

## **Service Name: Community Based Inpatient Psychiatric and Substance Detoxification**

### Service Definition

A short-term stay in a licensed and accredited community-based hospital for the treatment or rehabilitation of a psychiatric and/or substance related disorder. Services are of short duration and provide treatment for an acute psychiatric or behavioral episode. For clinically appropriate transitional age youth, this service may also include Medically Managed Inpatient Detoxification at ASAM Level 4-WM.

### Admission Criteria

For youth defined as the target population for the DBHDD contract, the Inpatient Psychiatric hospital will accept referrals for admission solely from DBHDD and its designated ASO agents: Behavioral Health Link (BHL) or Beacon Health Options (BHO). This service will utilize the DBHDD-required board monitoring system, providing regularly updated information to ensure appropriate utilization of inpatient beds. Admissions are for a:

1. Youth with a mental disorder/serious emotional disturbance, who presents a substantial risk or harm to himself/herself or others, as manifested by recent overt acts or recent expressed threats of major suicidal, homicidal or high-risk behaviors as a result of the mental disorder/serious emotional disturbance which present a probability of physical injury to himself/herself or others; OR
2. Youth with a mental disorder/serious emotional disturbance who is so unable to care for his/her own physical health and safety as to create an imminently life endangering crisis.

### Continuing Stay Criteria

1. Youth continues to meet admission criteria; and
2. Youth's withdrawal signs and symptoms are not sufficiently resolved to the extent that they can be safely managed in less intensive services.

### Discharge Criteria

1. An adequate continuing care plan has been established; and one or more of the following:
2. Youth no longer meets admission and continued stay criteria; or
3. Family requests discharge and youth is not imminently dangerous to self or others; or
4. Transfer to another service/level of care is warranted by change in the individual's condition; or
5. Individual requires services not available in this level of care.

### Service Exclusions

This service may not be provided simultaneously to any other service in the service array excepting short-term access to services that provide continuity of care or support planning for discharge from this service.

### Clinical Exclusions

Youths with any of the following unless there is clearly documented evidence of an acute psychiatric/substance use disorder episode overlaying the diagnosis: Autism, Intellectual/Developmental Disabilities, Neurocognitive Disorder; or Traumatic Brain Injury.

#### Required Components

1. If providing withdrawal management services, the program must be licensed by DCH/HFR under the Rules and Regulations for Drug Abuse Treatment Programs, 290-4-2 OR is licensed as a hospital/specialty hospital.
2. A physician's order in the individual's record is required to initiate withdrawal management services. Verbal orders or those initiated by a Physician's Assistant or Clinical Nurse Specialist are acceptable provided they are signed by the physician within 24 hours or the next working day.

#### Staffing Requirements

Only nursing or other licensed medical staff under supervision of a physician may provide withdrawal management services.

#### Reporting and Billing Requirements

1. This service requires authorization via the ASO via GCAL Providers will select an individual from the State Contract Bed (SCB) Board. Once they accept them, they will assign the individual to a bed on the inventory status board (via bhlweb). Once an individual is assigned to the inventory status board a tracking number will be generated and the information will be sent from the Georgia Collaborative ASO crisis access team to the Georgia Collaborative ASO care management team for registration/authorization to take place. Once an authorization number is assigned, that number will appear on the beds inventory status board (on bhlweb) and an email will be generated and sent to the designated UM of the SCB facility containing the authorization number.
2. Span billing may occur for this service, meaning the start and end date are not the same on a given service claim line. The span dates may cross months (start date and end date on a given service line may begin in one month and end in the next).
3. Providers must submit a discharge summary into the provider connect/batch system within 48 hours of discharge.