

## 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.

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

**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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## INTENSITY OF SERVICE CRITERIA

(Must meet **all**)

- ☐ **1.** Ambulatory (outpatient) care resources in the community do not meet, and/or do not exist to meet the treatments needs of the patient, or the patient has been unresponsive to treatment at a less intensive level of care; for **each** service listed below, check the appropriate box to indicate the following codes:

Serv                      ice Alternative **Tried** and patient unresponsive,  
 Serv                      ice Alternative **Needed** (If service was available and/or adequate, it would have been tried),  
 Service                   Alternative does **Not** provide **Sufficient** level of restrictiveness.

SERVICE	TRIED	NEEDED	NOT SUFFICIENT
CRISIS MANAGEMENT			
IN-HOME CRISIS SERVICE			
RESIDENTIAL SERVICES			
PARTIAL HOSPITALIZATION			
DAY PROGRAMS			
MEDICATION MANAGEMENT			
FAMILY SUPPORT SERVICES			
COUNSELING AND THERAPY			
PSYCHOSOCIAL SKILLS TRAINING			
TREATMENT INTEGRATION			
TARGETED CASE MANAGEMENT			
OTHER (SPECIFY)			

**AND**

- ☐ **2.** Services provided in the hospital can reasonably be expected to improve the patient's condition or prevent further regression so that patient will no longer need the services.

**AND**

- ☐ **3.** Treatment of the patient's psychiatric condition requires services on an inpatient hospital basis requiring 24-hour nursing observation under the direction of a psychiatrist. (**The patient requiring this treatment must not be on independent passes or unit passes without observation or being accompanied by hospital personnel or a responsible other.**) These services include, but are not limited to

- A.** Suicide precautions, unit restrictions, and continuous observation and limiting of behavior to protect self or others
- B.** Active intervention by a psychiatric team to prevent assaultive behavior
- C.** The patient exhibits behaviors that indicate that a therapeutic level of medication has not been reached and this necessitates 24-hour observation and medication stabilization.

**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:** \_\_\_\_\_