

PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN
ADMISSION AND CONTINUED STAY CRITERIA FOR EXTENDED CARE

I. Admission Criteria

The patient must meet **all of** criteria **A1** through **A4** and **B1** through **B5** on admission to be approved for extended care in a PMIC setting. Admissions to a PMIC setting may occur following discharge from a hospital inpatient setting or a direct admission from a lower level of care setting (e.g., group care, shelter, etc.).

A. Patient Assessment

1. Patient presents with or exhibits symptoms consistent with a mental disorder as supported by DSM-IV diagnostic criteria.
2. Treatment at a lower level of care has been seriously considered or attempted and failed within the last 3 months despite the patient's and family's active participation in treatment.
3. Level of Stability - (must meet **two** of the following)
 - a) Significant danger to self or others exists without sufficient resources to contain risk outside of a 24-hour supervised program.
 - b) Patient has the ability to engage in activities of daily living but lacks adequate social and familial support to maintain or develop age-appropriate cognitive, social and emotional processes.
 - c) Patient is medically stable but may require occasional medical observation and care.
4. Degree of Impairment - (must meet a, and **either b or c**)
 - a) Patient has insufficient or severely limited resources or skills necessary to maintain an adequate level of functioning outside of the treatment program and has impairment of judgement, impulse control and/or cognitive/perceptual abilities, arising from a psychiatric condition, which may indicate the need for the continuous monitoring and intervention of a 24-hour, supervised program in order to stabilize or reverse the dysfunction.
 - b) Social/Interpersonal/Familial - Significantly impaired interpersonal functioning arising from a psychiatric condition which requires active treatment to resume an adequate level of functioning. Prior

effects to remediate condition have failed despite full family participation.

- c) Educational/Occupational - Significantly impaired educational or occupational functioning arising from a psychiatric condition which requires active treatment to resume an adequate level of functioning. Prior effects to remediate condition failed despite full family participation.

B. Facility Interventions

Must meet **all** of the following interventions:

1. Individualized active treatment plan (initiated on admission) directed toward the alleviation of the impairment that caused the admission, within the context of a structured program of care that is based upon a comprehensive patient assessment.
2. Level of skilled intervention consistent with patient risk.
3. Active discharge planning initiated upon admission to program.
4. Patient receiving psychoeducational services including an assessment and remediation program, if clinically indicated.
5. Family system/significant other or responsible agency are receiving evaluation and intervention or actively involved in treatment process.

Information regarding prior hospitalizations, lengths of stay, and outpatient treatment will be obtained as well as evaluation of the patient's medical stability to participate in a comprehensive treatment plan.

Additional information will be obtained to facilitate assessment of the patient's complete level of functioning. The review coordinator will refer the case to a Psychiatric Physician Reviewer for determination of medical necessity as the criteria directs or as the reviewer identifies a need to do so.

II. Continued Stay Criteria

The patient must meet criteria **A1** through **A4** or **A5** and **B1** through **B6** on continued stay to be approved for extended care in a PMIC setting. Guidelines for continued stay reviews will be on an individually determined basis to assure continued stay is medically appropriate and quality of care is being provided.

A. Patient Assessment

1. Validation of principal DSM-IV Axis I or II diagnosis.
2. The reasonable likelihood of substantial benefit as a result of **active** intervention of the 24-hour supervised program. (can't maintain at a lloc)
3. Patient and family making progress toward goals and cooperating with the plan of care.
4. Continuation of symptoms and/or behaviors that required admission.

OR

5. Appearance of new problems meeting admission guidelines.

B. Facility Intervention

1. Initial discharge plan has been formulated and is in the process of implementation.
2. Active treatment is focused upon stabilizing or reversing symptoms necessitating admission.
3. Level of skilled intervention is consistent with current patient risk factors.
4. Treatment plan has been modified to reflect patient's progress and/or new information that has become available during the active treatment.
5. Routine assessments and treatment progress updates are completed.
6. Family/significant other or responsible local agency is actively involved in treatment process.