EXHIBIT H.1
PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATIONS FOR OHP MEMBERS AGE 18 TO 64.

ACTOR	ACTION
Contractor	1. Determines whether the situation of the OHP Member meets both of the following criteria: a. There is a need for either Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and b. The OHP Member has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure. 2. If the situation of the OHP Member meets both criteria listed above in step 1, does the following with assistance from Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services staff: a. Contacts the OMHAS ECMU Screener at (503) 947-5546, during normal business hours (Monday through Friday, 8 a.m. to 5 p.m.). b. Completes a Request for Long Term Psychiatric Care Determination for Persons Age 18 to 64 (request form).

ACTOR	ACTION
	c. Obtains the following documents: (1) Physician's history and physical; (2) Current Medications, dosages, and length of time on Medication; (3) Reports of other consultations; (4) Social histories; and (5) Current week's progress notes.
ECMU Screener	3. Sends, by facsimile, the request form and supporting documents to the OMHAS ECMU Screener at (503)947-5542.
	4. Within three working days of receiving a completed request form, does the following: a. Reviews the request form and documentation for compliance with criteria for LTPC with the following facilities: (1) OSH, Portland Campus; (2) OSH, Salem Campus; (3) Eastern Oregon Psychiatric Center (EOPC); (4) Efficacious alternatives in the community.

ACTOR	ACTION	
ECMU Screener (Cont.)		b. If necessary, visits the Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services facility to interview staff and the OMAP Member. c. Indicates findings, determination and transfer date, if applicable, on the request form. d. Discuss findings, determination and placement alternatives with the Contractor.
	5.	Sends, by facsimile, the completed request form to Contractor. If the OHP Member is enrolled with Greater Oregon Behavioral Health, Inc. (GOBHI), also forwards a copy of the request form to DHS Seniors and People with Disabilities Program and the EOPC billings office.
Contractor	6.	If the OHP Member is not found Appropriate for LTPC or found Appropriate for LTPC but on a date other than that specified in Section V.B.3.i.(3)(a) of this Agreement, does the following: a. Decides whether to accept decision of the ECMU Screener. b. If the decision is not accepted, then requests a clinical review within three working days of receiving notice of the LTPC determination. Sends a written request and documentation submitted in accordance with Step 2.c. of this Exhibit to the Office of Mental Health

ACTOR	ACTION	
		and Addiction Services (OMHAS) via facsimile at (503) 378-8467.
		c. If the decision is accepted, either provides Appropriate treatment or initiates transfer of the OHP Member to the setting recommended as of the date specified.
OMHAS	7.	If the Contractor requests a clinical review, sends, by facsimile, the request form and documentation submitted by the Contractor in accordance with Step 2.c. of this Exhibit to the Clinical Reviewer.
Clinical Reviewer	8.	Does the following within three working days of receiving the clinical review packet:
		a. Reviews all documentation submitted by the Contractor in accordance with Step 2.c. of this Exhibit.
		b. Decides whether the OHP Member is Appropriate for LTPC.
		c. Determines the effective date of LTPC as specified in Section V.B.3.i.(3) of this Agreement, if applicable.
		d. Updates the request form.
		e. Notifies, by phone, the Contractor, OMHAS and the ECMU Screener of the determination.
		f. Sends, by facsimile, the completed request form to the Contractor, OMHAS and the ECMU Screener.

ECMU Screener	9.	If the OHP Member is found Appropriate for LTPC, coordinates with the physician and admission staff the transfer to the setting recommended as of the date specified.
OMHAS	10.	If transfer to the LTPC setting will not occur on the date the OHP Member is Appropriate for LTPC, DHS will assume payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric or Other Inpatient Services stay from the effective date of LTPC until the OHP Member is discharged from such setting.

DETERMINATION			
Patient's Name:			Prime No.:
☐ Approved	Referral Date:	Name of Clinical Decision Maker:	
☐ Denied	Approval Date:	Date of Determination:	
		Date Patient Admitted to State Hospital:	

CRITERIA FOR LONG TERM PSYCHIATRIC INPATIENT CARE

- ☐ Primary DSM Diagnosis is severe psychiatric disorder
- ☐ Documented need for 24-hour hospital level medical supervision
- ☐ At least one of the following conditions is met:
  - ☐ Need for extended (more than 21 days) regulation of Medications due to significant complications arising from severe side effects of Medications.
  - ☐ Need for continued treatment with electroconvulsive therapy where an extended (more than 21 days) inpatient environment is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the Clinical Record.
  - ☐ Continued actual danger to self, others or property that is manifested by at least one of the following:
    - ☐ The OHP Member has continued to make suicide attempts or substantial (life-threatening) suicidal gestures or has expressed continuous and substantial suicidal planning or substantial ongoing threats.
    - ☐ The OHP Member has continued to show evidence of danger to others as demonstrated by continued violent acts to person or imminent plans to harm another person.
    - ☐ The OHP Member has continued to show evidence of severe inability to care for basic needs but has potential for significant improvement with treatment.
  - ☐ Failure of intensive extended care services evidenced by documentation in the Clinical Record of:
    - ☐ An intensification of symptoms and/or behavior management problems beyond the capacity of the extended care service to manage within its programs; and
    - ☐ Multiple attempts to manage symptom intensification or behavior management problems within the local Acute Inpatient Hospital Psychiatric Care unit.
- ☐ Has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.

OUTCOME OF CLINICAL REVIEW		
☐ Upheld	Transfer Date:	Name of Clinical Reviewer:
☐ Reversed		Date of Decision:

REQUEST FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR PERSONS AGES 18 TO 64

REQUEST				
Mental Health Organization:		Referral Date:		
OHP Member Name:				DOB:
Prime No (Required):		**DSM Axis I**	**DSM Axis II**	**DSM Axis III**
Admission Date:	Proposed Transfer Date:			

BASIS FOR REQUEST (NOTE: All documents must be attached.)

- ☐ There is a need for either:
  - ☐ Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or
  - ☐ Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and
- ☐ The OHP Member has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.

DOCUMENTATION SUPPORTING REQUEST (NOTE: All documents must be attached.)

- ☐ Physician's history and physical
- ☐ List of current Medications, dosages and length of time on Medication
- ☐ Reports of other Consultations
- ☐ Social histories
- ☐ Current week's progress notes

ANALYSIS OF DOCUMENTATION SUPPORTING REQUEST

Update 10/02

EXHIBIT H.2
PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATIONS FOR OHP MEMBERS AGE 17 AND UNDER

ACTOR	ACTION
Contractor	1. If the length of stay might exceed Usual and Customary Treatment, consults with the following regarding a potential need for LTPC: a. For OHP Members age 17 and under, the OMHAS Child and Adolescent Mental Health Specialist; 2. Determines whether the situation of the OHP Member meets the criteria listed in step 5.a. 3. If the situation of the OHP Member meets such criteria, does the following with assistance from Acute Inpatient Hospital Psychiatric Care or Psychiatric Residential Treatment Services (PRTS) staff: a. For OHP Members age 17 and under, contacts the OMHAS Child and Adolescent Mental Health Specialist at (503) 947-5529 during normal business hours (Monday through Friday, 8 a.m. to 5 p.m.). b. Completes a Request for Long Term Psychiatric Care Determination for Persons Age 17 and Under (request form). c. Obtains the following documents: (1) Physician's history and physical; (2) List of current Medications, dosages, and length of time on Medication;

ACTOR	ACTION
	(3) Reports of other Consultations; (4) Current psychosocial assessment; (5) Current week's progress notes; (6) Current Child and Adolescent Service Intensity Instrument (CASII) score; (7) Current psychological assessment; if determined medically appropriate ; (8) Current psychiatric assessment; (9) Psychiatric care admission history; and (10) Completed consent for release of information from the most recent residential or PRTS facility in which the child resided. 4. Sends, by facsimile, the request form and supporting documents to the OMHAS Child and Adolescent Mental health Specialist at (503) 947-5547. **NOTE: Steps 5 through 11 are completed within seven working days of receiving a completed request form.**
OMHAS Representative	5. Does the following: a. Completes an initial screening to decide whether the Community Coordinating Committee (CCC) LTPC screening criteria is met. Such criteria includes the following: (1) The primary DSM Axis I Diagnosis is from the OHP prioritized list of health

ACTOR	ACTION
	services; (2) There is documented evidence that the child has not responded to all Usual and Customary Treatment in an Acute Inpatient Hospital Psychiatric Care setting or PRTS level of care; and (3) There is documented evidence that the child's psychiatric symptoms have intensified beyond the capacity of the Acute Inpatient Hospital or PRTS level of care; or (4) In exceptional circumstances a child may be screened who is not currently in an Acute Care Hospital or current functioning and documentation of prior treatment and treatment oriented placements indicate placement into Acute Care of Psychiatric Residential Treatment will benefit the child; (5) There is a documented need for 24-hour hospital level medical supervision under the direction of a psychiatrist in order to effectively treat the primary diagnosis; and (6) The current CASII score indicates a level of acuity that requires inpatient care. b. If necessary, visits the Acute Inpatient Hospital Psychiatric Care or PRTS facility to interview staff and the OHP Member. c. If CCC LTPC screening criteria is met, forwards the request form and supporting documentation to the CCC Chairperson and allocates time to attend the CCC LTPC

ACTOR	ACTION
	screening.
	d. If CCC LTPC screening criteria is not met, notifies Contractor and CCC Chairperson.
CCC Chairperson	6. Schedules a CCC LTPC screening in conjunction with either the OMHAS Representative.
	7. Collects and distributes documentation necessary for the CCC LTPC screening
	8. Invites the CCC LTPC screening persons who possess information needed to make the LTPC determination and develop the CCC Care Path Plan. Such persons may include Contractor, family members of the OHP Member or legal guardian, and/or treatment providers.
CCC	9. Conducts the CCC LTPC screening.
	a. Determine whether admission criteria has been met.
	b. Identifies efficacious community placement alternatives.
	c. Discusses findings, alternatives and determination with the Contractor and the OMHAS Representative.
	d. Notes the final determination.
	e. If admission criteria are met, does the following:
	(1) Establishes an admission date and time; and
	(2) Develops a CCC Care Path Plan.

ACTOR	ACTION
	f. If admission criteria are not met, determines an appropriate plan of care. g. Completes the CCC LTPC Determination for Persons Age 17 and Under form by indicating findings, determination and planned admission date, if applicable.
	10. If the OHP Member is found Appropriate for LTPC, sets the effective date of LTPC as specified in Section V.B.3.i.(3)(a) of this Agreement.
	11. Sends, by facsimile, the completed CCC LTPC Determination for Persons Age 17 and Under form to Contractor.
Contractor	12. If the OHP Member is not found Appropriate for LTPC or found Appropriate on a date other than the date described in step 10, does the following: a. Decides whether to accept the decision. b. If the decision is not accepted, requests a clinical review within three working days of receiving notice of the screening decision. Sends a written request and documentation submitted in accordance with Step 3.c. of this Exhibit to OMHAS, Child and Adolescent Services Section via facsimile at (503) 378-8467 c. If the decision is accepted, either provides Appropriate Treatment or initiates transfer of the OHP Member to the setting recommended as of the date specified.
OMHAS	13. If a clinical review is requested, send, by facsimile, the request form and documentation submitted by Contractor in accordance with Step 3.c. of this Exhibit to the Clinical Reviewer.

ACTOR	ACTION
Clinical Reviewer	14. Does the following within five working days of receiving the clinical review packet: a. Reviews all forms and documentation submitted by Contractor in accordance with Step 3.c. of this Exhibit. b. Decides whether the OHP Member is Appropriate for LTPC. c. Determines the effective date of LTPC as specified in V.B.3.i.(3)(a) of this Agreement, if applicable. d. Updates the CCC LTPC Determination form. e. Notifies by phone, Contractor and OMHAS Representative of the determination. f. Sends, by facsimile, the completed CCC LTPC Determination form to Contractor and the OMHAS Representative.
OMHAS	15. If transfer to LTPC will not occur on the date the OHP Member is Appropriate for LTPC, DHS assumes payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric stay from the effective date of LTPC until the OHP Member is discharged from such setting.

REQUEST FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR PERSONS AGE 17 AND UNDER

REQUEST	
Child's Name:	Referral Date:
Parent/Guardian:	
Address:	Phone:
City:	County:
Child's Medicaid Prime No:	Child's SS#:
Mental Health Organization:	DOB:
Current Program:	Admission Date:

PRIMARY DSM DIAGNOSIS	
Axis I Diagnosis:	Code:
Axis II Diagnosis:	Code:
Axis III Diagnosis:	Code:
Axis IV Diagnosis:	Code:
Axis V Diagnosis:	Code:

DOCUMENTATION SUPPORTING REQUEST (NOTE: All documents must be attached.)

- ☐ Physician history and physical
- ☐ List of current medications, dosages, and length of time on medication
- ☐ Reports of other consultations
- ☐ Current psychosocial assessment
- ☐ Current week's progress notes
- ☐ Current Child and Adolescent Service Intensity Instrument (CASII) score
- ☐ Current psychological assessment (if medically appropriate)
- ☐ Completed consent for release of information from the most recent residential or PRTS facility in which the child resided

- ☐ Current psychiatric assessment
- ☐ Psychiatric care admission history

SUMMARY OF REASONS FOR REQUEST

Long-Term Psychiatric Care Determination for Persons Age 17 and Under

Child's Name:

Mental Health Organization:

Name of OMHAS Representative:

Name of CCC Chairperson:

CRITERIA FOR LONG TERM PSYCHIATRIC INPATIENT CARE (NOTE: Must meet all criteria.)

- ☐ Primary DSM Axis I diagnosis is from the OHP prioritized list
- ☐ Documented evidence that the child has not responded to all Usual and Customary Treatment in an acute inpatient hospital psychiatric care or PRTS level of care setting
- ☐ Documented evidence that the child's psychiatric symptoms have intensified beyond the capacity of the acute inpatient hospital psychiatric care or PRTS level of care setting
- ☐ Documented need of 24-hour hospital level medical supervision under the direction of a psychiatrist in order to effectively treat the primary diagnosis
- ☐ Current CASII score indicates a level of acuity that requires secure inpatient psychiatric care

Outcome of CCC Clinical Screening

☐ Upheld ☐ Reversed	Planned Admission Date:	Name of Clinical Reviewer: Date of Decision:

Signature of OMHAS Representative:	Date:

Community Coordinating Committee
Care Path Plan

Child's Name:

DISCHARGE PLAN AND CRITERIA

If Long-Term Psychiatric Care admission criteria are met, include a written plan for discharge to the least restrictive appropriate setting with specific discharge criteria linked to resolution of symptoms and behaviors that justified admission.

SERVICES RECOMMENDED

If Long-Term Psychiatric Care admission criteria are not met, describe services that are recommended.

Signature of CCC Chairperson Date:

Update 01-06

EXHIBIT H.3
PROCEDURE FOR LONG TERM PSYCHIATRIC CARE DETERMINATION FOR OHP MEMBERS REQUIRING GEROPSYCHIATRIC TREATMENT

ACTOR	ACTION
Contractor	1. Determines whether the situation of the OHP Member meets both of the following criteria: a. There is a need for either Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital (or for adults Extended Care Program), or Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and b. The OHP Member has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure. 2. If the situation of the OHP Member meets both of the criteria listed in step 1, determines whether the OHP Member is eligible for Geropsychiatric Treatment Services. To be eligible for these services, the OMAP Member must be: a. Age 65 or over, or b. Ages 18 to 64 and have significant nursing care needs (e.g., must be bathed, dressed, groomed, fed, and toileted by staff) due to an Axis III disorder of an enduring nature.
Contractor	3. With the assistance of Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or

ACTOR	ACTION
	Other Inpatient Services staff, does the following: a. Contacts the OSH Geropsychiatric Outreach and Consultation Service (OCS) at (503) 945-7136, Monday through Friday, 8:00 a.m. to 5:00 p.m.; b. Obtains the Request for Long-Term Care Determination for Persons Requiring Geropsychiatric Treatment (request form) from the OSH Geropsychiatric OCS staff; c. Assess OHP Member's capacity to provide informed consent. If OHP Member is determined unable to provide informed consent, take appropriate action towards civil commitment for OHP Members not already protected by guardianship. d. Obtains all supporting documents listed on the request form.
	4. Sends, by facsimile, the request form and documents to the OSH Geropsychiatric OCS Screener at (503) 945-2807.
OCS Screener	5. Within three working days of receiving a completed request form, does the following: a. Reviews the request form and documentation for compliance with criteria for LTPC for persons requiring geropsychiatric treatment.
OCS Screener	b. If necessary, visits the Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services facility to interview staff and the

ACTOR	ACTION
	OHP Member. c. Discusses findings, determination, and placement alternatives with Contractor or Contractor Representative (i.e., the person who sent the request form or other person designated on the request form). d. Indicates findings, determination, and effective date of LTPC as specified in Section V.B.3.i.(3)(c) of this Agreement on the request form.
	6. If the OHP Member is found Appropriate for LTPC at OSH-GTS, works with OSH-GTS, Contractor, and the Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services facility to set the OSH-GTS admission date and to coordinate such admission.
OCS Screener	7. Sends, by facsimile, the completed request form to Contractor and requester. Also, forwards a copy of the request form to the Institutional Revenue Section of DHS.
Contractor	8. If the OHP Member is not found Appropriate for LTPC at OSH-GTS, or is found Appropriate on a date other than the date specified in step 5.d., does one of the following: a. Accepts the decision of the OCS Screener and provides Appropriate Treatment. Works with Acute Inpatient Hospital Psychiatric Care or Subacute Psychiatric Care or Other Inpatient Services staff, Senior and Disabled Services DHS staff, and in some cases, Enhanced Care Services staff to develop a plan for continued care and Treatment.

ACTOR	ACTION
	b. If the decision is not accepted, requests a clinical review within three working days of receiving notice of the LTPC determination. Sends a written request and documentation specified in Step 3.d. of this Exhibit to the OMHAS via facsimile at (503) 378-8467.
OMHAS	9. If Contractor requests a clinical review, sends, by facsimile, the request form and documentation submitted by Contractor in accordance with Step 3.d. of this Exhibit to the Clinical Reviewer.
Clinical Reviewer	10. Does the following within three working days of receiving the clinical review packet: a. Reviews all documentation submitted by Contractor in accordance with Step 3.d. of this Exhibit. b. Decides whether the OHP Member is Appropriate for LTPC. c. Determines the effective date of LTPC as specified in Section V.B.3.i.(3) of this Agreement, if applicable. d. Updates the request form. e. Notifies by phone: Contractor, OMHAS and the OCS Screener of the determination. f. Sends, by facsimile, the completed request form to Contractor, OMHAS and the OCS Screener.

ACTOR	ACTION
OCS Screener	11. If the OHP Member is found Appropriate for LTPC, coordinates with the physician and admission staff the transfer to the setting recommended as of the date specified.
OMHAS	12. If transfer to the LTPC setting will not occur on the effective date of LTPC, DHS assumes payment responsibility for charges related to the Acute Inpatient Hospital Psychiatric or Other Inpatient Services stay from the effective date of LTPC until the OHP Member is discharged from such setting.

Request for Long-Term PsychiatricCare Determination for Persons Requiring Geropsychiatric Treatment

<table>
<tr><td colspan="5">REQUEST</td></tr>
<tr><td colspan="3">Mental Health Organization:</td><td colspan="2">Referral Date:</td></tr>
<tr><td colspan="4">OHP Member Name:</td><td>DOB:</td></tr>
<tr><td colspan="2">Referral Agent:</td><td>DSM Axis I</td><td>DSM Axis II</td><td>DSM Axis III</td></tr>
<tr><td rowspan="3">Admission Date:</td><td rowspan="3">Prime Number:</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="5">BASIS FOR REQUEST (NOTE: All criteria must be met.)</td></tr>
<tr><td colspan="5">☐ OHP Member is 65 or older or OHP Member is 64 or younger AND has significant nursing care needs (e.g., must be fed, dressed, groomed, bathed, and toileted by staff) AND these needs arise from an Axis III disorder of an enduring nature (e.g., Alzheimer's, Huntington's, TBI, CVA)
(Note: A person 64 or under whose nursing care needs arise from acute decompensation of an Axis I disorder or are the result of behavioral noncompliance would not be admitted to GTS and should be referred to ECMU.)
☐ There is a need for either:
☐ Intensive Psychiatric Rehabilitation or other Tertiary Treatment in an Oregon State Hospital or Extended Care Program, or
☐ Extended and Specialized Medication Adjustment (psychotropic) in a secure or otherwise highly supervised environment; and
☐ The OHP Member has received all Usual and Customary Treatment, including if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure.</td></tr>
<tr><td colspan="5">DOCUMENTATION SUPPORTING REQUEST
(NOTE: All documents must be attached and must document the basis for request criteria.)</td></tr>
</table>

☐ Physician's history and physical	☐ Diagnostic Test results and Lab reports
☐ List of current Medications, dosages and length of time on Medication	☐ Guardianship or civil commitment documents (if applicable
☐ Reports of other Consultations	☐ Civil Commitment investigation report (if available)
☐ Social histories	☐ ADL Assessment (if available)
☐ Current week's progress notes	☐ Advance Directive (if available)

Please summarize the reason why the patient needs Long-Term Psychiatric Care.

ANALYSIS OF DOCUMENTATION SUPPORTING REQUEST
(Remainder of form to be completed by Gero Outreach staff.)

DETERMINATION

Patient's Name:			Prime No.:
☐ Approved	Date of Determination:	Name of Clinical Decision Maker:	
☐ Denied		Date Patient Admitted to OSH-GTS:	

CRITERIA FOR LONG TERM GEROPSYCHIATRIC INPATIENT CARE

- Person is 65 or older or person is 64 or under and meets nursing care criteria.
- Person has a psychiatric/neurological disorder causing severe behavioral disturbances with need for 24 hour hospital level medical supervision.
- At least one of the following conditions is met:
  - Need for extended (more than 21 days) regulation of Medications due to significant complications arising from severe side effects of Medications.
  - Need for continued Treatment with electroconvulsive therapy where an extended (more than 21 days) inpatient environment is indicated and the inappropriateness of a short-term or less restrictive treatment program is documented in the Clinical Record.

- Continued actual danger to self, others or property that is manifested by at least one of the following:
  - The OHP Member has continued to make suicide attempts or substantial life-threatening behavior or has expressed continuous and substantial suicidal planning or substantial ongoing threats.
  - The OHP Member has continued to show evidence of danger to others as demonstrated by continued destructive acts to person or imminent plans to harm another person.
  - For OHP Members 65 and over ONLY: The OHP Member has continued to show evidence of severe inability to care for basic needs due to significant decompensation of an Axis I diagnosis.
- Failure of intensive Enhanced Care Services evidenced by documentation in the Clinical Record of:
  - An intensification of symptoms and/or behavior management problems beyond the capacity of the Enhanced Care Service to manage within its programs; and
  - A minimum of one attempt to manage symptom intensification or behavior management problems within the local Acute Inpatient Hospital Psychiatric Care unit.
  - Has received all Usual and Customary Treatment including, if Medically Appropriate, establishment of a Medication program and use of a Medication Override Procedure. Has received medical evaluation and stabilization of acute medical problems.

OUTCOME OF CLINICAL REVIEW

Upheld	Transfer Date:	Name of Clinical Reviewer:
Reversed		Date of Decision:

Update 10/02