

Procedure for Long Term Psychiatric Care Determinations for Members 17 and Under

Actor	Action
	<p>1. If the length of stay in an acute care setting or the Member's symptoms in a Psychiatric Residential Treatment Service (PRTS) exceeds usual and customary treatment, the specified care coordinator, treating clinical staff, or child and family team, if identified, will meet to determine if there is a need for LTPC.</p>
Contractor or Designee	<p>2. Within three Business Days from the time of notification of need for LTPC by the child and family team and clinical staff, Contractor or designee shall:</p> <ul style="list-style-type: none"> a. Request all available clinical documentation; and b. Ensure ISA eligibility is in place; and c. Make an initial determination of medical necessity for LTPC; and d. Following the initial determination, forward the necessary clinical documentation to Adolescent Mental Health Specialist. <p>The clinical documentation shall include all of the following:</p> <ul style="list-style-type: none"> (1) Face Sheet (from current medical record) (2) List of current medications, dosages, and length of time on medication; (3) Reports of other consultations; (4) Current psychosocial Assessment; (5) Two weeks of current progress notes; (6) Current psychological Assessment; if determined Medically Appropriate ; (7) Current psychiatric Assessment; (8) Psychiatric care admission history; (9) Psychiatrist note recommending level of care; (10) Consent for release of information; and (11) CASII and ESCII score.

Actor	Action
<p>Child and Adolescent Mental Health Services Unit</p>	<p>3. Within three Business Days from the date that the Adolescent Mental Health Specialist receives the clinical documentation Specialist will:</p> <p>a. Completes a preliminary review of the clinical documentation and initial screening to determine whether LTPC criteria are met.</p> <p>(1) Criteria includes the following:</p> <ul style="list-style-type: none"> • A primary DSM Axis I diagnosis is from the OHP prioritized list of health services; • A DSM Axis V, Child Global Assessment Function (CGAF) rating of 40 or below; • There is documented evidence of inadequate response to all usual and customary treatment in an Acute Inpatient Hospital Psychiatric Care setting or PRTS level of care; • There is documented evidence that the child's psychiatric symptoms have intensified beyond the capacity of the Acute Inpatient Hospital or PRTS level of care; • The current CASII or ECSII score indicates a level of acuity that requires inpatient psychiatric care; • At least two of the following conditions must be met related to the primary diagnosis: <ul style="list-style-type: none"> * Clinical documentation of actual imminent danger to self or others that can reasonably be expected to improve with intensive treatment and 24-hour medical management under the direction of a child psychiatrist; * Multiple placements (within the past year) in an attempt to manage symptom intensification or associated behavioral problems within either an PRTS program; * Need for intensive psychiatric review or adjustment of psychotropic medications evidenced by either rapid deterioration or failure to improve despite clinical treatment in a less restrictive level of care; or * Need for continued treatment beyond the reasonable duration of an Acute Inpatient Hospital Psychiatric Care, subacute psychiatric

Actor	Action
Child and Adolescent Mental Health Services Unit (cont.)	<p style="text-align: center;">care or and documented evidence that appropriate intensity of treatment cannot be provided in a less restrictive psychiatric program or community setting;</p> <p>b. Upon completion of the preliminary review of clinical documentation and determination that medical necessity criteria are met, forward a copy of the clinical documentation to the specified LTTPC Provider for review.</p> <p>c. Provide written notification of the final decision regarding admission determination to the Contractor or designee and the specified LTTPC Provider.</p>
Contractor or Designee	<p>4. If medical necessity criteria for admission are met, Member remains enrolled with the Contractor and the Contractor shall establish a care path plan.</p>
Child and Adolescent Mental Health Services Unit	<p>5. If medical necessity is not met the Child and Adolescent Mental Health Services Unit staff will be available to explore alternative options with the Contractor or designee and the specified LTTPC Provider.</p> <p>6. Contractor or designee shall send a written notice of action to the Member Representative and Contractor.</p>
Contractor or Designee	<p>7. If the Contractor or Member Representative does not agree with the OHA decision the Child and Adolescent Mental Health Services Unit either has the right to request an Administrative Hearing within 45 calendar days of the date of receipt of the notice of action on behalf of the Member and in accordance with OAR 410-120-1860. The Contractor or Member Representative must submit an Administrative Hearing request via facsimile to (503) 378-8467.</p>
Child and Adolescent Mental Health Services Unit	<p>8. If transfer to LTTPC will not occur within seven calendar days from the date the Member is determined appropriate for LTTPC, DHS assumes payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric stay from the effective date of LTTPC until the Member is discharged from such setting. The Member will remain enrolled with Contractor.</p>

Request for Long Term Psychiatric Care Determination for Persons Age 17 and Under

REQUEST	
Child's Name:	Referral Date:
Parent/Guardian:	
Address:	Phone:
City:	County:
Child's Medicaid Prime No:	Child's SS#:
Contractor:	DOB:
Current Program:	Admission Date:
<u>DOCUMENTATION SUPPORTING REQUEST:</u>	
I	
II	
III	
IV	
V	
<u>CLINICAL DOCUMENTS:</u>	
<input type="checkbox"/> A copy of the current services coordination plan;	
<input type="checkbox"/> Current CASII or ECSII;	
<input type="checkbox"/> Physician history and physical, if available;	
<input type="checkbox"/> List of current medications, dosages, and length of time on medication;	
<input type="checkbox"/> Reports of other consultations;	
<input type="checkbox"/> Current psychosocial Assessment;	
<input type="checkbox"/> Two weeks of current weekly progress notes;	
<input type="checkbox"/> Release of information;	
<input type="checkbox"/> Current psychiatric Assessment;	
<input type="checkbox"/> Psychiatric assessment and recommendation for SCIP, SAIP or SITS; and	
<input type="checkbox"/> Psychiatrist note recommending level of care.	

SUMMARY OF REASONS FOR REQUEST

Long-Term Psychiatric Care Determination for Persons Age 17 and Under

Child's Name:

Contractor:

AMH Child and Adolescent Mental Health Services Unit Reviewer:

Name of Contractor or Designee:

CRITERIA FOR LONG TERM PSYCHIATRIC INPATIENT CARE

- Primary DSM Axis I diagnosis is from the prioritized list of health services
- A DSM Axis V, CGAF rating of 40 or below
- Current CASII and ECSII score indicates a level of acuity that requires secure inpatient psychiatric care

At least two of the following:

- Clinical documentation of actual imminent danger to self or others that can reasonably be expected to improve with intensive treatment and 24-hour medical management under the direction of a child psychiatrist;
- Multiple placements (within the past year) in an attempt to manage symptom intensification or associated behavioral problems within either an Acute Inpatient Hospital Psychiatric Care, subacute psychiatric care or PRTS program,
- Need for intensive psychiatric review or adjustment of psychotropic medications evidenced by either rapid deterioration or failure to improve despite clinical treatment in a less restrictive level of care;
- Need for continued treatment beyond the reasonable duration of an Acute Inpatient Hospital Psychiatric Care, subacute psychiatric care and documented evidence that appropriate intensity of treatment cannot be provided in a less restrictive psychiatric program or community setting;

SITS FUNDING OPTION

- Documented evidence that multiple efforts in Treatment approach have been made to manage the Member's symptoms and/or behavior in a PRTS program AND the Member could reasonably be expected to benefit over a short period of time from an increased staffing ratio or psychiatric management allowing them to remain in the PRTS setting.
- OR:
- The Member is demonstrating emotional and/or behavioral difficulty managing the transition process from SAIP, SITS or SCIP to PRTS AND it can be reasonably expected that the Member will benefit from additional staffing or increased psychiatric management during the brief period ensuring a more successful transition.

Outcome of Clinical Screening
Approved

- SCIP
- SAIP
- STS
- SITS

Start of Care Date:

Date of Decision:

Care Path Plan

Child's Name:

DISCHARGE PLAN AND CRITERIA

If LTPC admission criteria are met, include a written plan for discharge to the least restrictive appropriate setting with specific discharge criteria and the expected goals for treatment.

SERVICES RECOMMENDED

If LTPC admission criteria are not met, describe services that are recommended.

Signature of **Child and Adolescent Mental Health Services Unit staff**

: _____ Date: _____

Signature of Contractor or Designee: _____

Date: _____