RE-CERTIFICATION OF NEED

Child/Adolescent Psychiatric Acute Hospital Continued Stay

Date and Time of RON:_____ Date of Admission:_____

Individual's Name (Print): _____ Individual D.O.B.:_____

PNO/QSP Case Manager: _____ Psychiatric Acute Hospital Name:_____

1. DSM IV TR Diagnostic Codes AXIS I _____ AXIS III_____

AXIS I _____ AXIS IV _____

AXIS II _____ AXIS V _____

2. Reason for Continued Hospitalization (Must meet specifications in one of a, b, c, d, e, or f - circle all that apply):

a. Individual continues to manifest danger to self, as evidenced by at least one of the following:
1) Individual expresses active suicidal ideation, with reasonable plan and available means, or
2) Individual expresses suicidal ideation with profound deficits of impulse control and reasonable clinical expectation of imminent serious self-injury, or
3) Individual's current inpatient psychiatric hospitalization was precipitated by a life threatening suicide attempt and antecedents have not been sufficiently identified/mitigated to warrant a less restrictive level of care.

b. Individual continues to manifest danger to others, as evidenced by at least one of the following:
1) Individual expresses active homicidal ideation, with reasonable plan and available means, or
2) Individual expresses homicidal ideation with profound deficits of impulse control and reasonable clinical expectation of imminent serious other injury, or
3) Individual's current inpatient psychiatric hospitalization was precipitated by a life threatening homicide attempt and antecedents have not been sufficiently identified/mitigated to warrant a less restrictive level of care.

c. Individual continues to manifest profound psychiatric deficits, as evidenced by at least one of the following:
1) Individual is experiencing internal stimuli to point of not being oriented to person, and severely impairs ability to perform activities of daily living, or
2) Individual continues to require daily seclusion/restraint.

d. Individual continues to require specialty treatment, as evidenced by one of the following:
1) Individual is being treated for life-threatening eating disorder and continues to require close monitoring to prevent self-injurious behaviors as a direct result of the eating disorder, or
2) Individual has been approved for inpatient ECT treatment and the course of treatment will extend beyond the limits of the initial Certification of Need.

e. Individual's presenting psychiatric signs/symptoms have substantially stabilized and can safely be transitioned to a lower level of care, however an alternative level of care is not available.

f. Other: (Specify) _____

3. Likely discharge plan (Circle all that apply): Partial Hospital Program Behavioral Health Inpatient Facility Behavioral Health Residential Facility Intensive Outpatient Services Outpatient Services Outpatient Medication Monitoring Outpatient Case Management Family Therapy Family Support Returning to Detention with Outpatient Services
Other: _____

4. Estimated length of stay (Specify number): _____ Days (required)

5. Based upon physical, mental and social evaluations, I certify the above named individual requires inpatient psychiatric treatment and that all of the below accurately describes the situation for inpatient hospitalization according to 42 CFR Part 441 subpart D:

- Above circled items are fully documented in the individual's clinical record.
- Ambulatory care resources available in the community do not meet the treatment needs of the individual; and
- Proper treatment of the individual's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- Inpatient psychiatric services can reasonably be expected to improve the Individual's condition or prevent further regression so that the services will no longer be needed.

_____ _____ _____

Psychiatric Acute Hospital Physician's Name (Print) Physician's Signature Date

Facility must submit subsequent Re-Certification of Need documents for each successive thirty (30) days.
FAX to Magellan at 1-866-568-6147 revision date: 2/5/2014