


Name of Policy: Admission Criteria and Screening - Inpatient Behavioral Health		 Effective date: 4/2026 Original effective date: June 1, 2014	
Policy Number: 3364-120-06			
Approving Officer: Chief Executive Officer Chief Nursing Officer Service Chief			
Responsible Agent: Chief Nursing Officer Service Chief			
Scope: The University of Toledo Medical Center			
Key words: direct admission, DSM, accommodations, severity, support services			
	New policy proposal		Minor/technical revision of existing policy
X	Major revision of existing policy		Reaffirmation of existing policy

(A) Policy statement

Inpatient behavioral health accepts for care, treatment, and services only those patients whose identified care, treatment, and services needs it can meet. Patients may be admitted directly whenever possible.

(B) Purpose of policy

The process for admission to the inpatient behavioral health center is based on each patient’s assessed needs. Direct admissions may help to expedite the process.

(C) Procedure

(1) Admission criteria.

- (a) Admission to the senior behavioral health unit is indicated for patients ages 55 and older and who have a DSM diagnosis and meet the severity of illness and intensity of service criteria listed here.
- (b) Admission to the child and adolescent unit is indicated for patients ages 5-17 and who have a DSM diagnosis and meet the severity of illness and intensity of criteria.

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- (c) Patients will be granted impartial and non-discriminatory access to treatment or accommodations that are available and/or medically indicated regardless of qualities which include but are not limited to payor source, age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
 - (d) Admission criteria is applied uniformly to Medicare, Medicaid, and commercial payor patients.
 - (e) Any psychiatrist on the medical staff may admit patients to inpatient behavioral health.
 - (f) The entire patient presentation needs to be considered when determining the need for admission, which includes but is not limited to history of mental illness, availability of support services, acute symptomatology, level of dangerousness, and family support systems. The patient must require 24-hour nursing care.
 - (g) Inpatient psychiatric units will follow all state licensure regulations/standards regarding admission criteria.
- (2) Severity of illness.
- (a) Suicide attempts, threat to self.
 - (b) Suicidal ideation or gesture.
 - (c) Self-mutilation behavior (actual or threatened).
 - (d) Homicidal ideation, threat to others.
 - (e) Assaultive behavior threatening others.
 - (f) Command hallucinations directing harm to self or others where there is risk of patient acting.
 - (g) Chronic and continuing self-destructive behavior that poses a significant and/or immediate threat to life, limb, or bodily function.

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- (h) Psychiatric symptoms severe enough to cause disordered, bizarre behavior or psychomotor retardation resulting in significant interference with activities of daily living.
 - (i) Cognitive impairment due to an acute psychiatric disorder that endangers the welfare of patients or others.
 - (j) A mental disorder causing major disability in social, interpersonal, occupational, and/or educational functioning that is leading to dangerous or life-threatening functioning, and that can only be addressed in an acute inpatient setting.
- (3) Exclusion criteria.
- (a) Each case is evaluated on an individual basis by the program leaders.
 - (b) Patients with complex medical illnesses who cannot adequately participate in the treatment program.
 - (c) Patients with terminal diseases without a treatable psychiatric disorder will be referred to an appropriate facility.
 - (d) Patients whose principal diagnosis and focus of treatment is a substance abuse disorder, detoxification for substance abuse, a chronic dementing organic mental disorder, or intellectual disability.
- (4) Preadmission screening
- (a) A 24-hour referral call management system has been developed, implemented, and monitored by the administrator/designee.
 - (b) Pre-admission screening may be performed telephonically with a clinical qualified referral source or face-to-face in the hospital emergency department or other hospital designated area.
 - (c) An individual referred and evaluated by a physician with admitting privileges may be admitted directly after medical clearance is established.
 - (d) Medical clearance is completed by a licensed physician attesting to the medical stability of the patient. This clearance is documented in the patient medical record.

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- (e) If the individual does not meet the admission criteria, the individual is referred to an appropriate agency or service.

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p><u>4/6/2026</u> Date</p> <p><u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><u>4/3/2026</u> Date</p> <p><u>/s/</u> Tanvir Singh, MD Service Chief</p> <p><u>4/2/2026</u> Date</p> <p><i>Review and Revision Completed By: Psychiatry - Inpatient Administration</i></p>	<p>Policies superseded by this policy</p> <ul style="list-style-type: none"> • <i>3364-122-43 Admission Criteria for Inpatient Psychiatry</i> • <i>Guideline: Admission Criteria for Inpatient Psychiatry</i> <p>Initial effective date: June 1, 2014</p> <p>Review/Revision Date: <i>June 2017</i> <i>April 2023</i> <i>April 2026</i></p> <p>Next review date: 4/2029</p>
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