



**April 11, 2011**

**Changes to the SCIP/SAIP  
Referral and Screening Process for Mental Health Organizations  
And Community Mental Health Programs  
Effective July 1, 2011**

1. If the length of stay in an acute care setting or the Oregon Health Plan (OHP) Member's symptoms in a Psychiatric Residential Treatment Service (PRTS) exceed Usual and Customary Treatment, the specified care coordinator, treating clinical staff and child and family team, if identified, will meet to determine if there is a need for Long Term Psychiatric Care in the Secure Children's Inpatient Program (SCIP) or the Secure Adolescent Inpatient Program (SAIP).
2. If it is determined a referral should be made, the treating facility will notify the child's Mental Health Organization (MHO) or the Community Mental Health Program (CMHP) depending on the child's Medicaid enrollment status.
3. Within three (3) business days of notification, the child's MHO or CMHP will request all available documentation, ensure Intensive Service Array eligibility is in place and make an initial determination of medical necessity for Long Term Psychiatric Care (LTPC).
4. Following the initial determination, the child's MHO or CMHP will forward the necessary clinical documentation to the Addictions and Mental Health Division (AMH). The necessary clinical documentation must include the following:
  - a. Face Sheet from current medical record;
  - b. List of current medications, dosages, and length of time on medication;
  - c. Available reports of other consultations;
  - d. Current psychosocial assessment;
  - e. Two weeks of progress notes and any special incidents;
  - f. Current psychological assessment if medically appropriate;
  - g. Current psychiatric assessment;

- h. Psychiatric care admission history;
  - i. Psychiatrist's note recommending LTPC;
  - j. Consent for release of information;
  - k. Completed Child or Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII) assessment form
5. Within three (3) business days from the date that the Addictions and Mental Health Division receives the clinical documentation, the Addictions and Mental Health Division will:
- a. Complete a preliminary review of the clinical documentation and initial screening to determine whether the Long Term Psychiatric Care criterion is met. Criteria includes the following:
    - i. A primary Diagnostic and Statistical Manual (DSM) Axis I Diagnosis is from the Oregon Health Plan Prioritized List of Health Services;
    - ii. A DSM Axis V, Children's Global Assessment of Functioning (CGAF) rating of 40 or below;
    - iii. There is documented evidence of inadequate response to all Usual and Customary Treatment in an acute inpatient psychiatric program or Psychiatric Residential Treatment Service (PRTS) level of care;
    - iv. There is documented evidence that the child's psychiatric symptoms have intensified beyond the capacity of the acute care or PRTS setting;
    - v. The current CASII or ECSII score indicates a level of acuity that requires inpatient psychiatric care;
    - vi. And at least two of the following conditions must be met related to the primary diagnosis:
      - 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 treat symptom intensification or associated with behavioral problems.
      - 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.

- The need for continued treatment beyond the reasonable duration of an acute inpatient hospital or sub acute treatment setting and exceeding the capacity of a PRTS program to safely manage.
- b. Upon completion of the preliminary review of clinical documentation and determination that medical necessity is met, AMH shall forward a copy of the clinical documentation to the specified Long Term Psychiatric Care Provider for review.
  - c. AMH will provide written notification of the final decision regarding the admission determination to the Contractor or Designee and the specified LTPC Provider.
4. If medical necessity criteria for admission is met, the child's MHO or CMHP shall establish a Care Path Plan and work with AMH and the LTPC provider to determine the date of admission. If the child is enrolled with an MHO, they will remain enrolled with that MHO. If the child is not enrolled with an MHO and is considered Fee For Service (FFS) or has private insurance, the CMHP will manage the screening, admission and discharge process. AMH will pay the cost of SAIP/SCIP treatment for enrolled and FFS clients.
  5. If medical necessity is not met AMH is available to explore alternative options with the MHO or CMHP and the Child and Family Team.
  6. AMH will send a written Notice of Action to the OHP Member Representative, Fee For Service applicant and the MHO or CMHP.
  7. If the OHP Member or their Representative does not agree with the AMH decision, they have 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 OHP Member and in accordance with OAR 440.120.1860. The MHO, CMHP, privately insured client or other OHP Member Representative shall submit an Administrative Hearing Request via facsimile to (503) 378-8467.
  8. If LTPC is approved, but admission will not occur **within 7 calendar days from the date the OHP Member is determined appropriate for LTPC**, AMH assumes payment responsibility for charges related to the Acute Inpatient Hospital psychiatric stay from the effective date of LTPC decision until the OHP Member is discharged from such setting.

