

PSYCHIATRIC UNIT ADMISSION/EXTENSION CRITERIA FOR ADULTS

It is the hospital's responsibility to provide Molina with the specific information necessary for the case review nurse/LMHP to determine that the patient meets admission criteria as specified on this form. Include the following from the medical record:
 1) ED record (if any), 2) admit note, 3) physician's orders, and 4) applicable progress notes.

NAME:	CASE #:
MEDICAID ID #:	
ICD CODE # (MUST correspond to a DSM-III-R Diagnosis):	

ADMISSION/EXTENSION REFERRAL CRITERIA: At least **ONE** Severity of Illness Criteria must be met. **ALL** Intensity of Service Criteria must be met. No Exclusionary Criteria will be met.

SEVERITY OF ILLNESS CRITERIA

(Must meet **one or more** of 1, 2, or 3)

1. Patient present as a **danger to self** as evidenced by **one or more** of the following:

- A.** Recent (within the past 72 hours) suicide attempt
- B.** Documentation that the patient has a current suicide plan, specific suicide intent, or recurring suicidal ideation
- C.** Documentation of self-mutilative behavior (occurring within the past 72 hours).

Specifics: _____

2. Patient presents as a **danger to others** due to a DSM-III-R Axis I diagnosis as evidenced by **one or more** of the following:

- A.** Dangerously aggressive behavior during the past seven days due to a DSM-III-R Axis I diagnosis
- B.** Threats to kill or seriously injure another person with the means to carry out the threat AND the threatening behavior is due to a DSM-III-R Axis I diagnosis
- C.** Documentation that the patient has a current homicide plan, specific homicidal intent, or recurrent homicidal ideation AND this is due to a DSM-III-R Axis I diagnosis.

Specifics: _____

3. Patient is **gravely disabled and unable to care for self** due to a DSM-III-R Axis I diagnosis as evidenced by the following (a selection of indicator A must be accompanied by B or C):

- A.** Documentation of a serious impairment in function (as compared to others of the same age) in one or more major life role (school, job, family, interpersonal relations, self-care, etc.) due to a DSM-III-R Axis I diagnosis

AND (Indicator A must be accompanied by B **OR** C)

- B.** Inability of patient to comply with prescribed psychiatric and/or medical health regimens as evidenced by the following:
 - 1) Patient has a history of decompensation without psychotropic medications and patient refuses to use these medications as an outpatient
 - 2) Patient is at risk of health or life due to non-compliance with medical regimens (e.g., insulin-dependent diabetes, etc.) and patient refuses these medical regimens as an outpatient.

OR

- C.** Patient presents with acute onset or acute exacerbation of hallucinations, delusions, or illusions of such magnitude that the patient's well being is threatened.

Specifics: _____

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EXCLUSIONARY CRITERIA

The following categories of patients are not appropriate for admission to a distinct part psychiatric unit.

- 1. Patients with a major medical or surgical illness or injury that would prevent active participation in a psychiatric treatment program (patients must be medically stable)
- 2. Patients with criminal charges and who do not have a DSM-III-R Axis I diagnosis
- 3. Patients whose anti-social behaviors that are a danger to others and those anti-social behaviors are characterological rather than due to a DSM-III-R Axis I diagnosis
- 4. Patients who have a DSM-III-R Axis II diagnosis of mental retardation without an accompanying DSM-III-R Axis I diagnosis

Specifics: _____

DISCHARGE CRITERIA

(Must meet **at least one**)

- 1. Non-compliance with treatment program within three days of admission
- 2. No improvement within seven days of admission
- 3. Type/dosage of psychotropics unchanged in last two days
- 4. Documented by physician that maximum hospital benefit attained
- 5. Ability to appropriately control behavior
- 6. Alternative placement/follow-up care arranged
- 7. Ability to function cooperatively in hospital environment/community

DATE ADMISSION CERTIFIED: _____ **LOS ASSIGNED:** _____

DATE EXTENSION APPROVED: _____ **LOS EXTENSION:** _____