PSYCHIATRIC UNIT ADMISSION/EXTENSION CRITERIA FOR CHILDREN

It is the hospital’s responsibility to provide Molina with the specific information necessary for the case review nurse/LMHP to determine that the patient meets admission criteria as specified on this form. Include the following from the medical record: 1) ED record (if any), 2) admit note, 3) physician’s orders, and 4) applicable progress notes.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>CASE #:</th>
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</thead>
<tbody>
<tr>
<td>MEDICAID ID #:</td>
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</tbody>
</table>

ICD CODE # (MUST correspond to a DSM-III-R Diagnosis):

ADMISSION/EXTENSION REFERRAL CRITERIA: At least ONE Severity of Illness Criteria must be met. ALL Intensity of Service Criteria must be met. No Exclusionary Criteria will be met.

SEVERITY OF ILLNESS CRITERIA

(Child must meet one of the following three criteria)

☐ 1. Child presents as a danger to self due to a DSM III-R Axis I diagnosis as indicated by the following:
   (Indicator A, B, or C, and D must exist to meet criteria 1)
   - A. Documented suicide attempt within the last 24 hours
   - OR
   - B. Documented presence of self-mutilative behavior within the last 24 hours
   - OR
   - C. Documented information from the child or a reliable source that the child has a current suicide plan, specific suicidal intent, or recurrent suicide thoughts, and lethal means available to follow the plan
   - AND
   - (Indicators A, B, or C must be accompanied by D below)
   - D. It is the judgment of a mental health professional that the child is at significant risk of making a suicide attempt without immediate inpatient intervention.

   Specifics: ___________________________________________________________________________________________________

☐ 2. Child presents as a danger to others/property due to a DSM III-R Axis I diagnosis as indicated by the following:
   (Indicator A, B, or C and D must exist to meet criteria 2. The criteria must arise from a DSM III-R Axis I diagnosis and include the specific criteria that were met to justify that diagnosis)
   - A. Documented dangerously aggressive behavior that was harmful or potentially harmful to others or property within the last 72 hours
   - OR
   - B. Documented threats to kill or seriously injure another person or seriously damage property, and the means to carry out the threats
   - OR
   - C. Documented information from the child or a reliable source that the child has a current plan, specific intent, or recurrent thoughts to seriously harm others or property
   - AND
   - D. It is the judgment of a mental health professional that the child is at significant risk of making a homicide attempt or engaging in other seriously aggressive behavior without immediate inpatient intervention.

   Specifics: ___________________________________________________________________________________________________
3. Child presents as **gravely disabled** due to a DSM III-R Axis I diagnosis as indicated by the following:

(Indicator A, B, or C and D must exist to meet criteria 3. The criteria must arise from a DSM III-R Axis I diagnosis and include the specific criteria that were met to justify that diagnosis)

- A. The child has serious impairment of functioning compared to others of the same age in one or more major life roles (school, family, interpersonal relations, self-care, etc.) Specific description of the following must be documented:
  1) Deficits in control, cognition, or judgment
  2) Circumstances resulting from those deficits in self-care, personal safety, social/family functioning, academic, or occupational performance
  3) Prognostic indicators which predict the effectiveness of acute treatment

AND (Indicator A must be accompanied by B, C, or D below)

- B. The acute onset of psychosis or severe thought disorganization or clinical deterioration has rendered the child unmanageable and unable to cooperate in non-hospital treatment

OR

- C. There is a need for medication therapy or complex diagnostic testing where the child’s level of functioning precludes cooperation with treatment in an outpatient or non-hospital based regimen, and may involve forced administration of medication

OR

- D. A medical condition co-exists with a DSM III-R Axis I diagnosis which, if not monitored/treated appropriately, places the child’s life or well-being at serious risk.

Specifics:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

### INTENSITY OF SERVICE CRITERIA

(Child must meet criteria 1, 2, and 3)

1. Services in the community do not meet, and/or do not exist to meet the treatment needs of the child, or the child has been unresponsive to treatment at a less intensive level of care. For each service listed below, check the appropriate box using the following codes:

<table>
<thead>
<tr>
<th>Service Alternative</th>
<th>Tried</th>
<th>Needed</th>
<th>Not Sufficient</th>
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</thead>
<tbody>
<tr>
<td>CRISIS MANAGEMENT</td>
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<td>IN-HOME CRISIS SERVICE</td>
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<td>RESIDENTIAL SERVICES</td>
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<td>PARTIAL HOSPITALIZATION</td>
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<td>DAY PROGRAMS</td>
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<td>MEDICATION MANAGEMENT</td>
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<td>FAMILY SUPPORT SERVICES</td>
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<tr>
<td>COUNSELING AND THERAPY</td>
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<tr>
<td>PSYCHOSOCIAL SKILLS TRAINING</td>
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<td>TREATMENT INTEGRATION</td>
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<tr>
<td>TARGETED CASE MANAGEMENT</td>
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<tr>
<td>OTHER (SPECIFY)</td>
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</table>

AND

2. Services provided in the hospital can reasonably be expected to improve the patient’s condition or prevent further regression so that the services will no longer be needed by the child.

AND

3. Treatment of the patient’s psychiatric condition requires services on an inpatient basis requiring 24-hour nursing observation, under the direction of a psychiatrist. **(The child requiring this treatment must not be on independent passes or unit passes without observation or being accompanied by hospital personnel or a responsible other.)** These services include, but are not limited to

- A. Suicide precautions, unit restrictions, and continual observation and limiting of behavior to protect self or others or property
- B. Active intervention by a psychiatric team to prevent assaultive behavior
- C. 24-hour observation and medication stabilization because the child exhibits behaviors that indicate that a therapeutic level of medication has not been reached.

Specifics:
_________________________________________________________________________________________________
EXCLUSIONARY CRITERIA

If child meets one or more of the following criteria, admission is denied.

- 1. The child has a major medical or surgical illness or injury that prevents active participation in a psychiatric treatment program.
- 2. The child has criminal charges and does not meet severity and intensity criteria.
- 3. The child has anti-social behaviors that are a danger to others and the anti-social behaviors are characterological rather than due to a DSM III-R Axis I diagnosis.
- 4. The child has a DSM III-R Axis II diagnosis of mental retardation and does not meet severity and intensity criteria.
- 5. The child lacks a place to live and/or family supports and does not meet severity and intensity criteria.
- 6. The child has been suspended or expelled from school and does not meet severity and intensity criteria.

Specifics: __________________________________________________________________________________________________
___________________________________________________________________________________________________________

(Must meet at least one)

- 1. Failure to comply with treatment program within three days of admission
- 2. Failure to improve within seven days of admission
- 3. Type/dosage of psychotropics unchanged in last two days
- 4. Documented by physician that maximum hospital benefit attained
- 5. Ability to appropriately control behavior
- 6. Alternative placement/follow-up care arranged
- 7. Ability to function cooperatively in hospital environment

DATE ADMISSION CERTIFIED: ______________________________ LOS ASSIGNED: ______________________________
DATE EXTENSION APPROVED: ______________________________ LOS EXTENSION: _____________________________