FORM APPROVED
OMB NO. 0938-0358

PSYCHIATRIC UNIT CRITERIA WORK SHEET

RELATED MEDICARE PROVIDER NUMBER:	ROOM NUMBERS IN THE UNIT:	FACILITY NAME AND ADDRESS *(City, State, Zip Code)*
NUMBER OF BEDS IN THE UNIT:	SURVEY DATE:	
REQUEST FOR EXCLUSION FOR COST REPORTING PERIOD: / / to / / (MM DD YY to MM DD YY)		
VERIFIED BY:		

ALL CRITERIA MUST BE MET FOR EXCLUSION FROM MEDICARE'S HOSPITAL PROSPECTIVE PAYMENT SYSTEM

	YES	NO	EXPLANATORY STATEMENT
§412.25 Excluded distinct part hospital units: Common requirements.			
(a) **Basis for exclusion.** In order to be excluded from the prospective payment system, a distinct part psychiatric unit must meet the following requirements:			
(1) Have written admission criteria that are applied uniformly to both Medicare and non-Medicare patients.			
(2) Have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available.			
(3) Have policies specifying that necessary clinical information is transferred to the unit when a patient of the hospital is transferred to the unit.			
(4) Meet applicable State licensure laws.			
(5) Have utilization review standards applicable for the type of care offered in the unit.			
(6) Have beds physically separate from (that is, not commingled with) the hospital's other beds.			
§412.27 Distinct part psychiatric units: Additional requirements. A distinct part psychiatric unit must also meet the following requirements:			
(a) Admit only patients whose admission to the unit is required for active treatment, of an intensity that can be provided appropriately only in an inpatient hospital setting, of a			

	YES	NO	EXPLANATORY STATEMENT
psychiatric principal diagnosis that is listed in the Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual, or in Chapter Five ("Mental Disorders") of the International Classification of Diseases, Ninth Revision, Clinical Modification.			
(b) Furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, occupational therapy, and recreational therapy.			
(c) Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements: (1) **Development of assessment/diagnostic data.** Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the inpatient is treated in the unit.			
(i) The identification data must include the inpatient's legal status.			
(ii) A provisional or admitting diagnosis must be made on every inpatient at the time of admission, and must include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.			
(iii) The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both.			
(iv) The social service records, including reports of interviews with inpatients, family members, and others must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.			
(v) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.			
(2) **Psychiatric evaluation.** Each inpatient must receive a psychiatric evaluation that must—			

	YES	NO	EXPLANATORY STATEMENT
(i) Be completed within 60 hours of admission;			
(ii) Include a medical history;			
(iii) Contain a record of mental status;			
(iv) Note the onset of illness and the circumstances leading to admission;			
(v) Describe attitudes and behavior;			
(vi) Estimate intellectual functioning, memory functioning, and orientation; and			
(vii) Include an inventory of the inpatient's assets in descriptive, not interpretative fashion.			
(3) **Treatment Plan.** (i) Each inpatient must have an individual comprehensive treatment plan that must be based on an inventory of the inpatient's strengths and disabilities. The written plan must include a substantiated diagnosis; short-term and long-term goals; the specific treatment modalities utilized; the responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out; and			
(ii) The treatment received by the inpatient must be documented in such a way as to assure that all active therapeutic efforts are included.			
(4) **Recording progress.** Progress notes must be recorded by the doctor of medicine or osteopathy responsible for the care of the inpatient, a nurse, social worker and, when appropriate, others significantly involved in active treatment modalities. The frequency of progress notes is determined by the condition of the inpatient and must be recorded at least weekly for the first two months and at least once a month thereafter and must contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the inpatient's progress in accordance with the original or revised treatment plan.			

	YES	NO	EXPLANATORY STATEMENT
(5) **Discharge planning and discharge summary**. The record of each patient who has been discharged must have a discharge summary that includes a recapitulation of the inpatient's hospitalization in the unit and recommendations from appropriate services concerning follow-up or after care as well as a brief summary of the patient's condition on discharge.			
(d) Meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning, as follows:			
(1) **Personnel.** The unit must employ or undertake to provide adequate numbers of qualified professional, technical, and consultative personnel to—			
(i) Evaluate inpatients;			
(ii) Formulate written, individualized, comprehensive treatment plans;			
(iii) Provide active treatment measures; and			
(iv) Engage in discharge planning.			
(2) **Director of inpatient psychiatric services; Medical staff.** Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership required for an intensive treatment program. The number and qualifications of doctors of medicine and osteopathy must be adequate to provide essential psychiatric services.			
(i) The clinical director, service chief, or equivalent must meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.			
(ii) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.			

	YES	NO	EXPLANATORY STATEMENT
NUMBER OF PHYSICIANS			

SPECIALTY	FULL-TIME (A)	PART-TIME (B)	CONSULTING (C)		
Psychiatry					
Neurology					
Other*					
Other*					
*Specify					

(3) **Nursing services.** The unit must have a qualified director of psychiatric nursing services. In addition to the director of nursing, there must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each inpatient's active treatment program and to maintain progress notes on each inpatient.

(i) The director of psychiatric nursing services must be a registered nurse who has a master's degree in psychiatric and mental health nursing, or its equivalent, from a school of nursing accredited by the National League for Nursing, or be qualified by education and experience in the care of the mentally ill. The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.

(ii) The staffing pattern must ensure the availability of a registered nurse 24 hours each day. There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each inpatient's active treatment program.

	YES	NO	EXPLANATORY STATEMENT

NUMBER OF NURSING PERSONNEL ASSIGNED TO UNIT
(FULL-TIME EQUIVALENTS)
A) R.N.S _____ B) L.P.N.S _____ C) AIDES _____

DAY OF SURVEY–NUMBER OF NURSING PERSONNEL
(FULL-TIME EQUIVALENTS)

SHIFT	R.N.	L.P.N.	AIDES	OTHER
Day				
Evening				
Night				

Average bed-size of adult patient ward _____ beds

R.N. Duty Roster (Full-time Equivalent) — For at least one complete week

SHIFT	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
Day							
Evening							
Night							
Relief							

(4) **Psychological services.** The unit must provide or have available psychological services to meet the needs of the inpatients. The services must be furnished in accordance with acceptable standards of practice, service objectives, and established policies and procedures.

(5) **Social Services**. There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures. Social service staff responsibilities must include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate information with sources outside the hospital.

(6) **Therapeutic activities**. The unit must provide a therapeutic activities program.

(i) The program must be appropriate to the needs and interests of inpatients and be directed toward restoring and maintaining optimal levels of physicial and psychosocial functioning.

	YES	NO	EXPLANATORY STATEMENT
(ii) The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each inpatient's active treatment program.			