

Procedure for Long Term Psychiatric Care (LTPC) Determinations for Members 18 to 64

Actor	Action
Contractor	<ol style="list-style-type: none"> 1. Determines whether the situation of the Member meets all of the following criteria: <ol style="list-style-type: none"> a. Diagnosis has been determined based on criteria from the latest version of the Diagnostic and Statistical Manual of Mental Health Disorders and Medically Appropriate treatment has been provided according to American Psychiatric Association provision of care guidelines for that diagnosis, b. There is a need for either Intensive Psychiatric Rehabilitation or other tertiary treatment in a State hospital or Post Acute Intermediate Psychiatric Care; and the individual has been determined to meet OHA's established criteria for long-term psychiatric care admission, and c. The Member has received all usual and customary treatment including, if Medically Appropriate, establishment of a medication program and use of a Medication Override Procedure. 2. If the situation of the Member meets the criteria listed above in step 1, does the following with assistance from Acute Inpatient Hospital Psychiatric Care or subacute psychiatric care or other inpatient services staff: <ol style="list-style-type: none"> a. Contacts the Mental Health Long Term Care Coordinator at (503) 947-5542, during normal business hours (Monday through Friday, 8 a.m. to 5 p.m.). b. Completes a Request for LTPC Determination for Persons Age 18 to 64 (request form). c. Obtains the following documents: <ol style="list-style-type: none"> (1) Physician's history and physical; (2) Copies of legal documents (hospital hold, commitment paperwork or appoint of guardian);

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Contractor (cont)	<ul style="list-style-type: none"> (3) Current medications, dosages, and length of time on medication; (4) Reports of other consultations; (5) Psychosocial histories; and (6) Current week's physician and progress notes. <p>3. Sends, by facsimile, the request form and supporting documents to the Mental Health Long Term Care Coordinator at (503)947-5542, Attention: Mental Health Long Term Care Coordinator.</p>
Mental Health Long Term Care Coordinator	<p>4. Within three working days of receiving a completed request form, does the following:</p> <ul style="list-style-type: none"> a. Reviews the request form and documentation for compliance with criteria for LTTPC: b. If necessary, visits the Acute Care Inpatient Hospital Care or Subacute Care or Other Inpatient Psychiatric Services facility to interview staff and the Member. c. Indicates determination and, if authorized for LTTPC, the date of authorization on the form. d. Discuss findings, determination and placement alternatives with the Contractor. <p>5. Sends, by facsimile or secure email, the completed request form including determination and rationale to Contractor.</p>
Contractor	<p>6. If the Member does not meet LTTPC criteria and is denied services or if the Member is found appropriate for LTTPC but on a date other than that specified in Exhibit B, Part II, Section 1, Subsection c, Paragraph (13) (c) (i) of this Contract, Contractor shall do one of the following:</p> <ul style="list-style-type: none"> a. Agree with the Mental Health Long Term Care Coordinator's decision and provide appropriate treatment or initiates transfer of the Member to a setting recommended as of the specified date; or b. Disagree with the Mental Health Long Term Care Coordinator's decisions and requests an expedited clinical review within three working days of the

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	denial. This request must be in writing and contain documentation in accordance with Step 2.c. of this Section to OHA via facsimile at (503) 378-8467.
Adult Mental Health Services Unit	7. If the Contractor requests a clinical review, sends, by facsimile or other approved division communication, the request form and documentation submitted by the Contractor in accordance with Step 2.c. of this Exhibit to the Clinical Reviewer.
Clinical Reviewer Clinical Reviewer (cont.)	8. Does the following within three working days of receiving the clinical review packet: <ul style="list-style-type: none"> a. Reviews all documentation submitted by the Contractor in accordance with Step 2.c. of this Exhibit b. Decides whether the Member is appropriate for LTPC. c. Determines the effective date of LTPC as specified in Exhibit B, Part II, Section 1, Subsection c, Paragraph (13) (c) of this Contract, if applicable. d. Updates the request form. e. Notifies, by phone, the Contractor, the Adult Mental Health Services Unit and the Mental Health Long Term Care Coordinator of the determination. f. Sends, by facsimile, the completed request form to the Contractor, OHA and the Mental Health Long Term Care Coordinator.
Mental Health Long Term Care Coordinator	9. If the Member is found appropriate for LTPC, coordinates with the physician and admission staff the transfer to the setting recommended as of the date specified.
Adult Mental Health Services Unit	10. If transfer to the LTPC setting will not occur on the date the Member is appropriate for LTPC, OHA will assume payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric or other inpatient services stay from the effective date of LTPC until the Member is discharged from such setting. The responsibility for payment is subject to the terms and conditions of the Contract between OHA and each acute Inpatient Hospital.