

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES  
POLICY AND PROCEDURE

SUBJECT: HOSPITAL ADMISSION, CONTINUED STAY, AND DISCHARGE  
CRITERIA

NUMBER: NN-PC-AD-01

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APPROVAL: Cody L. Phinney, MPH, Agency Director

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I. PURPOSE

To identify the procedure for admission and establish guidelines for continued stay and discharge.

II. POLICY

Admission to Northern Nevada Adult Mental Health Services (NNAMHS) is based on established criteria and statute.

III. REFERENCE

Level of Care Guidelines, CIGNA Behavioral Health

IV. DEFINITIONS

1. Medically Necessary or Medical Necessity:
2. Health care services that a Provider, exercising prudent clinical judgment, would provide to a consumer for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are in accordance with generally accepted standards of medical practice, clinically appropriate, and not primarily for the convenience of the consumer for the convenience of the consumer or physician.
3. Generally Accepted Standards of Medical Practice: Standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, the views of physicians practicing in relevant clinical areas and any other relevant definitions.

## V. PROCEDURE

### A. General Admission Criteria

1. Adult consumers who have a severe mental illness, which cannot be managed in a less restrictive environment or where one is not available.
2. Consumers who represent a risk to themselves by virtue of imminent risk of suicide, or having recently made a suicide attempt.
3. Consumers who are unable to care for themselves in an outpatient setting by virtue of their continuing psychotic state.
4. Consumers who are a risk to society because of their overt threat to others, associated with their mental illness.

## B. Guidelines for Admission

1. All basic elements of medical necessity must be met AND must meet at least one of the following:
  - a. There is imminent likelihood that the participant will cause serious bodily harm to self due to psychiatric illness as evidenced by:
    - The participant has recently made a serious suicide attempt involving lethal intent or plan; OR
    - The participant is presently expressing suicidal intent with plan and potential means that is severe and dangerous; OR
    - The participant has recently deliberately caused serious bodily injury to self. In addition, the participant is unable to develop an appropriate plan for his/her safety so that 24-hour observation, suicidal precautions and treatment are needed in a secure setting; OR
    - The participant has recently demonstrated violent, impulsive, and unpredictable behavior that may result in imminent harm to him/her without 24-hour observation and treatment including the potential use of seclusion and/or restraints in a secure setting.
  - b. There is imminent likelihood that the participant will cause bodily harm to others due to a psychiatric illness Other than antisocial personal disorder, as evidenced by:

- The participant has recently made a serious threat to others involving lethal intent or plan; OR
  - The participant is presently expressing homicidal intent with plan and potential means; OR
  - The participant has recently deliberately caused serious bodily injury to others. In addition, the participant is unable to give a valid and reliable plan for safety so that 24-hour observation, homicidal precautions, and treatment are needed in a secure setting; OR
  - The participant has demonstrated violent, impulsive, and unpredictable behavior that may result in imminent harm to others without 24-hour observation and treatment including the potential use of seclusion and/or restraints in a secure setting.
- c. There is imminent likelihood of harm to the participant that cannot be prevented through the assistance of available supports and services as evidenced by:
1. The participant is unable to care for self (nutrition, shelter, and other essential activities of daily living) due to a psychiatric condition so that imminent life-threatening deterioration is expected; OR
  2. The participant has such disordered and/or bizarre thinking or psychomotor agitation/retardation that activities of daily living are interfered with to the degree that the participant needs 24-hour skilled

psychiatric/medical, nursing and social service interventions.

- d. The participant has a secondary condition such that treatment cannot be provided at a less restrictive level of care as evidenced by:
  1. The participant has life threatening complications of an eating disorder; OR
  2. The participant has a complicated general medical condition e.g., cardiac disease, pregnancy, diabetes, etc, that can be safely treated, and that requires psychiatric interventions to be monitored in a 24-hours skilled psychiatric/medical nursing setting; OR
  3. Less restrictive levels of care are unavailable for safe and effective treatment.

#### C. Exclusion Criteria

1. Persons without a serious mental illness.
2. Persons with diminished mental capacity, as a result of various brain or neurological disorders, such as seizure disorder, delirium, dementia, including Alzheimer's disease, or head injury as a primary diagnosis, where there is no indication of an underlying mental illness.
3. Persons whose blood alcohol levels are in excess of 0.08 mgm%.

4. Persons requiring acute detoxification; or treatment for dependence or addiction to alcohol or drugs, where there is no indication of an underlying mental illness.
5. Persons requiring significant medical or surgical treatment: these consumers will be referred to our medical officer who in consultation with the Director of Nurses and the Medical Director will assess the ability of hospital staff to safely treat medically compromised consumers.
6. Individuals under 18 years of age, unless an emancipated minor.
7. Persons with felony charges and/or in need of forensic evaluation or service.

D. Guidelines for Continued Stay (1, plus either 2 or 3 must be met)

1. The participant continues to meet all basic elements of medical necessity.
2. The participant has participated in the development of an individualized treatment plan, which includes consideration of all applicable and appropriate treatment modalities (Bio-Psycho-Social approach), realistic and achievable treatment goals, and a discharge plan with specific timelines for expected implementation and completion. Despite active participation by the participant, the treatment plan implemented has not led to enough improvement in the participant's condition such that he/she cannot yet safely move to and sustain improvement in a less restrictive level of care as evidenced by:
  1. The participant continues to suffer from symptoms and/or behaviors that led to this admission; OR

2. The participant has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

3. The participant:

1. Has developed serious side effects to psychotropic medications; OR
2. Has a significant secondary condition complicating the psychiatric care such that 24-hour skilled psychiatric/medical nursing services are required.

E. Discharge Guidelines (Must meet one of the following)

1. Continued stay guidelines are no longer met; OR
2. Appropriate and timely treatment is available at a less restrictive level of care; OR
3. The participant has developed symptoms of a secondary condition that require admission to an acute care medical facility.

F. Process for Exception to the Guidelines

1. The Agency Director or Medical Director can approve an exception to the admission guidelines or exclusion criteria on a case-by-case basis. Such an exception must be approved prior to the admission
2. Even though a person currently receiving inpatient services is determined to meet the discharge criteria, an exception for continued stay can be requested by the attending psychiatrist or the social worker.

1. The exception request should be submitted to the Medical Director or designee in writing.
2. The request must include the following information:
  - a. Reason the person needs to stay
  - b. Expected length of stay
  - c. Current status of discharge efforts
  - d. Anticipated benefit of additional stay
3. The request must include a statement from the attending psychiatrist and the social worker. Other staff may also contribute, but are not required.
4. The Medical Director will review the request and determine a course of action within one business day of receiving the request.
5. The Fiscal staff will be notified prior to the exception request by the social worker, to meet with the consumer to discuss the fiscal implications for the consumer's continued stay.
6. The social worker will notify the consumer if the Medical Director has granted an exception for continued stay.