

Subacute Inpatient MH - Adult

Definition

Subacute Inpatient hospital psychiatric services are medically necessary short-term psychiatric services provided to a client with a primary psychiatric diagnosis or co-occurring disorder experiencing an exacerbation of their condition. The Subacute Inpatient setting is equipped to serve patients at some risk of harm to self or others and in need of a safe, secure, setting that is family centered, recovery oriented, culturally sensitive and developmentally appropriate. The purpose of sub-acute care is to provide further stabilization, engage consumer in comprehensive treatment, rehabilitation and recovery activities, and transitions client to least restrictive setting as rapidly as possible.

Policy

Subacute Inpatient Hospital Psychiatric Services are available to Medicaid eligible adults who are age 21 years or older.

Program Requirements

Refer to the program standards common to all levels of care/programs for additional requirements.

Licensing

The hospital must be licensed or formally approved as a hospital by the Nebraska Department of Health and Human Services Regulation and Licensure. Accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA) is preferable. Subacute Inpatient services must be contracted for by the Nebraska Managed Care entity.

The agency must have written policies and procedures related to:

Refer to “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

The Subacute Inpatient hospital psychiatric service is designed to meet the psychiatric, social and behavioral needs of its clients. The program is open 24-hours a day, 7 days per week. Individuals are supervised at all times with 24-hour awake staff. Staff vacations, holiday, or other leave including weekends, may not preclude the client from receiving the minimum 42 hours of structured clinical treatment interventions per week.

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**) (**See Definition of Evaluation Below**)

- 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) (See Definition of Evaluation Below)**
- 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) **(See Definition of Plan of Care Below)**
- 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
- 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
- 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

Definitions:

Medical Evaluation

According to 42 CFR 456.160 (1) A physician must certify for each applicant or recipient that inpatient services in a mental hospital are or were needed. (2) The certification must

be made at the time of admission or ... before the Medicaid agency authorizes payment. 42 CFR 456.170 states that:

- "(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must make a medical evaluation of each applicant's or recipient's need for care in the hospital; and appropriate professional personnel must make a psychiatric and social evaluation.
- (b) Each medical evaluation must include -
 - (1) Diagnoses;
 - (2) Summary of present medical findings;
 - (3) Medical history;
 - (4) Mental and physical functional capacity;
 - (5) Prognoses; and
 - (6) A recommendation by a physician concerning -
 - (i) Admission to the mental hospital; or
 - (ii) Continued care in the mental hospital for individuals who apply for Medicaid while in the mental hospital."

Plan of Care

- "(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must establish a written plan of care for each applicant or recipient.
- (b) The plan of care must include -
 - (1) Diagnosis, symptoms, complaints, and complications indicating the need for admission;
 - (2) A description of the functional level of the individual;
 - (3) Objectives;
 - (4) Any orders for -
 - (i) Medications;
 - (ii) Treatments;
 - (iii) Restorative and rehabilitative services;
 - (iv) Activities;
 - (v) Therapies;
 - (vi) Social services;
 - (vii) Diet; and
 - (viii) Special procedures recommended for the health and safety of the patient;
 - (5) Plans for continuing care, including review and modification to the plan of care; and
 - (6) Plans for discharge.
- (c) The attending or staff physician and other personnel involved in the recipient's care must review each plan of care at least every 90 days".

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 (RN, APRN)

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)

Medical Director (Boarded or Board eligible Psychiatrist)

A Nebraska licensed physician, working within his/her scope of practice, qualified to insure the medical integrity of, and provide the leadership required for an acute psychiatric treatment program. Other psychiatrists must be available and commensurate with the size and scope of the treatment program. The psychiatrist physician's personal involvement in all aspects of the patient's care must be documented in the patient's medical record (i.e., physician's orders, progress notes). The psychiatrist physician must be available, in person or by telephone, to provide assistance and direction as needed for patient care.

Director of Psychiatric Nursing (RN, APRN with psychiatric experience)

The Director of Psychiatric Nursing is licensed in the State of Nebraska, works within his/her scope of practice, and has the psychiatric nursing experience to provide the leadership for the Subacute Inpatient program. This position directs, supervises, evaluates, and trains other program staff to implement the nursing and other therapeutic components of the patient's treatment plan.

Director of Social Work (MSW preferred)

Monitor and evaluate the quality and appropriateness of social services furnished. If the Director of Social Work is not an MSW, at least one individual in this department needs to be an MSW.

APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist under Psychiatrist supervision)

Provides services in lieu of psychiatrist/attending physician. Works under the direction of the psychiatrist/attending physician.

Licensed Mental Health Practitioner, Psychologist, Licensed Independent Mental Health Practitioner: Practitioner, APRN:

A sufficient number of Nebraska licensed or provisionally licensed clinicians mental health practitioners working within their scope of practice should be available to meet patient needs for psychotherapy services. Dual licensure (LMHP/LADC) is preferable for some positions to provide optimum services to patients with co-morbid diagnoses (MH/SA).

RN(s) and APRN(s) Registered Nurses:

RNs and APRNs must be Nebraska licensed, working within their scope of practice and have experience in developing and carrying out nursing care plans in psychiatric service programs.

Social Worker:

Social work services in the Subacute Inpatient program are carried out under the direction of a Social Work Services Director preferably possessing a MSW degree from an accredited school of social work, licensed in the State of Nebraska, and working within his/her scope of practice. The Social Worker(s) fulfills responsibilities relating to the specific needs of the individual patient and their families in regard to discharge planning, community resources, consulting with other staff and community agencies as needed. This position may also assist in obtaining psychosocial information for use in planning by the treatment team.

Technicians:

Technicians, HS with JCAHO approved training and competency evaluation. (2 years experience in mental health service preferred)

Staffing Ratio (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.

Training

Refer to "Standards Common to all Treatment Services" for a list of potential training topics related to the provision of mental health and substance abuse treatment. Agencies should provide adequate pre-service and ongoing training to enhance the capability of all staff to treat the individuals they serve and provide the maximum levels of safety for themselves and others. All staff must be educated/trained in rehabilitation and recovery principles.

Clinical Documentation

The program shall follow the agency's written policy and procedures regarding clinical records. The agency's policies must include specifics about timely record entry by all professionals and paraprofessionals providing services in the program.

The clinical record must provide information that fully discloses the extent and outcome of treatment services provided to the client. The clinical record must contain sufficient documentation to justify Medicaid Managed Care participation.

The record must be organized with complete legible documents. When reviewing a clinical record, a clinician not familiar with the client or the program must be able to review, understand and evaluate the mental health and substance abuse treatment for the client. The clinical record must record the date, time, and complete name and title of the facilitator of any treatment service provided to the client. All progress notes should contain the name and title of the author of the note.

In order to maintain one complete, organized clinical record for each client served, the agency must have continuous oversight of the condition of the clinical record. The provider shall make the clinical record available upon Medicaid and/or the ASO's request to review

or receive a copy of the complete record. All clinical records must be maintained for seven years following the provision of services.

Length of Stay: A number of days driven by the medical necessity for a patient to remain at this level of care.

Special Procedures

The Subacute Inpatient treatment program is responsible to follow all Federal, State, and accrediting body guidelines in the use of restraint and seclusion.

Clinical Guidelines: Subacute Inpatient MH - Adult

Admission Guidelines:

1. There is clinical evidence that the patient has a diagnosis from the most current DSM that is amenable to active psychiatric treatment.
2. The patient is not sufficiently stable to be treated outside of a highly structured 24-hour therapeutic environment.
3. The patient's condition has a high degree of potential of leading to acute psychiatric hospitalization in the absence of subacute hospitalization treatment.
4. The patient requires supervision seven days per week, 24 hours per day to develop skills necessary for daily living, to assist with planning and arranging access to a range of educational, therapeutic and aftercare services, and to develop the adaptive and functional behavior that will allow him/her to live outside of a subacute hospital setting.

Exclusionary Guidelines:

1. Patient exhibits a severe danger to self or others and requires treatment on an acute inpatient psychiatric unit.
2. A less intensive level of care can adequately provide for the patient's treatment needs.
3. Patient has a medical or surgical illness that requires medical/surgical intervention.

Continued Stay Guidelines:

Admission Criteria 1, 2, 3, and 4 must be met to satisfy the criteria for continued stay. *In addition both:*

1. Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following:
 - the persistence of problems that caused the admission to a degree that continues to meet the admission criteria (both severity of need and intensity of service needs) *or*
 - the emergence of additional problems that meet the admission criteria (both severity of need and intensity of service needs), *or*
 - disposition planning and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued subacute hospital treatment. *and*

2. Clinical goals are therapeutic, individualized, objective, measurable, and time-limited continue to be attainable but have not yet been met.

Discharge Guidelines:

1. Treatment goals and objectives have been sufficiently met.
2. Discharge plan is realistic and in place with services secured for patient.

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