

Questionnaire: Child Inpatient

1. *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

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. *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 3

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

If you answered "Suicidal ideation with plan" on question 3

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

If you answered "Homicidal ideations with plan" on question 3

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

If you answered "Significant property damage" on question 3

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

If you answered "Elopement attempt" on question 3

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

If you answered "Injury to self or others due to behaviors" on question 3

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

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

(Please select one.)

- Yes
- No

If you answered "No" on question 4

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

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

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

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

(Please select one.)

- Yes
- No

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

6. *Has guardian attended coordination meetings?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 6

6.1.1. *Date of last meeting:*

6.1.2. *Date of next meeting:*

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

7. *List attempts to contact guardian:*

8. *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 8

8.1.1. *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 8

8.3.1. *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 8

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

- P6

If you answered "Mid Coast Hospital" on question 8

8.5.1. *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 8

8.6.1. *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 8

8.7.1. *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 8

8.9.1. *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 8

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

- Adult Unit
- Child/Adolescent Unit

- 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 8

8.11.1. *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
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