

Sub-Acute

Definition:

Sub-Acute facilities are psychiatric inpatient facilities that provide psychiatric, therapeutic and clinically informed services to individuals, whose immediate treatment needs require a structured 24-hour care setting that provides all required services (including schooling) on site. Services provided include, but are not limited to, multi-disciplinary evaluation, medication management (including evaluation by attending physician at minimum once per week), individual, family and group therapy, parent guidance, substance abuse education/counseling (when indicated) and on site education, designed to assist the member to achieve success in a less restrictive setting. This level of care primarily serves as a step down from acute psychiatric inpatient care, as the member no longer requires the intensity of services offered in an acute inpatient setting but has not yet reached baseline and added time is needed for response.

Criteria

Admission Criteria

1. Symptoms and functional impairments include all of the following:
 - 1.1 Diagnosable DSM V disorder,
 - 1.2 Symptoms and impairment must be the result of a psychiatric or substance abuse disorder, that can potentially benefit from sub-acute level of care.
 - 1.3 Functional impairment not solely a result of Pervasive Developmental Disorder or Intellectual Disability, and
 - 1.4 Major impairment in several areas of functioning such as work, school, family relations, judgment, thinking or mood
2. Patient has recently met acute inpatient psychiatric criteria but does not meet continued care criteria. However, the member continues to demonstrate vulnerability to acute exacerbations as evidenced by intermittent acuity in hospital or history of rapid decompensation with transitions. Discharge to a lower level of care would likely lead to the need for hospitalization.
3. The member meets criteria for discharge from an acute care hospital setting but key components of a residential or community based treatment plan are believed to be insufficient to meet member's clinical care needs, or all less restrictive treatment options have been examined and determined to be ineffective and the individual requires 24 hour supervised care within a psychiatrically staffed care environment as evidenced by:
 - 3.1 Patient's behavior is sufficiently unstable to require immediate professional intervention to protect patient from harming self and others; or
 - 3.2 Patient is likely to require intermittent 1:1 supervision, constant observation, or frequent checks for safety; or
 - 3.3 Efforts to manage medical risk symptoms or behavior in a lower level of care have been examined and determined to be ineffective or result in an acute escalation of behavior with risk of harm to self or others; or
 - 3.4 Patient requires close medical monitoring or skilled care to evaluate and adjust dosage of psychotropic medications and such medical management and dosage adjustment could not safely be conducted in a residential treatment center, or ambulatory setting; or

3.5 Patient requires a medication taper and re-evaluation in a closely monitored setting. Previous attempts to taper medication have resulted in behavioral escalations that meet admission criteria for inpatient hospitalization.

Exclusion Criteria

Any of the following criteria is sufficient for exclusion from this level of care:

1. The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.
2. The individual can be safely maintained and effectively treated with less intensive services.
3. The symptoms of the individual are primarily the result of an acute medical condition.
4. The individual and/or parent/guardian/custodian do not voluntarily consent to treatment and there is no court order requiring such treatment.

Continuation of Stay

ALL of the following criteria must be met.

1. The criteria for the current level of care continue to be met.
2. The treatment plan continues to include evidence-based treatments which are aimed at achieving specific and realistic goals, and are of sufficient intensity to address the member's specific and realistic goals, and are of sufficient intensity to address the member's condition and support the member's recovery/resiliency. When the diagnosis is a substance use disorder, referral to an age-appropriate sobriety support group and use of an accountability partner such as a sponsor have been considered.
3. When clinically indicated, the provider and the member assess the need to create or update the member's advance directive.
4. When clinically indicated, the member's family/social supports actively participate in the member's treatment.
 - a. The member's documented consent is required when the member is of legal age or status.
5. There continues to be evidence that the member is receiving active treatment, and there continues to be a reasonable expectation that the member's condition will improve further. Lack of progress is being addressed by an appropriate change in the member's treatment plan, and/or an intervention to engage the member in treatment.
6. The member's current symptoms and/or history provide evidence that relapse or a significant deterioration in functioning would be imminent if the member was transitioned to a lower level of care or, in the case of outpatient care, was discharged.

Discharge Criteria

Any of the following criteria is sufficient for discharge from this level of care:

1. There is documented evidence of active, individualized discharge planning. The individual's treatment plan goals and objectives for this level of care have been met and a discharge plan with follow-up appointments is in place.
2. The individual and/or the guardian/custodian withdraw consent for treatment and there is no court order requiring such treatment.
3. The individual's physical condition necessitates transfer to a more intensive level of care.
4. The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.