

Questionnaire: Child Inpatient

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

2. *Does the member exhibit an immediate or direct threat of serious harm to self or there is a clear and reasonable inference of serious harm to self, where suicidal precautions or observations are required twenty four hours per day?*
(Please select one.)
 - Yes
 - No

4. *What are the required intensive interventions on a 24-hour day basis in the last review period?*
(Please select between 1 and 3 items.)
 - Psychiatric Interventions
 - Medical Interventions
 - Nursing Treatment Interventions

5. *What are the symptoms/behaviors that are of such severity that they require 24-hour/day intensive medical, psychiatric, and nursing services.*
 - Physical aggression
 - Suicidal ideation with plan
 - Homicidal ideations with plan
 - Significant property damage
 - Elopement attempt
 - Injury to self or others due to behaviors

If you answered "Physical aggression" on question 5

5.1.1. *Date of last occurrence for physical aggression:*

If you answered "Suicidal ideation with plan" on question 5

5.2.1. *Date of last occurrence for suicidal ideation with plan:*

If you answered "Homicidal ideations with plan" on question 5

5.3.1. *Date of last occurrence for homicidal ideations with plan:*

5.3.1. *Date of last occurrence for significant behavioral incidents:*

If you answered "Significant property damage" on question 5

5.4.1. *Date of last occurrence for significant property damage:*

If you answered "Elopement attempt" on question 5

5.5.1. *Date of last occurrence for elopement attempt:*

If you answered "Injury to self or others due to behaviors" on question 5

5.6.1. *Date of last occurrence for injury to self or others due to behaviors:*

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

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

7. *List attempts to contact guardian:*

8. *Is DHHS child protective involved?*

(Please select one.)

- Yes
- No

9. *Has CBHS been involved in discharge planning?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 9

10. *Has patient been declined by CSU?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 10

10.1.1. *Please explain date and rationale*

11. *Have any at risk behaviors occurred in the past 7 days?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 11

11.1.1. *Please provide date and details*

12. *Any medication changes that require inpatient 24/7 monitoring?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 12

12.1.1. *Please list date and medication of most recent change*

13. *Has the treatment team exhausted all referrals and treatment options for lower level of care?*

(Please select one.)

- Yes
- No

14. *What are the at risk behaviors that support patient not being able to discharge without supports in place?*
