Inpatient Psychiatric Unit (IPU) Criteria Work Sheet (CMS-437)

Section 1 – Demographic Information

CCN Number of IPU:	**Name of IPU:**	
Street Address of IPU:	**City:**	
State:	**Zip Code:**	**Telephone Number for IPU:**
Number of Rooms in IPU:	**Number of Beds in IPU:**	**Start Date of Last Survey:**
CCN Number of Facility in Which IPU Is Located:		**End Date of Last IPU Survey:**

Cost Period(s) for Which Exclusion from the IPPS Payment System is Requested:

Cost Reporting Period #1:	**Start Date:**		**End Date:**	
Cost Reporting Period #2:	**Start Date:**		**End Date:**	
Cost Reporting Period #3:	**Start Date:**		**End Date:**	

SECTION II – ATTESTATION

TAG	REGULATION	GUIDANCE	YES	NO	EXPLANATORY STATEMENT
	§412.25 Excluded Hospital Units: Common Requirements				
	§412.25(a) - Basis for exclusion. In order to be excluded from the prospective payment system, a psychiatric unit must meet the requirements under §412.25(a) and (b) which include:				
	§412.25(a)(1) Be part of an institution that-	• Has the state agency (SA) verified with the CMS Regional Office (RO) that the hospital has a current agreement to participate in the Medicare program and to ensure that the hospital is not already excluded in its entirety from PPS, such as a psychiatric hospital?			
	§412.25(a)(1)(i) Has in effect an agreement under part 489 of this chapter to participate as a hospital;	• Does the hospital in which the inpatient psychiatric unit is located have an agreement with Medicare to participate as a hospital?			
	§412.25(a)(1)(ii) Prior to October 1, 2019, was not excluded in its entirety from the prospective payment systems; and	• Prior to October 1, 2019, the unit was not completely excluded from the Medicare IPPS payment system.			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.25(a)(1)(iii) Unless it is a unit in a critical access hospital, the hospital of which an IRF is a unit must have at least 10 staffed and maintained hospital beds that are paid under the applicable payment system under which the hospital is paid, or at least 1 staffed and maintained hospital bed for every 10 certified inpatient rehabilitation facility beds, whichever number is greater. Otherwise, the IRF will be classified as an IRF hospital, rather than an IRF unit. In the case of an inpatient psychiatric facility unit, the hospital must have enough beds that are paid under the applicable payment system under which the hospital is paid to permit the provision of adequate cost information, as required by § 413.24(c) of this chapter.	Does the hospital in which the psychiatric unit is located meet one of the criteria below **(select whichever is greater)?** • Does the hospital of which the psychiatric unit is located have at least 10 staffed and maintained hospital beds that are paid under the applicable payment system under which the hospital is paid? **or** • Does the hospital in which the psychiatric unit is located have at least 1 staffed and maintained hospital bed for every 10 certified inpatient psychiatric unit beds? • Does the hospital have enough beds that are paid under the applicable payment system under which the hospital is paid to permit the provision of adequate cost information?			
	§412.25(a)(2) Have written admission criteria that applied uniformly to both Medicare and non-Medicare patients.	• Does the inpatient psychiatric unit have written admission criteria? • Are the admission criteria being applied uniformly to all patients (both Medicare and non-Medicare patients)?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.25(a)(3) Have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available.	• Does the inpatient psychiatric unit have medical records that are separately identifiable from those of the hospital in which the unit is located? • Are the inpatient psychiatric unit medical records separate from other hospital records? • Are the records readily available for review?			
	§412.25(a)(4) Have policies specifying that necessary clinical information is transferred to the unit when a patient of the hospital is transferred to the unit.	• Does the hospital, in which the inpatient psychiatric unit is located, have a policy specifying what clinical information should be sent with a hospital patient that is transferred to the psychiatric unit? • Does the hospital, in which the inpatient psychiatric unit is located, adhere to this policy?			
	§412.25(a)(5) Meet applicable State licensure laws.	• Does the inpatient psychiatric unit meet all applicable state laws? • Are all applicable licensure and certification requirement for the inpatient psychiatric unit professional staff current?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.25(a)(6) Have utilization review standards applicable for the type of care offered in the unit.	• Does the hospital in which the inpatient psychiatric unit is located have a utilization review plan that includes psychiatric services? • Does the inpatient psychiatric unit have a utilization review plan.			
	§412.25(a)(7) Have beds physically separate from (that is, not commingled with) the hospital's other beds.	• Is the area containing the inpatient psychiatric unit beds physically separate from the beds in the other units of the hospital? • Are the inpatient psychiatric unit beds physically separate from the hospital beds?			
§412.27 Excluded Psychiatric Units: Additional Requirements					
	§412.27(a) Admit only patients whose admission to the unit is required for active treatment, of an intensity that can be provided appropriately in an inpatient hospital setting, of a 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.	• Does the inpatient psychiatric unit only admit patients that require active treatment, of an intensity that can be provided appropriately in an inpatient hospital setting, of a psychiatric principal diagnosis that is listed in the DSM 3?			

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	§412.27(b) Furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, and therapeutic activities.	• Does the inpatient psychiatric unit provide the following services: ○ Psychological services ○ Social work services ○ Psychiatric nursing, ○ Occupational therapy, and ○ Recreational therapy? • Does the inpatient psychiatric unit provide these services through the use of qualified personnel?			
	§412.27(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:	• Do the inpatient psychiatric unit medical records permit a determination of the degree and intensity of the treatment provided to each psychiatric inpatient?			
	§412.27(c)(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.	• Do the inpatient psychiatric unit medical records stress the psychiatric component of the treatment? • Do the inpatient psychiatric unit medical records include the history of findings and treatment provided for the psychiatric condition for which each inpatient is treated in the unit?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(1)(i) The identification data must include the inpatient's legal status.	• Do the inpatient psychiatric unit medical records state each inpatient's legal treatment status? **Note:** Legal treatment status is defined by state statutes and dictates the circumstances under which the patient was admitted and/or is being treated (i.e. voluntary, involuntary, committed by court)			
	§412.27(c)(1)(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.	• Do the inpatient psychiatric unit medical records for each inpatient provide a provisional or admitting diagnosis?			
	§412.27(c)(1)(iii) The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both.	• Do the inpatient psychiatric unit medical records for each patient clearly state why they were admitted?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(1)(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.	Does the inpatient psychiatric unit medical record for each inpatient include the following social services information? • A social history for the patient, • Reports of interviews with the patient, the patient's family members and others; and • An assessment of home plans, family attitudes and community resources.			
	§412.27(c)(1)(v) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.	• Do the inpatient psychiatric unit medical records include complete neurological examinations, performed at the time of the admission physical examination for inpatients, when indicated? • Is there an evaluation and treatment plan for identified physical illnesses that may impact the patient's psychiatric outcome?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(2) – Psychiatric Evaluation. Each inpatient must receive a psychiatric evaluation that must:	• Does each psychiatric inpatient receive a psychiatric evaluation?			
	§412.27(c)(2)(i) Be completed within 60 hours of admission;	• Are inpatient psychiatric evaluations completed within 60 hours of admission?			
	§412.27(c)(2)(ii) Include a medical history;	• Does each inpatient psychiatric evaluation include a medical history?			
	§412.27(c)(2)(iii) Contain a record of mental status;	• Does each inpatient psychiatric evaluation include an assessment of the patient's mental status?			
	§412.27(c)(2)(iv) Note the onset of illness and the circumstances leading to admission;	• Does each inpatient psychiatric evaluation identify the: o Onset of illness? And o Circumstances leading to admission?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(2)(v) Describe attitudes and behavior;	• Does each inpatient psychiatric evaluation contain a description of the patient's attitudes and behaviors?			
	§412.27(c)(2)(vi) Estimate intellectual functioning, memory functioning, and orientation; and	• Does each inpatient psychiatric evaluation contain an assessment of the patient's: o Orientation to person time and place? and o Intellectual and memory functioning?			
	§412.27(c)(2)(vii) Include an inventory of the inpatient's assets in descriptive, not interpretative fashion.	• Does each inpatient psychiatric evaluation contain an inventory of the patient's assets in descriptive, not interpretative fashion? **NOTE:** For the purposes of this regulation, words such as "youth", "pretty", "social security income" and "has a car" do not represent assets.			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(3)(i) - Treatment Plan. Each inpatient must have an additional 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	• Is an additional written comprehensive treatment plan that is based on an inventory of the inpatient's strengths and disabilities prepared for each psychiatric unit inpatient? • Is this treatment plan based on an assessment of the patient's strengths and disabilities? • Does this written, comprehensive treatment plan contain the following information: o A substantiated diagnosis? o Short and long term goals? o Specific treatment modalities to be used? o The responsibilities of each member of the treatment team? o Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out?			
	§412.27(c)(3)(ii) The treatment received by the inpatient must be documented in such a way as to assure that all active therapeutic efforts are included.	• Does each inpatient psychiatric unit medical record document all the treatment received by the patient? • Does the documentation of the patient's treatment include all active therapeutic efforts?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(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.	• Does the inpatient psychiatric unit medical record for each inpatient contain written progress notes prepared the by the physician(s) or non-physician practitioner(s) that provide care for the patient? • Does the inpatient psychiatric unit medical record for each inpatient contain written notes prepared the by the nurses, social workers, and other professional staff that are significantly involved in the care of the patient? • Are the progress notes recorded no less than weekly for the first two weeks of hospitalization and once per month thereafter, or more often as the patient's condition requires. • Do the progress notes for each patient contain recommendations for revisions in treatment as indicated? • Do the progress notes for each inpatient contain a precise assessment of the patient's progress in accordance with the original or revised treatment plan.			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(c)(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.	• Does the inpatient psychiatric unit have a discharge planning process? • Does the discharge planning process include the participation of the multidisciplinary staff and the patient? • Does the inpatient psychiatric unit medical record for each inpatient include the following: o A discharge summary that includes a review of the inpatient's hospitalization in the unit? o Recommendations for follow-up or after care? o A brief summary of the patient's condition on discharge? • Are the details of the discharge plan communicated to the post-hospital treatment provider(s)?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(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:				
	§412.27(d)(1) – Personnel. The unit must employ or undertake to provide adequate numbers of qualified professional, technical, and consultative personnel to –				
	§412.27(d)(1)(i) Evaluate inpatients;	• Does the inpatient psychiatric unit have an adequate number of qualified professional and supportive staff to ensure that all required patient evaluations are completed in a timely manner?			
	§412.27(d)(1)(ii) Formulate written, individualized, comprehensive treatment plans;	• Does the inpatient psychiatric unit have an adequate number of qualified professional and supportive staff to ensure that all inpatients receive a written, individualized, comprehensive treatment plan?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(1)(iii) Provide active treatment measures; and	• Does the inpatient psychiatric unit have an adequate number of qualified professional and supportive staff to ensure that all inpatients receive the active treatment measures required by their comprehensive, individualized treatment plans?			
	§412.27(d)(1)(iv) Engage in discharge planning.	• Does the inpatient psychiatric unit have an adequate number of qualified professional and supportive staff to ensure that all patients receive discharge planning that meets the requirements of §412.27I(5)?			
	§412.27(d)(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.				

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(2)(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.	• Does the inpatient psychiatric unit have a medical/clinical director? • Is the inpatient psychiatric unit medical/clinical director a licensed physician (MD or DO)? • Does the medical/clinical director of the inpatient psychiatric unit have all of the required training and experience required to be eligible to sit for the board certification examinations administered by the following medical professional associations: o The American Board of Psychiatry and Neurology, and/or o The American Osteopathic Board of Neurology and Psychiatry? **or** • Is the medical/clinical director of the inpatient psychiatric already board certified by one or both of the above stated medical professional associations?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(2)(ii) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.	• Does the medical director of the inpatient psychiatric unit monitor and evaluate the quality and appropriateness of the services provided to the inpatients by the medical staff? • Does the inpatient psychiatric unit have a clearly defined process and criteria for monitoring and evaluating the quality and appropriateness of the services and treatment provided to inpatients?			
	§412.27(d)(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.	• Does the inpatient psychiatric unit have a qualified Director of Psychiatric Nursing Services? • Does the inpatient psychiatric unit have adequate numbers of registered nurses, licensed practical nurses, and mental health workers to: o Provide each inpatient with the nursing care required by their comprehensive, active treatment plan? and o To maintain progress notes on each inpatient?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(3)(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 of 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.	• Is the inpatient psychiatric unit Director of Psychiatric Nursing Services a Registered Nurse (RN)? • Does the inpatient psychiatric unit Director of Psychiatric Nursing Services: o Have a master's degree in psychiatric and mental health nursing, (or its equivalent), from a school of nursing accredited by the National League of Nursing, or o Be qualified for the position by education and experience in the care of the mentally ill. • Has the inpatient psychiatric unit Director of Psychiatric Nursing Services demonstrated competence in performing the following tasks: o Participating in interdisciplinary formulation of individual treatment plans? o Providing skilled nursing care and therapy? and o Directing, monitoring, and evaluating the nursing care furnished?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(3)(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.	• Does the inpatient psychiatric unit provide nursing services with RNs, 24 hours per day, on a daily basis? • Does the inpatient psychiatric unit have 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?			
	§412.27(d)(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.	• Does the inpatient psychiatric unit provide or have available psychological services to meet the needs of all inpatients. • Are the patients in need of psychological therapy or testing receiving those services in a timely manner, and with sufficient intensity? • Are the inpatient psychological services furnished in accordance with acceptable standards of practice, service objectives, and established policies and procedures?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(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.	• Does the inpatient psychiatric unit have a Director of Social Services? • Does the Director of Social Services periodically audit the quality of social work services? • Are social services furnished in accordance with accepted standards of practice and established policies and procedures? • Do the social services staff participate in the following activities: ○ Discharge planning, ○ Arranging for follow-up care, and ○ Providing appropriate information with sources outside the hospital.			
	§412.27(d)(6) – Therapeutic Activities. The unit must provide a therapeutic activities program.	• Does the inpatient psychiatric unit have a therapeutic activities program that is consistently available to the inpatients based on their needs?			

TAG	REGULATION	GUIDANCE	Y ES	NO	EXPLANATORY STATEMENT
	§412.27(d)(6)(i) The program must be appropriate to the needs and interests of inpatients and be directed toward restoring and maintaining optimal levels of physical and psychological functioning.	• Does the inpatient psychiatric unit therapeutic activities program appropriate to the needs and interests of the inpatients? • Are the activities provided by the therapeutic activities program directed towards restoring and maintaining the patient's optimal levels of physical and psychological functional?			
	§412.27(d)(6)(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.	• Does the inpatient psychiatric unit maintain an adequate number of qualified therapists, support personnel, and consultants to provide comprehensive therapeutic activities consistent with each inpatient's active treatment program. • Does the inpatient psychiatric unit periodically monitor the staffing levels for the therapeutic activities program to ensure that they are appropriate to provide for the needs of all inpatients.			

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SECTION III – INPATIENT PSYCHIATRIC UNIT STAFFING

Number of Physician & Non-Physician Practitioner FTEs			
Specialty	**Full-Time (A)**	**Part-Time (B)**	**Consulting (C)**
Psychiatry			
Neurology			
Other Physician Specialty: **Specify:**			
Other Physician Specialty **Specify:**			

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Number of Nursing Personnel Assigned to Unit	
RNs	
LPNs	
Certified Nursing Assistants (Nursing Assistants) (Nursing Technicians)	
Other Nursing Personnel	

Number of Nursing Personnel Full-Time Equivalents (FTEs) Per Shift				
Shift	**Number of RNs**	**Number of L.P.N.**	**Number of CRNAs**	**Other Staff**
Day shift				
Evening shift				
Night shift				

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Number of Nursing Personnel FTEs (Per Shift and Day of the Week)							
Shift	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Day shift							
Evening shift							
Night shift							
Relief shift							

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