Questionnaire: Child Inpatient DDU

---

1. *Is this request a new treatment/episode of care?*
   (Please select one.)
   - ○ Yes
   - ○ No

2. *What are the required intensive interventions on a 24-hour day basis in the last review period:*
   (Please select one.)
   - ○ Psychiatric Interventions
   - ○ Medical Interventions
   - ○ Nursing Treatment Interventions

3. *Is a high frequency, intensity and duration of intervention is required to address repeated aggression or self-injury severe enough to have causes serious injury, or there is significant potential of serious injury to self or others?*
   (Please select one.)
   - ○ Yes
   - ○ No

   If you answered "Yes" on question 3

   3.1.1. *Describe member"s repeated aggression during last review period:*

   3.1.2. *Describe member"s self injury during last review period:*

   3.1.3. *Describe injury that has occurred as a result of members repeated aggression or self injury during last review period:*

4. *Are the symptoms of ID/DD of such severity that one is unable to care for oneself at a developmentally appropriate level, and treatment at a less restrictive level of care would be unsafe or is unavailable?*
   (Please select one.)

- ○ Yes
- ○ No

5. *Has member not previously responded to a less restrictive level of care?*
(Please select one.)
   - ○ Yes
   - ○ No

6. *Would member have a significant risk of harm to self or others, or serious functional deterioration, if a less restrictive setting was used?*
(Please select one.)
   - ○ Yes
   - ○ No

If you answered "Yes" on question 6

6.1.1. *Describe risk or functional deterioration:*

7. *Is a lower level of care available?*
(Please select one.)
   - ○ Yes
   - ○ No

If you answered "No" on question 7

7.2.1. *What are the barriers to lower level of care?*

7.2.2. *What steps have been taken to secure an alternate lower level of care?*

7.2.3. *List comprehensive evaluation of family members, friends, and other resources that have been deemed unavailable for step down and the dates for each items.*

7.2.4. *Has member been stabilized on the inpatient unit?*
(Please select one.)

(Please select one.)

- ○ Yes
- ○ No

8. *Describe the guardian(s) active participation since the last authorization review period:*

9. *Has guardian shadowed staff implementing the behavior plan on the unit?*
(Please select one.)
   - ○ Yes
   - ○ No

If you answered "Yes" on question 9

9.1.1. *Provide date of behavior plan training on unit:*

10. *Has guardian attended coordination meetings?*
(Please select one.)
   - ○ Yes
   - ○ No

If you answered "Yes" on question 10

10.1.1. *Date of last meeting:*

10.1.2. *Date of next meeting:*

If you answered "No" on question 10

Instructions: Please include phone call and email attempts with the dates for each attempt made.

10.2.1. *List attempts to contact guardian:*

11. *Select the name of the hospital:*
(Please select one.)

- ○ Acadia Hospital
- ○ Dorothea Dix Psychiatric Center
- ○ Maine General Medical Center
- ○ Maine Medical Center
- ○ Mid Coast Hospital
- ○ Northern Maine Medical Center

- ○ Pen Bay Medical Center
- ○ Riverview Psychiatric Center
- ○ Southern Maine Medical Center
- ○ Spring Harbor Hospital
- ○ St. Mary"s Regional Medical Center

If you answered "Acadia Hospital " on question 11

11.1.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ 2 West Children/Adolescent
- ○ 2 North Children/Adolescent
- ○ 2 South Children/Adolescent
- ○ 3 North Adult
- ○ 3 South Adult

If you answered "Maine General Medical Center" on question 11

11.3.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ Maine General Medical Center - Augusta

If you answered "Maine Medical Center" on question 11

11.4.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ P6

If you answered "Mid Coast Hospital" on question 11

11.5.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ Behavioral Health Unit

If you answered "Northern Maine Medical Center" on question 11

11.6.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ Adult Unit

- ○ Child/Adolescent Unit

If you answered "Pen Bay Medical Center" on question 11

11.7.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ Psych & Add. Center

If you answered "Southern Maine Medical Center" on question 11

11.9.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ Behavioral Health Unit

If you answered "Spring Harbor Hospital" on question 11

11.10.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ 1E DD unit
- ○ 1NE Child Unit
- ○ 1NW Adolescent Unit
- ○ 1W Adult Unit
- ○ 2E Adult Unit
- ○ 2W Adult Unit

If you answered "St. Mary's Regional Medical Center" on question 11

11.11.1. *Select the name of the unit where the member was admitted:*
(Please select one.)

- ○ A2 Adol/Child Unit
- ○ A3 Adult Unit
- ○ CD (Co-Occurring) Unit D4