PSYCHIATRIC AND REHABILITATION DISTINCT PART UNITS YES NO N/A Date/Initials **Self-Assessment Questions Comments** If a CAH provides inpatient psychiatric services in a distinct part unit, do the services furnished by the distinct part unit comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of §412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payment systems, and the additional requirements of §412.27 of Part 412 of this chapter for excluded psychiatric units? C-0500 §485.647 (1) Is the distinct part psychiatric or rehabilitation unit in the CAH no more than 10 beds? C-0501 §485.647 (b)(1) Does the distinct part psychiatric unit have written admission criteria that are applied uniformly to all Medicare and non-Medicare patients. C-0504 §412.25(a)(2) Does the distinct part psychiatric unit have written admission and discharge records that are separately identified from those of the CAH in which it is located and readily available? C-0505 §412.25(a)(3) Does the distinct part psych unit have policies specifying that necessary clinical information is transferred to the psych unit when a CAH patient is transferred to the psych unit? C-0506 §412.25(a)(4) Does the distinct part psych unit meet all applicable Missouri State licensure laws? C-0507 §412.25(a)(5) Does the distinct part psych unit have utilization review standards applicable for the type of care offered in the unit? C-0508 §412.25(a)(6) Are the beds in the distinct part psych unit physically separate (not commingled) with the CAH's other beds? C-0509 §412.25(a)(7) Is the psych unit serviced by the same fiscal intermediary as the hospital? (Are the bills sent to the same fiscal intermediary)? C-0510 §412.25(a)(8)

PSYCHIATRIC AND REHABILITATION DISTINCT PART UNITS YES NO N/A Date/Initials **Self-Assessment Questions Comments** Is the distinct part psych unit treated as a separate cost center for cost finding and apportionment purposes? C-0511 §412.25(a)(9) Does the distinct part psych unit use an accounting system that properly allocates costs? C-0512 §412.25(a)(10) Does the distinct part psych unit maintain adequate statistical data to support the basis of allocation? C-0513 §412.25(a)(11) Does the distinct part psych unit report its costs in the hospital's cost report covering the same fiscal period and the same method of apportionment as the CAH? C-0514 §412.25(a)(12) FOR NEW UNITS ONLY—as of the first day of the first cost reporting period for which all other exclusion requirements are met, is the unit fully equipped and staff and is capable of providing inpatient psych care regardless of whether there are inpatients in the unit on that date? C-0515 §412.25(a)(13) CHANGES IN EXCLUDED UNIT SIZES If the CAH changes the number of beds or square footage are these changes in the number of beds or square footage only done one time in the fiscal cost year? Did the CAH notify it Medicare contractor and the CMS RO in writing of the planned change at least 30 days before the date of the change? Did the CAH make changes in bed size or square footage due to relocation of the unit for required construction or because of catastrophic events such as fires, floods earthquakes or tornadoes? C-0516 §412.25(b) The CAH only has one distinct part psych unit excluded from the PPS system. C-0521 §412.25(d) The CAH distinct part psych unit must admit only patients whose admission to the unit is required

PSYCHIATRIC AND REHABILITATION DISTINCT PART UNITS YES NO N/A Date/Initials **Self-Assessment Questions Comments** for active treatment, of an intensity that can be provided appropriately only in an inpatient hospital setting, of a psychiatric principal diagnosis that is listed in the Fourth Edition, Text Revision 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." C-0547 §412.27(a) The CAH must furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, and therapeutic activities." C-0548 §412.27(b) Do the CAH inpatient medical records document the degree and intensity of the treatment provided to individuals who are furnished services in the unit? Do the medical record document the following requirements: a. 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? b. identification data must include inpatient's legal status? 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? d. the reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both? e. 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? when indicated, a complete neurological examination must be recorded at the time of the admission physical examination? C-0549 -C554 §412.27(c)(1)(i-v)

PSYCHIATRIC AND REHABILITATION DISTINCT PART UNITS YES NO N/A Date/Initials **Self-Assessment Questions Comments** Does each inpatient receive a psychiatric evaluation that: a. was completed within 60 hours of admission? b. include a medical history? c. contain a record of mental status? d. note the onset of illness and the circumstances leading to admission? e. describe attitudes and behavior? f. estimate intellectual functioning, memory functioning, and orientation? g. include an inventory of the inpatient's assets in descriptive, not interpretative fashion? C-0555 -C561§412.27(c)(2)(i-vii) Does each inpatient have an individual comprehensive treatment plan based on an inventory of the inpatient's strengths and disabilities. Does the written plan must include: a. a substantiated diagnosis? b. short-term and long-term goals? c. the specific treatment modalities utilized? d. the responsibilities of each member of the treatment team? e. adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out? Are patient treatments documented in such a way as to assure that all active therapeutic efforts are included? C-0564 -C567§412.27(c)(3)(i-ii) **PROGRESS NOTES** Are the progress note 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. Is the frequency of progress notes recorded at least weekly for the first two months and at least once a month thereafter? Do the progress notes contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the inpatient's

PSYCHIATRIC AND REHABILITATION DISTINCT PART UNITS					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
progress in accordance with the original or revised treatment plan?					
If a CAH provides inpatient rehabilitation services in a distinct part unit, the services furnished by the distinct part unit must comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of §412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payment systems, and the additional requirements of §412.29 and §412.30 of Part 412 of this chapter related specifically to rehabilitation units. C-0700 §485.647(a)(2)					

Helpful Hints

Key Resources and Links

- <u>§485.647</u>
- <u>§412.25</u>