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217.000 Acute Psychiatric Inpatient

12-1-25

Adult Acute Psychiatric Inpatient Hospitalization services are designed to address severe, rapidly emerging psychiatric conditions that require immediate intervention and intensive treatment. These services are delivered in a highly secure and structured inpatient setting and exceed the level of care typically available in a general inpatient psychiatric unit. The primary goal is to stabilize acute psychiatric symptoms, manage dangerous behavior, and facilitate transition to a less intensive level of care.

Services provide a higher level of clinical intensity and supervision, including:

- A. 24-hour skilled nursing care and clinical oversight;
- B. Daily medical and psychiatric evaluation;
- C. Continuous risk assessment and crisis management;
- D. A structured treatment environment (milieu) with individualized treatment planning;
- E. Multidisciplinary team involvement, including psychiatrists, psychiatric nurses, social workers, and mental health professionals;
- F. Specialized staff trained to manage aggressive, assaultive, or otherwise dangerous behaviors;
- G. Enhanced staffing ratios to allow for increased observation and rapid intervention; and
- H. Coordination of care planning with family, community providers, and support systems in preparation for step-down care.

217.100 Criteria

12-1-25

A person is eligible for admission based on the following criteria, all of which must be met.

A. Psychiatric Evaluation

- 1. A physician has conducted a comprehensive evaluation and determined that:
 - a. The individual has a psychiatric diagnosis or a provisional psychiatric diagnosis, excluding:
 - i. Intellectual disability,
 - ii. Substance use disorders,

unless these conditions coexist with another qualifying psychiatric diagnosis or provisional diagnosis.

B. Level of Care Necessity

The individual cannot be appropriately treated at a less intensive level of care due to the need for:

- 1. **24-hour availability** of services for diagnosis, monitoring, and assessment of response to treatment;
- 2. **Continuous access to a physician** 24 hours a day for timely and appropriate modifications to the treatment plan;
- 3. **Active involvement of a psychiatrist** in the development and ongoing management of the treatment program;

4. Professional nursing care available 24/7 to implement the treatment plan, monitor the patient's condition, and assess treatment response;
5. Round-the-clock clinical management and supervision.

C. Severity of Illness

The individual presents with one or more of the following conditions:

1. A significant risk of harm to self, others, or property;
2. A medical condition or illness that cannot be safely managed at a lower level of care due to compounding psychiatric and medical issues, resulting in a high risk of crisis or instability;
3. Severely impaired judgment or functional capacity, such that the person's ability to maintain self-care, occupational, or social functioning is critically threatened;
4. A need for treatment that would be medically unsafe if provided in a less intensive setting;
5. A worsening of psychiatric symptoms where continuation at a lower level of care cannot be expected to result in improvement or prevent deterioration, thereby posing danger to self, others, or property.