

EXHIBIT H.1
PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATIONS
FOR OHP MEMBERS AGE 18 TO 64.

ACTOR	ACTION
Contractor	<ol style="list-style-type: none"><li data-bbox="570 478 1479 1291">1. Determines whether the situation of the OHP Member meets both of the following criteria:<ol style="list-style-type: none"><li data-bbox="776 625 1479 966">a. There is a need for either Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and<li data-bbox="776 1008 1479 1260">b. The OHP Member has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.<li data-bbox="570 1302 1479 1934">2. If the situation of the OHP Member meets both 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"><li data-bbox="776 1596 1479 1774">a. Contacts the OMHAS ECMU Screener at (503) 945-2997 or (503) 945-2998, during normal business hours (Monday through Friday, 8 a.m. to 5 p.m.).

ECMU Screener

- b. Completes a Request for Long Term Psychiatric Care Determination for Persons Age 18 to 64 (request form).
- c. Obtains the following documents:
 - (1) Physician's history and physical;
 - (2) Current Medications, dosages, and length of time on Medication;
 - (3) Reports of other consultations;
 - (4) Social histories; and
 - (5) Current week's progress notes.
- 3. Sends, by facsimile, the request form and supporting documents to the OMHAS ECMU Screener at (503) 945-0947.
- 4. Within three working days of receiving a completed request form, does the following:
 - a. Reviews the request form and documentation for compliance with criteria for LTPC with the following facilities:
 - (1) OSH, Portland Campus;
 - (2) OSH, Salem Campus;
 - (3) Eastern Oregon Psychiatric Center (EOPC);
 - (4) Efficacious alternatives in the community.
 - b. If necessary, visits the Acute Inpatient

ECMU Screener (Cont.)

Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services facility to interview staff and the OMAP Member.

- c. Indicates findings, determination and transfer date, if applicable, on the request form.
- d. Discuss findings, determination and placement alternatives with the Contractor.

5. Sends, by facsimile, the completed request form to Contractor. If the OHP Member is enrolled with Greater Oregon Behavioral Health, Inc. (GOBHI), also forwards a copy of the request form to DHS Seniors and People with Disabilities Program and the EOPC billings office.

Contractor

6. If the OHP Member is not found Appropriate for LTPC or found Appropriate for LTPC but on a date other than that specified in Section V.B.3.i.(3)(a) of this Agreement, does the following:

- a. Decides whether to accept decision of the ECMU Screener.
- b. If the decision is not accepted, then requests a clinical review within three working days of receiving notice of the LTPC determination. Sends a written request and documentation submitted in accordance with Step 2.c. of this Exhibit to the Office of Mental Health and Addiction Services (OMHAS) via facsimile at (503) 947-1023.

		<ul style="list-style-type: none">c. If the decision is accepted, either provides Appropriate treatment or initiates transfer of the OHP Member to the setting recommended as of the date specified.
OMHAS	7.	If the Contractor requests a clinical review, sends, by facsimile, the request form and documentation submitted by the Contractor in accordance with Step 2.c. of this Exhibit to the Clinical Reviewer.
Clinical Reviewer	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 OHP Member is Appropriate for LTPC.c. Determines the effective date of LTPC as specified in Section V.B.3.i.(3) of this Agreement, if applicable.d. Updates the request form.e. Notifies, by phone, the Contractor, OMHAS and the ECMU Screener of the determination.f. Sends, by facsimile, the completed request form to the Contractor, OMHAS and the ECMU Screener.

2003-2004 Oregon Health Plan Mental Health Organization Agreement

ECMU Screener

9. If the OHP Member is found Appropriate for LTPC, coordinates with the physician and admission staff the transfer to the setting recommended as of the date specified.

OMHAS

10. If transfer to the LTPC setting will not occur on the date the OHP Member is Appropriate for LTPC, DHS 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 OHP Member is discharged from such setting.

DETERMINATION		
Patient's Name:		Prime No.:
Approved	Referral Date:	Name of Clinical Decision Maker:
Denied	Approval Date:	Date of Determination:
		Date Patient Admitted to State Hospital:
CRITERIA FOR LONG TERM PSYCHIATRIC INPATIENT CARE		
<p>Primary DSM Diagnosis is severe psychiatric disorder Documented need for 24-hour hospital level medical supervision At least one of the following conditions is met:</p> <ul style="list-style-type: none"> Need for extended (more than 21 days) regulation of Medications due to significant complications arising from severe side effects of Medications. Need for continued treatment with electroconvulsive therapy where an extended (more than 21 days) inpatient environment is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the Clinical Record. Continued actual danger to self, others or property that is manifested by at least one of the following: <ul style="list-style-type: none"> The OHP Member has continued to make suicide attempts or substantial (life-threatening) suicidal gestures or has expressed continuous and substantial suicidal planning or substantial ongoing threats. The OHP Member has continued to show evidence of danger to others as demonstrated by continued violent acts to person or imminent plans to harm another person. The OHP Member has continued to show evidence of severe inability to care for basic needs but has potential for significant improvement with treatment. Failure of intensive extended care services evidenced by documentation in the Clinical Record of: <ul style="list-style-type: none"> An intensification of symptoms and/or behavior management problems beyond the capacity of the extended care service to manage within its programs; and Multiple attempts to manage symptom intensification or behavior management problems within the local Acute Inpatient Hospital Psychiatric Care unit. <p>Has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.</p>		

OUTCOME OF CLINICAL REVIEW		
Upheld	Transfer Date:	Name of Clinical Reviewer:
Reversed		Date of Decision:

**REQUEST FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR PERSONS AGES
18 TO 64**

REQUEST				
Mental Health Organization:		Referral Date:		
OHP Member Name:			DOB:	
Prime No (Required):		DSM Axis I	DSM Axis II	DSM Axis III
Admission Date:	Proposed Transfer Date:			
BASIS FOR REQUEST (NOTE: All documents must be attached.)				
<p>There is a need for either:</p> <p style="padding-left: 40px;">Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or</p> <p style="padding-left: 40px;">Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and</p> <p>The OHP Member has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.</p>				
DOCUMENTATION SUPPORTING REQUEST (NOTE: All documents must be attached.)				
<p style="padding-left: 40px;">Physician's history and physical</p> <p style="padding-left: 40px;">List of current Medications, dosages and length of time on Medication</p> <p style="padding-left: 40px;">Reports of other Consultations</p> <p style="padding-left: 40px;">Social histories</p> <p style="padding-left: 40px;">Current week's progress notes</p>				
ANALYSIS OF DOCUMENTATION SUPPORTING REQUEST				

EXHIBIT H.2

**PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATIONS
FOR OHP MEMBERS UNDER AGE 18**

ACTOR	ACTION
Contractor	<ol style="list-style-type: none"> 1. If the length of stay might exceed Usual and Customary Treatment, consults with one of the following regarding a potential need for LTPC: <ol style="list-style-type: none"> a. For OHP Members age 14 and under, the OMHAS Secure Children’s Inpatient Program (SCIP) Representative; b. For OHP Members age 15 though 18, the Oregon State Hospital (OSH), Child and Adolescent Treatment Program (CATP), Community Outreach Team (COT) Representative. 2. Determines whether the situation of the OHP Member meets the criteria listed in step 5.a. 3. If the situation of the OHP Member meets such criteria, does the following with assistance from Acute Inpatient Hospital Psychiatric Care or Psychiatric Residential Treatment Services (PRTS) staff: <ol style="list-style-type: none"> a. For OHP Members age 14 and under, contacts the OMHAS SCIP Representative at (503) 947-4220, during normal business hours (Monday through Friday, 8:00 a.m. to 5:00 p.m.), or b. For OHP Members age 15 through 18, contacts the Oregon State Hospital (OSH), Child and Adolescent Treatment Program (CATP), COT Representative at (503) 945-7134 or (503) 945-7135, during normal business hours (Monday through Friday, 8 a.m. to 5 p.m.). c. Completes a Request for Long Term

ACTOR	ACTION
	<p>Psychiatric Care Determination for Persons Under Age 18 (request form).</p> <p>d. Obtains the following documents:</p> <ul style="list-style-type: none">(1) Physician's history and physical;(2) List of current Medications, dosages, and length of time on Medication;(3) Reports of other Consultations;(4) Current psychosocial assessment;(5) Current week's progress notes;(6) Current Child Acuity of Psychiatric Illness (CAPI) score, if available;(7) Current psychological assessment; if determined medically appropriate ;(8) Current psychiatric assessment;(9) Psychiatric care admission history; and(10) Completed consent for release of information from the most recent residential or PRTS facility in which the child resided. <p>4. Sends, by facsimile, the request form and supporting documents to one the following:</p> <ul style="list-style-type: none">a. For OHP Members age 14 and under, the OMHAS Representative at (503) 947-4220,orb. For OHP Members Age 15 through 18, the OSH (COT) Representative at (503) 945-2807.

OMHAS Representative
or COT Representative

NOTE: Steps 5 through 11 are completed within seven working days of receiving a completed request form.

5. Does the following:
 - a. Completes an initial screening to decide whether the Community Coordinating Committee (CCC) LTPC screening criteria is met. Such criteria includes the following:
 - (1) The primary DSM Axis I Diagnosis is from the OHP prioritized list of health services;
 - (2) There is documented evidence that the child has not responded to all Usual and Customary Treatment in an Acute Inpatient Hospital Psychiatric Care setting or PRTS level of care; and
 - (3) 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; or
 - (4) In exceptional circumstances a child may be screened who is not currently in an Acute Care Hospital or current functioning and documentation of prior treatment and treatment oriented placements indicate placement into Acute Care of Psychiatric Residential Treatment will benefit the child;
 - (5) There is a documented need for 24-hour hospital level medical supervision under the direction of a psychiatrist in order to effectively treat the primary diagnosis; and

- (6) The current CAPI score indicates a level of acuity that requires inpatient care.
 - b. If necessary, visits the Acute Inpatient Hospital Psychiatric Care or PRTS facility to interview staff and the OMAP Member.
 - c. If CCC LTPC screening criteria is met, forwards the request form and supporting documentation to the CCC Chairperson and allocates time to attend the CCC LTPC screening.
 - d. If CCC LTPC screening criteria is not met, notifies Contractor and CCC Chairperson.
- 6. Schedules a CCC LTPC screening in conjunction with either the OMHAS SCIP Representative or the COT Representative.
- 7. Collects and distributes documentation necessary for the CCC LTPC screening
- 8. Invites the CCC LTPC screening persons who possess information needed to make the LTPC determination and develop the CCC Care Path Plan. Such persons may include Contractor, family members of the OMAP Member or legal guardian, and/or treatment providers.
- 9. Conducts the CCC LTPC screening.
 - a. Determine whether admission criteria has been met.
 - b. Identifies efficacious community placement alternatives.
 - c. Discusses findings, alternatives and

CCC Chairperson

CCC

CCC

determination with the Contractor and either the OMHAS SCIP Representative or the OSH COT Representative.

- d. Notes the final determination.
- e. If admission criteria are met, does the following:
 - (1) Establishes an admission date and time; and
 - (2) Develops a CCC Care Path Plan.
- f. If admission criteria are not met, determines an appropriate plan of care.
- g. Completes the CCC LTPC Determination for Persons Under Age 18 form by indicating findings, determination and planned admission date, if applicable.

10. If the OMAP Member is found Appropriate for LTPC, sets the effective date of LTPC as specified in Section V.B.3.i.(3)(a) of this Agreement.

11. Sends, by facsimile, the completed CCC LTPC Determination for Persons Under Age 18 form to Contractor. Sends a copy to Institutional Revenue Section of DHS.

Contractor

- 12. If the OHP Member is not found Appropriate for LTPC or found Appropriate on a date other than the date described in step 10, does the following:
 - a. Decides whether to accept the decision.
 - b. If the decision is not accepted, requests a clinical review within three working days of receiving notice of the screening decision.

Sends a written request and documentation submitted in accordance with Step 3.c. of this Exhibit to OMHAS, Child and Adolescent Services Section via facsimile at (503) 947-1023.

- c. If the decision is accepted, either provides Appropriate Treatment or initiates transfer of the OHP Member to the setting recommended as of the date specified.

OMHAS

- 13. If a clinical review is requested, send, by facsimile, the request form and documentation submitted by Contractor in accordance with Step 3.c. of this Exhibit to the Clinical Reviewer.

Clinical Reviewer

- 14. Does the following within five working days of receiving the clinical review packet:
 - a. Reviews all forms and documentation submitted by Contractor in accordance with Step 3.c. of this Exhibit.
 - b. Decides whether the OHP Member is Appropriate for LTTPC.
 - c. Determines the effective date of LTTPC as specified in V.B.3.i.(3)(a) of this Agreement, if applicable.
 - d. Updates the CCC LTTPC Determination form.
 - e. Notifies by phone, Contractor, OMHAS SCIP Representative or OSH COT Representative of the determination.
 - f. Sends, by facsimile, the completed CCC LTTPC Determination form to Contractor, OMHAS SCIP Representative or OSH COT Representative Contractor

15. If transfer to OSH CATS will not occur on the date the OHP Member is Appropriate for LTPC, DHS assumes payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric stay from the effective date of LTPC until the OHP Member is discharged from such setting.

REQUEST FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR PERSONS UNDER AGE 18

REQUEST	
Child's Name:	Referral Date:
Parent/Guardian:	
Address:	Phone:
City:	County:
Child's Medicaid Prime No:	Child's SS#:
Mental Health Organization:	DOB:
Current Program:	Admission Date:
PRIMARY DSM DIAGNOSIS	
Axis I Diagnosis:	Code:
Axis II Diagnosis:	Code:
Axis III Diagnosis:	Code:
Axis IV Diagnosis:	Code:
Axis V Diagnosis:	Code:
DOCUMENTATION SUPPORTING REQUEST (NOTE: All documents must be attached.)	
<p>Physician history and physical List of current medications, dosages, and length of time on medication Reports of other consultations Current psychosocial assessment Current week's progress notes Current Child Acuity of Psychiatric Illness (CAPI) score (if available) Current psychological assessment (if medically appropriate) Completed consent for release of information from the most recent residential or PRTS facility in which the child resided Current psychiatric assessment Psychiatric care admission history</p>	

beyond the capacity of the acute inpatient hospital psychiatric care or PRTS level of care setting Documented need of 24-hour hospital level medical supervision under the direction of a psychiatrist in order to effectively treat the primary diagnosis Current CAPI score indicates a level of acuity that requires inpatient psychiatric care		
Outcome of CCC Clinical Screening		
Upheld	Planned Admission Date:	Name of Clinical Reviewer:
Reversed		Date of Decision:
Signature of OMHAS SCIP Representative or COT Representative:		Date:

Update 10/02

**Community Coordinating Committee
Care Path Plan**

Child's Name:	
DISCHARGE PLAN AND CRITERIA	
If Long-Term Psychiatric Care admission criteria are met, include a written plan for discharge to the least restrictive appropriate setting with specific discharge criteria linked to resolution of symptoms and behaviors that justified admission.	
SERVICES RECOMMENDED	
If Long-Term Psychiatric Care admission criteria are not met, describe services that are recommended.	
Signature of CCC Chairperson	Date:

Update 10/02

EXHIBIT H.3
PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR OHP
MEMBERS REQUIRING GEROPSYCHIATRIC TREATMENT

ACTOR	ACTION
Contractor	<ol style="list-style-type: none"> 1. Determines whether the situation of the OHP Member meets both of the following criteria: <ol style="list-style-type: none"> a. There is a need for either Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital (or for adults Extended Care Program), or Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and b. The OHP 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 OHP Member meets both of the criteria listed in step 1, determines whether the OHP Member is eligible for Geropsychiatric Treatment Services. To be eligible for these services, the OMAP Member must be: <ol style="list-style-type: none"> a. Age 65 or over, or b. Ages 18 to 64 and have significant nursing care needs (e.g., must be bathed, dressed, groomed, fed, and toileted by staff) due to an Axis III disorder of an enduring nature.
Contractor	<ol style="list-style-type: none"> 3. With the assistance of Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or

ACTOR	ACTION
	<p>Other Inpatient Services staff, does the following:</p> <ul style="list-style-type: none"> a. Contacts the OSH Geropsychiatric Outreach and Consultation Service (OCS) at (503) 945-7136, Monday through Friday, 8:00 a.m. to 5:00 p.m.; b. Obtains the Request for Long-Term Care Determination for Persons Requiring Geropsychiatric Treatment (request form) from the OSH Geropsychiatric OCS staff; c. Assess OHP Member’s capacity to provide informed consent. If OHP Member is determined unable to provide informed consent, take appropriate action towards civil commitment for OHP Members not already protected by guardianship. d. Obtains all supporting documents listed on the request form. <p>4. Sends, by facsimile, the request form and documents to the OSH Geropsychiatric OCS Screener at (503) 945-2807.</p>
OCS Screener	<p>5. 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 LTPC for persons requiring geropsychiatric treatment.
OCS Screener	<ul style="list-style-type: none"> b. If necessary, visits the Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient

ACTOR	ACTION
	<p>Services facility to interview staff and the OHP Member.</p> <p>c. Discusses findings, determination, and placement alternatives with Contractor or Contractor Representative (i.e., the person who sent the request form or other person designated on the request form).</p> <p>d. Indicates findings, determination, and effective date of LTPC as specified in Section V.B.3.i.(3)(c) of this Agreement on the request form.</p> <p>6. If the OHP Member is found Appropriate for LTPC at OSH-GTS, works with OSH-GTS, Contractor, and the Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services facility to set the OSH-GTS admission date and to coordinate such admission.</p>
OCS Screener	<p>7. Sends, by facsimile, the completed request form to Contractor and requester. Also, forwards a copy of the request form to the Institutional Revenue Section of DHS.</p>
Contractor	<p>8. If the OHP Member is not found Appropriate for LTPC at OSH-GTS, or is found Appropriate on a date other than the date specified in step 5.d., does one of the following:</p> <p>a. Accepts the decision of the OCS Screener and provides Appropriate Treatment. Works with Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services staff, Senior and Disabled Services DHS staff, and in some cases, Enhanced Care Services staff to develop a plan for continued care and Treatment.</p>

ACTOR	ACTION
	<ul style="list-style-type: none"> b. If the decision is not accepted, requests a clinical review within three working days of receiving notice of the LTPC determination. Sends a written request and documentation specified in Step 3.d. of this Exhibit to the OMHAS via facsimile at (503) 947-1023.
OMHAS	<ul style="list-style-type: none"> 9. If Contractor requests a clinical review, sends, by facsimile, the request form and documentation submitted by Contractor in accordance with Step 3.d. of this Exhibit to the Clinical Reviewer.
Clinical Reviewer	<ul style="list-style-type: none"> 10. 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 Contractor in accordance with Step 3.d. of this Exhibit. b. Decides whether the OHP Member is Appropriate for LTPC. c. Determines the effective date of LTPC as specified in Section V.B.3.i.(3) of this Agreement, if applicable. d. Updates the request form. e. Notifies by phone: Contractor, OMHAS and the OCS Screener of the determination. f. Sends, by facsimile, the completed request form to Contractor, OMHAS and the OCS Screener.

ACTOR	ACTION
OCS Screener	11. If the OHP Member is found Appropriate for LTPC, coordinates with the physician and admission staff the transfer to the setting recommended as of the date specified.
OMHAS	12. If transfer to the LTPC setting will not occur on the effective date of LTPC, DHS assumes payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric or Other Inpatient Services stay from the effective date of LTPC until the OHP Member is discharged from such setting.

**Request for Long-Term Psychiatric Care Determination for
Persons Requiring Geropsychiatric Treatment**

REQUEST				
Mental Health Organization:			Referral Date:	
OHP Member Name:			DOB:	
Referral Agent:		DSM Axis I	DSM Axis II	DSM Axis III
Admission Date:	Prime Number:			
BASIS FOR REQUEST (NOTE: All criteria must be met.)				
<p>OHP Member is 65 or older or OHP Member is 64 or younger AND has significant nursing care needs (e.g., must be fed, dressed, groomed, bathed, and toileted by staff) AND these needs arise from an Axis III disorder of an enduring nature (e.g., Alzheimer's, Huntington's, TBI, CVA)</p> <p>(Note: A person 64 or under whose nursing care needs arise from acute decompensation of an Axis I disorder or are the result of behavioral noncompliance would not be admitted to GTS and should be referred to ECMU.)</p> <p>There is a need for either:</p> <ul style="list-style-type: none"> Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and <p>The OHP Member has received all Usual and Customary Treatment, including if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.</p>				
DOCUMENTATION SUPPORTING REQUEST				
(NOTE: All documents must be attached and must document the basis for request criteria.)				
Physician's history and physical		Diagnostic Test results and Lab reports		
List of current Medications, dosages and length of time on Medication		Guardianship or civil commitment documents (if applicable)		
Reports of other Consultations		Civil Commitment investigation report (if available)		
Social histories		ADL Assessment (if available)		
Current week's progress notes		Advance Directive (if available)		

Please summarize the reason why the patient needs Long-Term Psychiatric Care.

ANALYSIS OF DOCUMENTATION SUPPORTING REQUEST
(Remainder of form to be completed by Gero Outreach staff.)

DETERMINATION

Patient's Name:

Prime No.:

Approved

Date of Determination:

Name of Clinical Decision Maker:

Denied

Date Patient Admitted to OSH-GTS:

CRITERIA FOR LONG TERM GEROPSYCHIATRIC INPATIENT CARE

Person is 65 or older or person is 64 or under and meets nursing care criteria.

Person has a psychiatric/neurological disorder causing severe behavioral disturbances with need for 24 hour hospital level medical supervision.

At least one of the following conditions is met:

Need for extended (more than 21 days) regulation of Medications due to significant complications arising from severe side effects of Medications.

Need for continued Treatment with electroconvulsive therapy where an extended (more than 21 days) inpatient environment is indicated and the inappropriateness of a short-term or

less restrictive treatment program is documented in the Clinical Record.
 Continued actual danger to self, others or property that is manifested by at least one of the following:

The OHP Member has continued to make suicide attempts or substantial life-threatening behavior or has expressed continuous and substantial suicidal planning or substantial ongoing threats.

The OHP Member has continued to show evidence of danger to others as demonstrated by continued destructive acts to person or imminent plans to harm another person.

For OHP Members 65 and over ONLY: The OHP Member has continued to show evidence of severe inability to care for basic needs due to significant decompensation of an Axis I diagnosis.

Failure of intensive Enhanced Care Services evidenced by documentation in the Clinical Record of:

An intensification of symptoms and/or behavior management problems beyond the capacity of the Enhanced Care Service to manage within its programs; and

A minimum of one attempt to manage symptom intensification or behavior management problems within the local Acute Inpatient Hospital Psychiatric Care unit.

Has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.

Has received medical evaluation and stabilization of acute medical problems.

OUTCOME OF CLINICAL REVIEW

Upheld	Transfer Date:	Name of Clinical Reviewer:
		Date of Decision:
Reversed		

Update 10/02