

# Chapter Seven

## Inpatient Hospital Services In An Institution For Mental Disease

### Chapter Overview

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**Introduction** This chapter covers information that is specific to institutions for mental disease.

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**In This Chapter** This chapter contains:

Topic	See Page
Conditions of Participation	7-1
Provision of Services	7-1
Treatment and Evaluation	7-3

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### Conditions of Participation

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**Requirements** All institutions for mental disease must file a formal participation agreement with the Division of Medical Assistance. The qualifications stated in *Chapter Two, Hospital Provider Information* under “Conditions of Participation” must be met, as well as the following:

- must meet the requirements under Paragraph 1861(f) of the federal regulation of the Medicare law
- must provide services in accordance with an agreement between the Division of Medical Assistance and the Division of Mental Health, Mental Retardation and Substance Abuse Services

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### Provision of Services

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**Definition** Inpatient hospital services in institutions for mental disease include services provided under the direction of a physician for the care and treatment of recipients age 65 or older in an institution for mental disease that meets the requirements under Medicare.

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## Provision of Services, Continued

<b>Definition</b> (Continued)	Inpatient psychiatric services for recipients under 21 include services provided under the direction of a physician by a psychiatric hospital or facility or in a psychiatric inpatient program in a hospital or facility, either of which is accredited by the Joint Commission on Accreditation of Hospitals.
<b>Availability</b>	Inpatient psychiatric services in institutions for mental disease are limited to eligible Medicaid recipients under age 21 or age 65 and older. However, if a recipient is receiving psychiatric services on his 21st birthday, he may continue to receive such services until his 22nd birthday, if medically necessary.
<b>Copayment</b>	Medicaid recipients are not responsible for a copayment when receiving services from a psychiatric hospital.
<b>Covered Services</b>	Inpatient services covered in an institution for mental disease are diagnosis, treatment, or care of individuals with mental disease including medical attention, nursing care, and related services.
	Covered inpatient psychiatric services for recipients under age 21 and recipients age 65 and older include those services involved in active treatment under a professionally developed and supervised individual plan of care designed to achieve the recipient's discharge from inpatient status at the earliest possible time.
<b>Noncovered Services</b>	Care that is merely custodial is not covered. A list of noncovered services is listed in <i>Chapter Five, Inpatient Hospital Services</i> .
<b>Restrictions and Medical Policy</b>	See <i>Chapter Five, Inpatient Hospital Services</i> for restrictions and medical policy
<b>Administrative Days</b>	Administrative days are available for age 65 or older and under 22 in mental hospitals. Medical/surgical units of mental hospitals are classified as inpatient general hospitals and are therefore subject to the three-day limit (see the information block on Administrative Days in <i>Chapter Eight, Reimbursement and Billing</i> under "Lower Level of Care").

## Treatment and Evaluation

### Plan of Treatment

Mental institutions and psychiatric facilities must ensure a plan of treatment and care that serves the best interests of the recipient. The plan of treatment must include all below:

- initial and periodic review of medical, psychiatric, and social needs
- appropriate medical and psychiatric treatment
- periodic determination of the need for continued treatment in the institution or for alternate arrangements
- arrangements for prompt release to alternate facilities when indicated
- clinical records sufficient to determine the degree and intensity of treatment and services furnished to Medicaid patients

### Patient Review and Evaluation

Federal regulations require periodic evaluation of individuals residing in institutions for mental disease. Specific time frames vary depending on whether the individual requires acute or long term care for the mental disease. The following chart should be helpful in complying with these federal regulations:

### Institutions for Mental Disease

#### Institutions for Mental Disease Decertified

	<b>Individuals Under 21</b>	<b>Individuals Age 65 or Older</b>	<b>SNF</b>	<b>ICF</b>
<b>Certification</b>	On or before admission	On or before admission	On or before admission	On or before admission
<b>Admission Requirements</b>	Medical, psychiatric, and social evaluations (include history, physical diagnoses, mental and physical functioning, capacity and prognoses)	Medical, psychiatric, and social evaluations (include history, physical diagnoses, mental and physical functioning, capacity and prognoses)	Medical, psychiatric, and social evaluations (include history, physical diagnoses, mental and physical functioning, capacity and prognoses)	Medical, psychiatric, and social evaluations (include history, physical diagnoses, mental and physical functioning, capacity and prognoses)
<b>Plan of Care</b>	On admission, review every 30 days	On admission, review every 90 days	On admission and review every 60 days	On admission, and review at least every 90 days
<b>Recertification</b>	At least every 60 days	Every 60 days	Every 60	Every 12 months
<b>Progress Notes</b>	Frequency of notes is determined by condition of patient, but must be at least weekly for 2 months, every 30 days thereafter	Frequency of notes is determined by condition of patient, but must be at least every 30 days	Every 30 days	Every 30 days
<b>UR Committee Continued Stay Review</b>	Preadmission and continued stay review is done by First Mental Health	Initial & subsequent continued stay review dates are assigned according to individual UR plans required by Federal regulations & approved by DMA	At least every 30 days for the first 90 days and at least every 90 days thereafter	Every 180 days
<b>Inspection Review</b>	Annually	Annually	Annually	Annually
<b>Medical Care Study</b>	Annually	Annually	Annually	Annually