

PSYCHIATRIC UNIT CRITERIA WORKSHEET (CMS-437)

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 <div style="display: flex; justify-content: space-between; align-items: center;"> ___/___/___ to ___/___/___ MM DD YYYY MM DD YYYY </div>		
VERIFIED BY		

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

TAG	REGULATION	GUIDANCE	YES	NO	EXPLANATORY STATEMENT
	§412.25 Excluded Hospital Units: Common Requirements				
	(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:				
	(1) Be part of an institution that <ul style="list-style-type: none"> (i) Has in effect an agreement to participate as a hospital; (ii) Is not excluded in its entirety from the prospective payment systems; and (iii) Has enough beds that are not excluded from the prospective payment systems to permit the provision of adequate cost information, as required by §413.24(c) 	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?			
	(2) Have written admission criteria that are applied uniformly to both Medicare and non-Medicare patients.	Are the same admission criteria being applied to all patients?			

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	(3) Have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily available.	Are the psychiatric unit medical records separate from other hospital records? Are the records readily available for review?			
	(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 have a policy ensuring prompt transfer of information to the unit?			
	(5) Meet applicable State licensure laws.	Has the unit verified current active licensure of its professional staff? Does the unit meet any special licensing requirements of the state?			
	(6) Have utilization review standards applicable for the type of care offered in the unit.	Does the hospital have a utilization review plan that includes psychiatric services?			
	(7) Have beds physically separate from (that is, not commingled with) the hospital's other beds.	Is the area containing the psychiatric unit beds separate from the beds in the other units of the hospital?			
	§412.27 Excluded Psychiatric Units: Additional Requirements:				
	(a) Admit only patients whose admission to the unit is required for active treatment, of an intensity that can be provided appropriately on 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.				
	(b) Furnish, through the use of qualified personnel, psychological services, social work, psychiatric nursing, occupational therapy, and recreational therapy.				

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	(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.	Legal 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)			
	(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.	Is the diagnosis written in DSM nomenclature? If the diagnosis is absent, is there written justification for the omission? (for example, the patient was psychotic on admission and not accompanied by family) Is treatment provided for physical illnesses requiring immediate attention? Is there an evaluation and treatment plan for identified physical illnesses that may impact the patient's psychiatric outcome?			
	(iii) The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both.	The records should include who, what, where, when, and why the patient was admitted to the facility.			

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	(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 assessment include the following components? 1) Factual and historical information, 2) Social evaluation (baseline social functioning including strengths and weaknesses), and 3) Conclusions and Recommendations (in anticipation of social work's role in treatment and discharge planning).			
	(v) When indicated, a complete neurological examination must be recorded at the time of the admission physical examination.	At a minimum, the screening neurological exam includes a detailed description of gross testing for cranial nerves II through XII.			
	(2) Psychiatric Evaluation. Each inpatient must receive a psychiatric evaluation that must:	The psychiatric evaluation must include the following components: 1) Chief complaints, reaction to hospitalization, 2) Past history of any psychiatric problems and treatment, including previous precipitating factors, diagnosis, and course of treatment, and 3) Past family, educational, vocational, occupational, and 4) Social history.			
	(i) Be completed within 60 hours of admission;				
	(ii) Include a medical history;	Does the evaluation include any medical conditions that may impact the patient's recovery/remission?			
	(iii) Contain a record of mental status;	Does the mental status record describe the appearance, behavior, emotional response, verbalization, thought content, and cognition of the patient?			
	(iv) Note the onset of illness and the circumstances leading to admission;	Are the identified problems related to the patient's need for admission?			

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	(v) Describe attitudes and behavior;	Does the problem statement describe the behavior(s) which require modification in order for the patient to function in a less restrictive environment?			
	(vi) Estimate intellectual functioning, memory functioning, and orientation; and				
	(vii) Include an inventory of the inpatient's assets in descriptive, not interpretative fashion.	For the purposes of this regulation, words such as "youth", "pretty", "social security income" and "has a car" do not represent assets.			
	(3) Treatment Plan. (i) 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	<ul style="list-style-type: none"> Is the treatment plan a result of collaboration between the patient and the treatment team? Is the treatment plan individualized? Is there a primary diagnosis upon which the treatment interventions are based? Are the treatment plan goals written in a manner that allows for changes in the patient's behavior to be measured? Are the treatment plan goals relevant to the patient's condition? Does the treatment team encourage the patient's active participation and responsibility for engaging in the treatment regimen? For patients who have been secluded or restrained, have less restrictive interventions been considered prior to the use of seclusion or restraints? What is the rationale for use of seclusion and/or restraints? If the use of seclusion and/or restraints is a frequent occurrence, does the treatment plan document alternative interventions to address and treat negative patient behavior? 			

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	(ii) The treatment received by the inpatient must be documented in such a way as to assure that all active therapeutic efforts are included.	<p>Does the patient require 24 hour specialized psychiatric care?</p> <p>Is the patient receiving all aspects of treatment to which the unit has committed itself, based on the assessment, evaluation, and plan of care?</p> <p>Do the policies and procedures adequately direct staff on alternatives or less restrictive interventions prior to the use of seclusion and restraints?</p> <p>Has the staff documented that less restrictive therapeutic interventions have been reviewed and/ or attempted?</p>			
	(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.	<p>Does the content of the treatment notes and progress notes relate to:</p> <ol style="list-style-type: none"> 1. The treatment plan; 2. What the staff is doing to carry out the treatment plan, and 3. The patient's response? 			
	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.				
	(4) 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.	<ul style="list-style-type: none"> • Does the discharge planning process include the participation of the multidisciplinary staff and the patient? • Are the details of the discharge plan communicated to the post-hospital treatment entity? 			

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	(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;	Is there adequate staff to ensure that admission work-ups are completed in a timely manner?			
	(ii) Formulate written, individualized, comprehensive treatment plans;	Are all members of the treatment team able to contribute their data and perspectives toward formulation of the treatment plan?			
	(iii) Provide active treatment measures; and	Is the distribution of staff consistent with particular patient needs? Is staffing sufficient to carry out treatment plans?			
	(iv) Engage in discharge planning.	Does the record indicate that staff has participated in discharge planning? Are staff aware of discharge plans for the patients they are working with?			
	(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.				

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	(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.	Are there appropriate professional staff available to provide necessary medical and treatment services? Does the unit have policies and procedures to direct medical and direct care staff in situations when patients become agitated and aggressive, posing a potential threat to self or others?			

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

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	(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 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.				
	(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.				

PATIENT UNIT STAFFING							
Number of Nursing Personnel Assigned to Unit (<i>Full-Time Equivalents</i>)							
(A) R.N.S. _____ (B) L.P.N.S. _____ (C) AIDES _____							
Day of Survey-Number of Nursing Personnel (<i>Full-Time Equivalents</i>)							
SHIFT	R.N.	L.P.N.	AIDES	OTHER			
Day							
Evening							
Night							
Average number of beds on adult patient care units: _____ beds							
R.N. Duty Roster (<i>Full-time Equivalent</i>) — For at least one complete week							
SHIFT	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
Day							
Evening							
Night							
Relief							

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	(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.	Are the patients in need of psychological therapy or testing receiving those services in a timely manner, and with sufficient intensity?			
	(5) Social Services. There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.	Does the social services director periodically audit the quality of social work services?			
	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 physical and psychological functioning.	Has the unit ensured consistent availability and provision of individualized therapeutic activities and rehabilitative services based on patient's needs?			
	(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.	Are there clearly defined monitoring and evaluation mechanisms to conduct consistent and timely review of the quality and appropriateness of therapeutic and rehabilitative services?			

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