

Questionnaire: Child Inpatient DDU

1. *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

2. *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 2

2.1.1. *Describe member's repeated aggression during last review period:*

2.1.2. *Describe member's self injury during last review period:*

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

3. *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

4. *Has member not previously responded to a less restrictive level of care?*
(Please select one.)

- ☐ Yes
☐ No

5. *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 5

5.1.1. *Describe risk or functional deterioration:*

6. *Is a lower level of care available?*

(Please select one.)

- ☐ Yes
☐ No

If you answered "No" on question 6

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

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

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

6.2.4. *Has member been stabilized on the inpatient unit?*

(Please select one.)

- ☐ Yes
☐ No

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

8. *Has guardian shadowed staff implementing the behavior plan on the unit?*
(Please select one.)

- ☐ Yes
☐ No

If you answered "Yes" on question 8

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

9. *Has guardian attended coordination meetings?*
(Please select one.)

- ☐ Yes
☐ No

If you answered "Yes" on question 9

9.1.1. *Date of last meeting:*

9.1.2. *Date of next meeting:*

If you answered "No" on question 9

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

9.2.1. *List attempts to contact guardian:*

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

- | | | |
|--|--|---|
| <input type="radio"/> Acadia Hospital | <input type="radio"/> Dorothea Dix Psychiatric Center | <input type="radio"/> Maine General Medical Center |
| <input type="radio"/> Maine Medical Center | <input type="radio"/> Mid Coast Hospital | <input type="radio"/> Northern Maine Medical Center |
| <input type="radio"/> Pen Bay Medical Center | <input type="radio"/> Riverview Psychiatric Center | <input type="radio"/> Southern Maine Medical Center |
| <input type="radio"/> Spring Harbor Hospital | <input type="radio"/> St. Mary's Regional Medical Center | |

If you answered "Acadia Hospital " on question 10

10.1.1. *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 10

10.3.1. *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 10

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

- ☐ P6

If you answered "Mid Coast Hospital" on question 10

10.5.1. *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 10

10.6.1. *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 10

10.7.1. *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 10

10.9.1. *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 10

10.10.1. *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 10

10.11.1. *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
-