

## 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.

NAME:	CASE #:
MEDICAID ID #:	
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:

Serv ice Alternative **Tried** and child unresponsive,

Serv ice Alternative **Needed** (Service exists but no available slots or service does not exist; if service had been available it would have been tried),

Service Alternative does **Not** provide **Sufficient** level of restrictiveness.

SERVICE	TRIED	NEEDED	NOT SUFFICIENT
CRISIS MANAGEMENT			
IN-HOME CRISIS SERVICE			
RESIDENTIAL SERVICES			
PARTIAL HOSPITALIZATION			
DAY PROGRAMS			
MEDICATION MANAGEMENT			
FAMILY SUPPORT SERVICES			
COUNSELING AND THERAPY			
PSYCHOSOCIAL SKILLS TRAINING			
TREATMENT INTEGRATION			
TARGETED CASE MANAGEMENT			
OTHER (SPECIFY)			

**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:** \_\_\_\_\_