Acute Inpatient

An acute inpatient unit is a secured and structured hospital-based service that provides 24- hour nursing care and monitoring, assessment and diagnostic services, treatment, and specialty medical consultation services with an urgency that is commensurate with the member's current clinical need. Any ONE of the following criteria must be met:

1. The symptoms of a mental health condition require immediate care and treatment to avoid jeopardy to life or health. Examples include the following:

    a. The member is at imminent risk of harm to self or others as evidenced by, for example:

        i. The member has made a recent and serious suicide attempt;

        ii. The member is exhibiting current suicidal ideation with intent, realistic plan and/or available means, or other serious life threatening, self- injurious behavior(s);

        iii. The member has recently exhibited self-harm that is medically significant and/or potentially dangerous;

        iv. The member has made recent and seriously physically destructive acts that indicate a high risk for recurrence and serious injury to self of others; or

    b. There has been a deterioration in the member's psychological, social, occupational/educational, or other important area of functioning, and the member is unable to care for him/herself safely and adequately; or

    c. There is an imminent risk that severe, multiple and/or complex psychosocial stressors will produce enough distress or impairment in psychological, social, occupational/educational, or another important area of functioning to undermine treatment at a lower level of care; or

    d. The member has a co-occurring medical disorder or substance use disorder which complicates treatment of the presenting mental health condition to the extent that 24-hour management is necessary.

And all of the following:

1. Within 24 hours of admission, the following should occur:

    a. The prescribing provider evaluates the member.

    b. The prescribing provider and, whenever possible, the member do the following:

        i. Develop a treatment plan;

        ii. Project a discharge date; and

        iii. Develop an initial discharge plan.

c. The parent/guardian of a child/adolescent member is contacted to discuss participation in treatment planning and discharge planning when such participation is essential and clinically appropriate.

2. Within 48 hours of admission, the following should occur:

   a. With the member's documented consent, an adult member's family/social supports are contacted to discuss participating in treatment and discharge planning when such participation is essential and clinically appropriate.

   b. The member's outpatient provider is contacted to obtain information about the member's presenting condition and response to treatment.

   c. A meeting with the parent/guardian of a child/adolescent member occurs unless participation in treatment by the parent/guardian is clinically contraindicated. At least one follow- up meeting with the parent/guardian should occur prior to discharge.

3. The prescribing provider provides daily documented visits with the member if medication management or the management of a co-occurring medical condition is part of the treatment plan.

4. The prescribing provider and, whenever possible, the member update the treatment plan at least every 2 days in response to changes in the member's condition, or provide compelling evidence that continued treatment in the current level of care is required to prevent acute deterioration or exacerbation of the member's current condition.

   a. Treatment in an acute inpatient setting is not for the purpose of providing custodial care. Custodial care in an acute inpatient setting involves the implementation of clinical or non-clinical services that do not seek to cure, or which are provided during periods when the member's mental health condition is not changing or does not require trained clinical personnel to safely deliver services. Examples of custodial care include respite services, daily living skills instruction, days awaiting placement, activities that are social and recreational in nature, and interventions that are solely to prevent runaway/truancy or legal problems. Custodial care is characterized by the following:

      i. The member's presenting signs and symptoms have been stabilized, resolved, or a baseline level of functioning has been achieved;

      ii. The member is not responding to treatment or otherwise is not improving;

      iii. The intensity of active treatment provided in an acute inpatient setting is no longer required or services can be safely provided in a less intensive setting.

   b. Treatment in an acute inpatient setting is for the active treatment of a mental health condition. Active treatment is a clinical process involving 24-hour care that includes assessment, diagnosis,

intervention, evaluation of care, treatment and planning for discharge and aftercare. Active treatment is indicated by services that are all the following:

i. Supervised and evaluated by a physician;

ii. Provided under an individualized treatment or diagnostic plan;

iii. Reasonably expected to improve the patient's condition or are for the purpose of diagnosis;

iv. Unable to be provided in a less restrictive setting; and are

v. Focused on interventions that are based on generally accepted standard medical practice and are known to address the critical presenting problem(s), psychosocial issues and stabilize the member's condition to the extent that the member can be safely treated in a lower level of care.

5. The prescribing provider and, whenever possible, the member update the initial discharge plan in response to changes in the member's condition so that an appropriate discharge plan is in place prior to discharge. Whenever possible, the treatment team should review the discharge plan with the provider at the next level of care prior to discharge. The final discharge plan should be provided to the Care Advocate at least 24 hours prior to the anticipated date of discharge.

6. The discharge plan must include all the following:

   a. The anticipated discharge date.

   b. The level and modalities of post-discharge care including the following:

      i. The next level of care, its location, and the name(s) of the provider(s) who will deliver treatment;

      ii. The rationale for the referral;

      iii. The date and time of the first appointment for treatment as well as the first follow up psychiatric assessment. The first appointment should be within 7 days of discharge;

      iv. The recommended modalities of care and the frequency of each modality;

      v. The names, dosages and frequencies of each medication, and a schedule for appropriate lab tests if pharmacotherapy is a modality of post- discharge care

      vi. Linkages with peer services and other community resources.

   c. The plan to communicate all pertinent clinical information to the provider(s) responsible for post-discharge care, as well as to the member's primary care provider as appropriate.

d. The plan to coordinate discharge with agencies and programs such as the school or court system with the member has been involved, when appropriate and with the member's documented consent.

e. A prescription for a supply of medication sufficient to bridge the time between discharge and the scheduled follow-up psychiatric assessment.

f. Confirmation that the member or authorized representative understands the discharge plan.

g. Confirmation that the member was provided with written instruction for what to do in the event that a crisis arises prior to the first follow-up appointment.

Continuation of Stay:

ALL of the following criteria must be met:

1. The criteria for the current level of care continue to be met.
   AND

2. The treatment plan continues to include evidence-based treatments which are aimed at achieving specific and realistic goals and are of sufficient intensity to address the member's specific and realistic goals and are of sufficient intensity to address the member's condition and support the member's recovery/resiliency. When the diagnosis is a substance use disorder, referral to an age-appropriate sobriety support group and use of an accountability partner such as a sponsor have been considered.
   AND

3. When clinically indicated, the provider and the member assess the need to create or update the member's advance directive.
   AND

4. When clinically indicated, the member's family/social supports actively participate in the member's treatment.
   a. The member's documented consent is required when the member is of legal age or status.

   AND

5. There continues to be evidence that the member is receiving active treatment, and there continues to be a reasonable expectation that the member's condition will improve further. Lack of progress is being addressed by an appropriate change in the member's treatment plan, and/or an intervention to engage the member in treatment.
   AND

6. The member's current symptoms and/or history provide evidence that relapse or a significant deterioration in functioning would be imminent if the member was transitioned to a lower level of care or, in the case of outpatient care, was discharged.

Level of Care Guidelines
Acute Inpatient
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