

Minnesota Health Care Programs (MHCP)

Weekly Bed Review

Extended Psychiatric Inpatient Contract

Submit this form with the treatment plan, assessments and progress notes on days 14, 21, 28, 35 and 42 according to the [Weekly Review Guidelines \(DHS-4905B\) \(PDF\)](#).

CONTRACTING HOSPITAL		
CONTACT NAME	PHONE NUMBER	FAX NUMBER
RECIPIENT NAME		PMI NUMBER (MA #)
GENERAL ADMISSION DATE	CONTRACT BED ADMISSION DATE	

To meet MHCP continued stay criteria, documentation must address all of the following:

- Demonstrated immediate or ongoing risk to self or others
- Description of the medication management being done, including information such as reactions to medication, symptoms or behavioral responses to medications, and continued plan for medication treatment
- What symptoms continue to be present, how they compare to the patient's non-acute level of functioning, and what impact the symptoms are having on current functioning
- Treatment plan and treatment plan progress, including clear documentation on how the patient's strengths have been assessed and incorporated into the treatment and discharge planning
- Progress in arranging a discharge destination
- Other factors to consider, such as amount of daily medical observation needed and why; psychiatric or emergent evaluations; whether the multi-disciplinary team involved provides the plan; other interventions designated as important to discharge; specific barriers identified and strategies employed to overcome.