

Service Name	SUBACUTE INPATIENT HOSPITALIZATION PSYCHIATRIC SERVICES
Setting	Psychiatric hospital or general hospital w/psychiatric unit.
Facility License	Hospital as required by DHHS Division of Public Health.
Basic Definition	The purpose of subacute care is to provide 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 basic expectations for more detail see Title 471 chapters 20	<ul style="list-style-type: none"> • The following assessments must be conducted: Initial Diagnostic Interview (IDI), nursing assessments, laboratory, radiological, substance use disorder, physical and neurological exams and other diagnostic tests as necessary. • Family members are encouraged to participate in the assessment/treatment of the individual as appropriate and approved by the individual and their participation or lack of participation is documented in the individual's record. • Flexible meetings schedule to include evenings and weekends to facilitate family participation. • Develop and implement a treatment plan designed to address the needs identified by the assessments. The treatment plan must include a specific, realistic and individualized discharge plan. The treatment plan must be reviewed three times a week. • Provide an intensive and comprehensive active treatment program that includes professional psychiatric, medical, surgical, nursing, social work, psychological, and activity therapies required to carry out an individual treatment plan for each patient and their family. • Face to face evaluation and treatment by a psychiatrist three times a week or more often as necessary. • Psychiatric nursing interventions are available to patients 24/7. • Qualified staff must be available to provide treatment intervention, social interaction and experiences, education regarding psychiatric issues such as medication management, nutrition, signs and symptoms of illness, substance abuse education, recovery, appropriate nursing interventions and structured milieu therapy. • Available services must include individual, group, and family therapy, occupational and recreational therapy and other prescribed activities to maintain or increase the individual's capacity to manage his/her psychiatric condition and activities of daily living. • Medication management services for the provision and monitoring psychotropic medications. • Individual, group, and family therapy available and offered as tolerated and/or appropriate. • 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.
Length of Service	Driven by the medical necessity for an individual to remain at this level of care.
Staffing	Special staff requirements for psychiatric hospitals: <ul style="list-style-type: none"> • Physician (Psychiatrist preferred) • Physician assistant • Psychologist, LIMHP, LMHP, PLMHP, LMHP/LADC • RN(s) and APRN(s) (psychiatric experience preferable) • Social worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Direct care: The direct care staff shall meet one of the following requirements: <ul style="list-style-type: none"> ○ A bachelor's degree or higher in psychology, sociology or related human service field; or

	<ul style="list-style-type: none"> ○ Be 21 years of age and have a minimum of two years' experience working with behavioral health, two years education in the human service field or a combination of work experience and education with one year of education substituting for one year of experience.
Staffing Ratio	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● Symptoms are stabilized and the individual no longer meets clinical guidelines for acute care. ● Sufficient supports are in place and the individual can move to a less restrictive environment. ● Treatment plan goals and objectives are substantially met.
Admission guidelines	<ul style="list-style-type: none"> ● The individual meets medical necessity for evaluation, stabilization, and treatment services. ● The individual is high risk to harm self/others. ● The individual has active symptomatology consistent with the DSM (current edition) diagnoses. ● The individual has a high need for and the ability to respond to intensive structured intervention services. ● The individual is at high risk of relapse or symptom reoccurrence.
Continued stay guidelines	<ul style="list-style-type: none"> ● The individual must continue to meet the admission criteria identified above. ● Continuation of symptoms or behaviors that required admission, and the judgment that a less intensive level of care and supervision would be insufficient to safely support the individual. ● The individual has not reached treatment goals but continues to show progress and wiliness to work toward achievement of treatment goals.