: 0100

UNIT OF MEASURE: Day (**Beneficiary MUST be present at midnight)

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a current severe mental illness or serious emotional disturbance, meeting requirements for specialty services, (which may be co-existing with a developmental disability or Substance use Disorder) as defined in the Practice Guidelines/Eligibility Chapter for the specific population within this manual.
2. This service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” located in the Thumb Alliance Guiding Principles chapter for specific criteria)
3. The following concepts should be employed when making determinations for this level of care (for all populations):
 - a) Severity of Illness: the nature and severity of the signs, symptoms, functional impairments and **risk potential** related to the beneficiary’s psychiatric condition
 - b) Intensity of Service: the setting of care, types, and frequency of needed services and supports, and the degree of restrictiveness necessary to **safely and effectively** treat the beneficiary.

- c) Current Primary psychiatric diagnosis is required
4. A beneficiary exhibiting a psychiatric disturbance in the context of **current active substance use or intoxication may require acute detoxification services before an accurate assessment of the need for psychiatric inpatient services can be made**--- careful consideration should be made regarding whether the beneficiary's immediate treatment needs are **primarily medical** (i.e.: life-threatening substance-induced toxic condition) or **psychiatric**.
5. Inpatient Eligibility Criteria for Adults:
- a) **Current Psychiatric Diagnosis:** meeting criteria as established in the current version of the DSM **Axis I** or ICD diagnosis (not including V codes)
- b) **Severity of Illness** (includes signs, symptoms, functional impairments, and risk potential):
- * At least **ONE** of the following must be present:
 - * **Severe Psychiatric Signs and Symptoms*:**
 - ... Psychiatric Symptoms: Intense cognitive/perceptual/affective disturbances (hallucinations, delusions, extreme agitation, profound depression) severe enough to cause seriously disordered and/or bizarre behavior (catatonia, mania, incoherence) or prominent psychomotor retardation, resulting in extensive interference with activities of daily living, so that the person cannot function at a lower level of care.
 - ... Disorientation, seriously impaired reality testing, defective judgment, impulse control problems and/or memory impairment severe enough to endanger the welfare of the person and/or others.
 - ... A severe, life-threatening psychiatric syndrome or an atypical complex psychiatric condition exists that has failed, or is deemed unlikely, to respond to less intensive levels of care and has resulted in substantial current dysfunction.
 - * **Disruptions in Self-Care and Independent Functioning*:**
 - ... Person is unable to attend to basic self-care tasks and/or to maintain adequate nutrition, shelter, or other essentials of daily living due to psychiatric disorder.
 - ... Evidence of serious disabling impairment in interpersonal functioning (i.e.: withdrawal from relationships, repeated conflicts with family, employer, co-workers, neighbors) and/or extreme deterioration in the person's ability to meet current educational/occupational role performance expectations.

* **Harm to Self*:**

- ... Suicidal behavior: attempts or ideations are considered serious by the intention, degree of lethality, extent of hopelessness, degree of impulsivity, level of impairment (ie: intoxication, judgment), history of prior attempts, and/or existence of a workable plan.
- ... Self-Mutilation/Reckless Endangerment: current behavior or recent history; verbalized threat of a need or willingness to self-mutilate or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations.

* **Harm to Others”:**

- ... Serious assaultive behavior has occurred and there is a risk of escalation or repetition of this behavior in the near future.
- ... There is expressed intention to harm others and a plan and/or means to carry it out, and the level of impulse control is non-existent or impaired.
- ... Significant destructive behavior toward property that endangers others.

* **Drug/Medication Complications or Co-Existing General Medical Conditions Requiring Care*:**

- ... Person has experienced severe side effects from using therapeutic psychotropic medications.
- ... Person has a known history of psychiatric disorder that requires psychotropic medication for stabilization of the condition, and the administration, adjustment, or reinitiation of medications requires close and continuous observation and monitoring, **And** this cannot be accomplished at a lower level of care due to the beneficiary’s condition or to the nature of the procedures involved.
- ... Concurrent significant physical symptoms or medical disorders which necessitate evaluation, intensive monitoring, and/or treatment during medically necessary psychiatric hospitalization, **And** the co-existing medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

c) **Intensity of Service:** Inpatient services must be medically necessary for the beneficiary’s treatment/diagnosis **AND** the person must require at least **ONE** of the following:

- * Close/Continuous skilled medical observation and supervision are necessary to make significant changes in psychotropic medications.
- * Close/Continuous skilled medical observation is necessary due to otherwise unmanageable side effects of psychotropic medications.
- * Continuous observation/control of behavior (i.e.: isolation, restraint/suicidal/homicidal precautions) is needed to protect the beneficiary, others, and/or property, or to contain the beneficiary so that treatment may occur.

- * Comprehensive multi-modal therapy plan is needed, requiring close medical supervision and coordination, due to its complexity.

6. Inpatient Eligibility Criteria for Children through Age 21:

a) **Diagnosis:** current validated DSM Axis I diagnosis or ICD diagnosis (not including V codes)

b) **Severity of Illness** (signs/symptoms/functional impairments/risk potential): At least **One** of the following Must be Present----

* **Severe Psychiatric Signs/Symptoms*:**

- ... Psychiatric symptoms: intense cognitive/perceptual/affective disturbance (hallucinations, delusions, extreme agitation, profound depression), severe enough to cause disordered and/or bizarre behavior or prominent psychomotor retardation, resulting in extensive interference with activities of daily living, so that the person cannot function at a lower level of care.
- ... Disorientation, impaired reality testing, impaired judgment, impulse control problems and/or memory problems severe enough to endanger the welfare of the person and/or others.
- ... Severe anxiety, phobic symptoms or agitation, or ruminative/obsessive behavior that has failed, or is deemed unlikely, to respond to less intensive levels of care and has resulted in substantial current dysfunction.

* **Disruptions of Self-Care and Independent Functioning*:**

- ... Beneficiary is unable to maintain adequate nutrition or self care due to a severe psychiatric disorder.
- ... Beneficiary exhibits significant inability to attend to age-appropriate responsibilities and there has been a serious deterioration/impairment of interpersonal, familial, and/or educational functioning due to an acute psychiatric disorder.

* **Harm to Self*:**

- ... Suicide attempt has been made which is serious by degree of lethal intent, hopelessness, or impulsivity.
- ... Specific plan to harm self with clear intent and/or lethal potential.
- ... Self-harm ideation or threats without a plan, which are considered serious due to impulsivity, current impairment or history of prior attempts.
- ... Current behavior or recent history of self-mutilation, severe impulsivity, significant risk-taking or other self-endangering behavior.
- ... Verbalized threat of a need or willingness to self-mutilate or to become involved in other high-risk behaviors; and intent, impulsivity, plan and judgment would suggest an inability to maintain control over these ideations.
- ... Recent history of a drug ingestion with strong suspicion of intentional overdose

* **Harm to Others*:**

- ... Serious assaultive behavior has occurred and there is a clear risk of escalation or repetition of this behavior in the near future.
- ... There is expressed intention to harm others and a plan and means to carry it out; the level of impulse control is non-existent or impaired.
- ... Significant destructive behavior toward property that endangers others, such as fire setting.
- ... Person has experienced side effects from using therapeutic psychotropic medications.

* **Drug/Medication Complications or Co-Existing General Medical Condition Requiring Care:**

- ... Person has known history of psychiatric disorder that requires psychotropic medication for stabilization of the condition **AND** the administration, adjustment or reinitiation of medications requires close and continuous observation/monitoring **AND** this cannot be accomplished at a lower level of care due to the beneficiary's condition or to the nature of the procedures involved.
- ... Concurrent significant physical symptoms/medical disorders which necessitate evaluation, intensive monitoring and/or treatment during medically necessary psychiatric hospitalization **AND** the co-existing general medical condition would complicate or interfere with treatment of the psychiatric disorder at a less intensive level of care.

c) **Intensity of Service:**

- * Inpatient Services Must be Medically Necessary and the person must require at least **ONE** of the following:
 - ... Close/continuous skilled medical observation/supervision are necessary to make significant changes in psychotropic medications.
 - ... Close/continuous skilled medical observation is needed due to otherwise unmanageable side effects of psychotropic medications.
 - ... Continuous observation/control of behavior (ie: isolation, restraint, suicidal/homicidal precautions) to protect beneficiary, others, and/or property, **OR** to contain the beneficiary so that necessary treatment may occur.

PROVIDER QUALIFICATIONS: 24 hour secured hospital setting with access to a psychiatrist

TYPICAL SERVICE UTILIZATION PATTERN:

1. See above eligibility criteria for initial certification for admission to inpatient psychiatric services.
2. Continuing Stay Criteria: Adults, Adolescents and Children:
 - a. Services must be reviewed at regular intervals (minimally every 1-3 days) to assess current status of the treatment progress and to determine the continued necessity for care in an inpatient setting (given the above eligibility criteria).
 - b. *****Treatment within an inpatient setting is directed at STABILIZATION of incapacitating signs or symptoms, extinguishment of severely disabling functional impairments, arrestments of potentially life-threatening self/other harm inclinations, management of adverse biologic reactions to treatment AND/OR regulation of complicated medication situations.**
 - c. Continuing stay reviews should assess the efficacy of the treatment regimen in addressing these above concerns and determine whether the inpatient setting/level of care remains the **most appropriate, least restrictive, level of care for the treatment of the beneficiary's problems and impairments.**
 - d. Specific criteria to consider when requesting a continued stay:
 - * Beneficiary continues to meet **AXIS I** diagnosis.
 - * **Persistence/Intensification** of signs/symptoms/impairments, which **necessitated original admission to this level of care.**
 - * Continued significant disturbance in judgment, behavior, perception.
 - * Continued significant self/other harm/risk.
 - * Use of psychotropics/change in regimen requires continued skilled observation/monitoring.
 - * Emergence of New signs/symptoms/impairments/medication complications meeting admission criteria.
 - * Continued close observation/medical supervision is required, due to severity of signs/symptoms, control of risk behaviors or to manage biologic/medication complications.
 - * **Active/timely treatment is directed toward stabilizing/diminishing symptoms at admission.**
 - * Beneficiary making marked progress with measurable reductions in signs/symptoms, impairments, harm inclinations, or biologic/medication complications.
 - * **If no progress is being made, with regard to above, there must be a modification of the treatment plan and therapeutic program and there is a reasonable expectation of a positive response to amended course of treatment.**
3. **Typical length of stay at this level of care is 3-5 days**

4. Discharge Planning **MUST Begin** at the Onset of treatment in the inpatient unit:
 - a. Authorization may **Not** occur for continued stays that are due **Solely** to placement problems or the unavailability of aftercare services
 - b. The inpatient unit must assure that follow-up/after-care appointments are scheduled to take place **within 7 days of discharge from the inpatient unit**
 - c. *****Best practice would be to further follow-up and ensure beneficiary made appointment as scheduled and make necessary outreach**

ASSOCIATED OUTCOMES:

- * Stabilization of incapacitating signs/symptoms of illness
- * Extinguishment of severely disabling functional impairments
- * Arrestment of potentially life-threatening self/other harm inclinations
- * Management of adverse biologic reactions to treatment
- * Regulation of complicated medication circumstances
- * Increased/Stabilized Health and Safety