7.25. Acute Neurobehavioral Unit – Inpatient Mental Health

ACUTE NEUROBEHAVIORAL UNIT – INPATIENT MENTAL HEALTH

Principles for Medical Necessity Criteria

Acute inpatient psychiatric treatment is defined as 24-hour inpatient level of care that provides highly skilled psychiatric services to participants with severe mental disorders.

When participants have a mental health disorder that requires professional evaluation and treatment, they should be treated in the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

CRITERIA

Admission Criteria	The following criteria are necessary for admission: (a-d must be met) a. The participant must have a diagnosed or suspected mental disorder/ serious emotional disturbance, with maladaptive behaviors or symptoms relating to that disorder. b. The participant's symptoms and/or behaviors can be expected to improve significantly through medically necessary treatment. Symptoms and/or behaviors that are not improving or likely to improve are considered habilitative and do not meet admission criteria. c. The evaluation and assignment of the mental disorder/serious emotional disturbance must take place by a face to face evaluation of the participant and performed by an attending physician prior to, or within 24 hours following an admission d. Presence of a mental disorder/serious emotional disturbance must be documented through the assignment of DSM 5 codes, excluded diagnoses can be found in Appendix A.
Severity of Need and Intensity of Service at the Acute Level of Care	Criterion a must be met. In addition, b, c, or d must be met. a. PBHS specialty mental health DSM 5 diagnosis b. The participant's behaviors make direct and significant harm to him or herself, or there is a clear and reasonable inference of serious harm to him or herself, requiring intervention and observation on a 24-hour basis. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis. c. The participant demonstrates violent, unpredictable or uncontrolled behavior which represents potential serious harm to others. This

	behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis. d. The participant demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require a participant plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.
Continued Stay Criteria	The individual treatment plan should include documentation of diagnosis (DSM 5), documentation of ongoing caregiver behavioral plan training, discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24 hour basis. There should be daily progress notes documenting the provider's treatment and the participant's response to treatment. In addition to continuing to meet the criteria given above for admission, all of criterion a, b, and c must continue to be met. Evidence must also exist for meeting at least one of criterion (d-f) a. The participant continues to meet admission criteria despite treatment efforts. b. There is clinical evidence of symptom improvement or behavior reduction using the service. If there has been no improvement, the treatment plan has been reviewed and/or a second opinion of the treatment plan has been obtained. Lack of evidence of improvement or behavior reduction is grounds for reconsideration of admission criterion II c: reassessment of habilitative nature of symptomatology. c. There is documented evidence that disposition planning, including plans to train after-care providers (home, school etc.) on behavioral strategies and interventions, is begun from the time of admission and continues throughout the hospitalization. d. The targeted outcome of 75 percent reduction in seriously unsafe behaviors has not yet been reached. e. The physician documents in daily progress notes that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. f. The emergence of additional problems or behaviors which are consistent with the admission criteria and to the degree that would necessitate continued hospitalization.
Discharge Criteria	Any of the following criteria are sufficient for discharge from this level of care:

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	1. Reduction of targeted behaviors (those which led to hospitalization) by 75 percent. 2. Extended lack of evidence of improvement or behavior reduction despite multiple re-evaluations of treatment plan and second opinions. Admission criterion II c: needs to be re-assessed to determine if symptomatology is habilitative in nature. 3. Identification of a safe, continuing care program which can be arranged and deployed at a lower level of care. Follow-up aftercare should continue to further develop and implement behavioral treatment plans developed on the neurobehavioral unit. Development of such a treatment plan and basic training of primary caretakers is sufficient for discharge. 4. The participant no longer meets admission criteria or meets criteria for a less intensive level of care. 5. The participant, family, legal guardian, and/or custodian are competent but non-participatory in treatment or in following program rules and regulations; the non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.