

Inpatient Case Review Outline

Date: Click here to enter a date. **Hospital:** Click here to enter text.
Name: **Patient ID#:**
DOB: Click here to enter a date. **DOA:** Click here to enter a date.
Last Hospital Admission Date/History: Click here to enter text.
Current Outpatient Supports/PCP: Click here to enter text.
Care Coordinator: Click here to enter text.
Funding Source/County: Choose an item./Click here to enter text.
RETRO Choose an item. **If Retro then why?** Click or tap here to enter text.
Case Staffed In House Only? Choose an item.

Diagnosis and any medical diagnosis:

Authorization	Justification	Recommendation
Initial Dates: SAR #: Click here to enter text. UM CM:		
Continued Stay #1 Dates: SAR #: Click here to enter text. UM CM:		
Continued Stay #2 Dates: SAR #: UM CM:		
Continued Stay #3 Dates: SAR #: : UM CM:		
Continued Stay #4 Dates: SAR #: UM CM:		
Continued Stay #5 Dates:Click here to enter a date. Click here to enter a date. SAR #:		

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UM CM:		
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CC Notes:

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MEDICAID CLINICAL COVERAGE POLICY 8B & MH/SU/DD STATE FUNDED SERVICE DEFINITION MEDICAL NECESSITY CRITERIA

Inpatient SA Adult (INITIAL)

According to Clinical Coverage Policy 8B Attachment B (F), patient meets entrance criteria for Inpatient Behavioral Health Services if: The beneficiary has any DSM-5, or any subsequent editions of this reference material, diagnosis of substance use or dependence and one of the following:

- a. Need for skilled observation or therapeutic milieu necessitating inpatient treatment
- b. Need for medical detoxification and not manageable by alternative treatment
- c. Potential danger to self or others and not manageable by alternative treatment
- d. Onset of, or risk for, seizures, delirium tremens or psychosis
- e. Presence of significant medical disorder or other disabling psychiatric disorder necessitating inpatient treatment

Inpatient SA Adult (CONTINUED STAY)

According to Clinical Coverage Policy 8B and Attachment B (G), patient meets continued stay criteria for Inpatient Behavioral Health Services if: The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's Person Centered Plan or the beneficiary continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- a. Beneficiary has achieved initial Person Centered Plan goals and these services are needed to meet additional goals.
- b. Beneficiary is making satisfactory progress toward meeting goals.
- c. Beneficiary is making some progress, but the Person Centered Plan (specific interventions) needs to be modified so that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible or can be achieved.
- d. Beneficiary is not making progress; the Person Centered Plan must be modified to identify more effective interventions or
- e. Beneficiary is regressing; the Person Centered Plan must be modified to identify more effective interventions.

Inpatient MH Child and Adult (CONTINUED STAY)

According to Clinical Coverage Policy 8B 3.2.3 and Attachment C (I), patient meets continued stay criteria for Inpatient Behavioral Health Services if: The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the treatment plan and the beneficiary continues to be at risk of harming self or others as evidenced by direct threats or clear and reasonable inference of serious harm to self-violent, unpredictable or uncontrollable behavior which represents potential for serious harm to the person or property of others; demonstrating inability to adequately care for own physical needs; or requires treatment which is not available or is unsafe on an outpatient basis. The beneficiary's condition must require psychiatric and nursing interventions on a 24 hour basis.

Inpatient MH Child (INITIAL)

According to Clinical Coverage Policy 8B 3.2.2, patient meets entrance criteria for Inpatient Behavioral Health Services if: "The beneficiary has a Diagnostic and Statistical Manual Fifth Edition (DSM-5) diagnosis and one of the following: 1) Beneficiary is presently a danger to self (e.g., engages

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Jan. 2018

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in self-injurious behavior, has a significant potential, or is acutely manic); 2) Beneficiary engages in actively violent, aggressive or disruptive behavior or beneficiary exhibits homicidal ideation or other symptoms which indicate the beneficiary is a probable danger to others; 3) Acute onset of psychosis or severe thought disorganization or clinical deterioration in condition of chronic psychosis rendering the beneficiary unmanageable and unable to cooperate in treatment; 4) Presence of medication needs, or a medical process or condition, which is life threatening or which requires the acute care setting for its treatment; 5) Need for medication therapy or complex diagnostic evaluation where the client's level of functioning precludes cooperation with the treatment regimen, including forced administration of medication.

Inpatient MH Adult (INITIAL)

According to Clinical Coverage Policy 8B 3.2.6, patient meets entrance criteria for Inpatient Behavioral Health Services if: "The beneficiary has any Diagnostic and Statistical Manual Fifth Edition (DSM-5) diagnosis and one of the following:

- a. Impaired reality testing (e.g., delusions, hallucinations), disordered behavior or other acute disabling symptoms not manageable by alternative treatment
- b. Potential danger to self or others and not manageable by alternative treatment
- c. Concomitant severe medical illness or substance use disorder necessitating inpatient treatment
- d. Severely impaired social, familial, occupational or developmental functioning that cannot be effectively evaluated or treated by alternative treatment
- e. Failure of or inability to benefit from alternative treatment, in the presence of severe disabling psychiatric illness
- f. Need for skilled observation, special diagnostic or therapeutic procedures or therapeutic milieu necessitating inpatient treatment.

CRITERION 5

Criterion 5 Requirements (age 17 or less):

For Medicaid beneficiaries only: Criterion 5 in an Inpatient Psychiatric Facility

In the event that not all of the criteria for continued acute state in an inpatient psychiatric facility as specified in 10A NCAC 25C. 0302 are met, reimbursement may be provided for beneficiaries through the age of 17 for continued stay in an inpatient psychiatric facility at a post-acute level of care to be paid at a residential rate established by DMA if the facility and program services are appropriate for the beneficiary's treatment needs and provided that all of the following conditions are met:

According to Clinical Coverage Policy 8B 3.2.7, patient meets eligibility criteria if:

- a. The psychiatric facility providing continued stay has made a referral for Care Coordination and after care services to the Local Management Entity (LME), which serves the beneficiary's county of eligibility.
- b. The LME and the psychiatric facility have agreed that the beneficiary has a history of sudden decompensation or measurable regression, and experiences weakness in his or her environmental support system which is likely to trigger a decompensation or regression. This history must be documented by the beneficiary's attending physician.
- c. DMA utilization review contractor shall approve Medicaid for continued stay based on criteria in Subsection 3.2.4.
- d. The psychiatric facility providing continued stay at a post-acute level of care shall file claims for Medicaid reimbursement.