

2009 Inpatient Behavioral Health Provider Manual

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Greetings to the Oklahoma Inpatient Behavioral Health Community

APS Healthcare, Inc. (APS) is honored to have been selected by the Oklahoma Health Care Authority (OHCA) to serve as the Oklahoma Quality Improvement Organization (QIO) for SoonerCare. Our role is to assist OHCA in meeting state and federal requirements for utilization review of SoonerCare reimbursed services. We join you in promoting a vision of recovery and integration for people in Oklahoma who are served by these programs, and applaud your tireless efforts to achieve this vision.

This Inpatient Provider Manual is a reference document to be shared with all staff members. Using this information will make it easier to complete the information needed to receive prior authorization for services you provide to Oklahomans with SoonerCare. The 2008 Manual addresses the processes for prior authorization of services for SoonerCare members and the use of the APS CareConnection® system.


We also encourage you to visit the Oklahoma SoonerCare QIO website, www.SoonerPro.com. At this site you will be able to find information about training opportunities, download forms, participate in the community's dialogue about important issues and link to APS CareConnection®. We also encourage you to offer recommendations to improve the organization and content of this manual, as well as other services provided by APS.


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Notes on this Manual

-  This symbol indicates a helpful fact or activity.

-  This symbol indicates an area of concern or caution.

INTRODUCTION

On July 1, 2006, The APS (APS) initiated authorization and management of SoonerCare inpatient psychiatric and therapeutic foster care (TFC) services for children under 21 years of age.

APS provides this service from a centralized location. Prior Authorization for inpatient psychiatric care will continue to be a statewide 24-hour service, with emphasis on hospital diversion. All inpatient psychiatric services, as well as TFC services, for SoonerCare members under 21 years of age must be prior authorized by an agency designated by the Oklahoma Health Care Authority (OHCA). All psychiatric services will be prior authorized for an approved length of stay. Non-authorized inpatient psychiatric services will not be SoonerCare compensable. All Acute, RTC, Crisis Stabilization and TFC psychiatric services will be authorized based on the Medical Necessity Criteria as described in OAC 317:30-5-95 and OAC 317:30-5-740.

APS will work closely with the OHCA, the Department of Mental Health and Substance Abuse Services (DMHSAS), the Department of Human Services (DHS), and the Office of Juvenile Affairs (OJA) to ensure that appropriate behavioral health services are available to children.

DEFINITION OF SERVICES

Prior authorization of Inpatient Psychiatric Care involves obtaining a review of clinical information by telephone to determine whether a child needs Acute, RTC, Crisis Stabilization or TFC level of care based on the Medical Necessity Criteria established by OHCA.

Reviews are conducted by telephone to determine the level of care based on the Medical Necessity Criteria developed for Acute, RTC, Crisis Stabilization and TFC levels of care or need for extended care. The telephone number is 1-800-762-1560.

SOONERPRO AND CARE CONNECTION®

In order to submit information for inpatient acute, RTC and TFC review, providers must first register on the SoonerPro website at <http://www.soonerPRO.com>. Once registered, providers will have access to provider trainings, community bulletin boards, APS forms for downloading, bed availability, etc. Providers will be able to access the link to the CareConnection® website. Click on the APS CareConnection® tab or visit <https://okcareconnection.apshealthcare.com>. This site allows providers to input clinical information and demographics prior to calling APS for a review.

Please! Do not send treatment plans or any other Protected Health Information by e-mail.

APS CareConnection® and SoonerPro are different websites. Agencies and their staff members may register for SoonerPro and complete their own registration. APS must process CareConnection® registrations, assigning log-ons and passwords to staff members.

APS HOLIDAY SCHEDULE
APS offices will be closed the following business days:

2009

New Year's Day January 1, 2009

Memorial Day May 25, 2009

Independence Day July 4, 2009

Labor Day September 7, 2009

Thanksgiving Holiday November 26 and 27, 2009

Christmas Day December 25, 2009

2010

New Year's Day January 1, 2009

Memorial Day May 31, 2009

Independence Day July 5, 2009

Labor Day September 6, 2009

Thanksgiving Holiday November 25 and 26, 2009

Christmas Day December 24, 2009

APS provides on- call services for Prior Authorizations
24 hours per day, 7 days per week
Please call (800) 762-1560 for Prior Authorization

INPATIENT PRIOR AUTHORIZATION PROCEDURES

Inpatient psychiatric services for SoonerCare member under the age of 21 **must be prior authorized by APS before** the service is provided. Inpatient reviews are required for SoonerCare reimbursement of Acute care, RTC, Crisis Stabilization and TFC services for children under 21 years of age who are in the SoonerCare system. Children under 21 years of age with no payment source (potential SoonerCare applicants) who meet the criteria may also be prior authorized.

Prior Authorization is not a guarantee of payment.

ACCESSING AN INPATIENT PSYCHIATRIC CARE REVIEW

Authorizations are conducted by inpatient reviewers via phone at (800) 762-1560. Regular office hours are 8 a.m. to 6 p.m., Monday through Friday.

Reviewers are available for:

1. **Acute care initial** and **Crisis Stabilization** reviews 24 hours per day, 7 days per week. Outside of regular business hours, calls will be taken by an answering service and forwarded to the on-call reviewer who will then contact the referral source.
2. Initial review requests for RTC, TFC and extension requests for all levels of care will be conducted by phone during regular business hours. Clinical information preferably will be entered into the APS CareConnection® prior to telephoning for the verbal review.

As prior authorization procedures place emphasis on hospital diversion, all calls for initial acute and RTC prior authorization will be assessed for the appropriate level of services. If either the clinical information or availability of programs indicates the child's needs cannot be addressed by a lower level of care, then the clinical information will be evaluated for the appropriate hospital based level of care, (i.e. acute or RTC).

If a provider admits a child prior to contacting APS, then the provider runs the risk of a denial and no reimbursement.

Inpatient facilities and TFC providers will conduct a face-to-face admission assessment before requesting an initial prior authorization from APS.

INPATIENT SERVICES FOR CHILDREN UNDER 5 YEARS OF AGE

Under certain circumstances, inpatient services may be determined to be appropriate for children under 5 years of age. The process for initial requests is to be followed. **The clinical information submitted must include clinical information that supports that all other available treatment options at a less restrictive level have failed.** Inpatient services for this age group are very difficult to locate and will only be approved for reimbursement in extraordinary cases. Inpatient reviewers will care manage these cases in an attempt to meet the child's needs at the least restrictive level of care. The physician consultant for APS will review all the inpatient referrals for children under the age of 5.

OUT-OF-STATE PLACEMENT FOR ACUTE AND RTC CARE

Out-of-state placements will only be authorized when it is determined that the needed services are not available in the state of Oklahoma or if it is considered general practice for recipients in a particular locality to use SoonerCare contracted resources in a bordering state. (See page 30)

BORDER PLACEMENTS

If the facility is in another state, but is as close as or closer than the nearest treatment facilities in Oklahoma, then it is not necessary to consider the placement an out-of-state placement. Placement of a child in an out-of-state hospital in an adjoining border locality requires prior authorization from APS when all of the following conditions are met:

- The border hospital must have an Oklahoma SoonerCare provider number for authorized level of care;
- The placement is chosen due to the close proximity to the family/guardian to facilitate the family/guardian participation in active treatment including discharge and reintegration planning;
- The client meets the Acute or RTC criteria;
- The use of the border hospital is usual and customary within the community or there are no available beds for that level of care in state.
- This designation has been approved by OHCA.

Billing questions should be directed to the OHCA Provider Helpline at 1-800-522-0114. Prior authorization questions should be directed to APS at 800-762-1560.

Download the APS provider registration request from www.SoonerPro.com and submit via email through SoonerProHelpDesk@apshealthcare.com

RECIPIENT ELIGIBILITY

APS CareConnection® verifies recipient eligibility against the EDS eligibility file. If the eligibility file indicates that eligibility is pending, providers may submit a “courtesy review” request and APS will complete the review based on the information submitted. The provider will need to monitor eligibility. If a child becomes eligible for SoonerCare, the provider will notify APS by phone. The review will remain in pending status until benefits have been determined, at which time a prior authorization number will be assigned.

A PA number will not be assigned when the recipient's eligibility status is pending.

The PA will date back to when the request was received by APS, subject to the eligibility dates contained in the MMIS system (e.g., PA request received 02/14/05 and eligibility determined from 03/01/05, no services will be prior authorized before 03/01/05).

Providers may check the OHCA Recipient Eligibility Verification System (REVS) at 1-800-767-3949. For instructions on using REVS, call 1-800-522-0310. Providers can also check eligibility through the EDS provider secure website with their 8-digit pin number, and call the Provider Helpline at 1-800-522-0114 for assistance.

ACUTE LEVEL OF CARE

A. INITIAL REQUESTS

1. The reviewer completes the review in order to gather basic demographic and clinical information about the child:
 - Child's name, SoonerCare number (lower right corner of the card), and birth date;
 - **Current** and **specific** behaviors of client (within the last 48 hours), including intensity and frequency that will support the medical necessity criteria;
 - Current mood and affect;
 - Relevant treatment history;
 - Intellectual functioning of client to include Full scale IQ, if known, or other support for this information; specific sexual acting out history;
 - Any substance abuse issues;
 - Legal issues;
 - Medical issues;
 - Current diagnosis on Axis I-V; and
 - Custody status and contact information as to county and contact information of DHS/OJA worker to include name and telephone numbers.

For DHS and OJA custody children, the DHS/OJA Case Worker is requested to provide the information in conjunction with someone who has seen the child, including the secondary worker, foster parents, outpatient therapist, doctor, primary care physician (PCP)/medical professional and/or law enforcement for an initial request.

2. The reviewer determines which level of care sounds appropriate based on the OHCA Medical Necessity Criteria for SoonerCare reimbursement. In some instances, the reviewer may choose to refer to a physician consultant before making a determination. All denials will be reviewed by a physician consultant during regular business hours within 1 business day.
3. If the level of care is determined to sound like it would meet the Acute criteria, the reviewer will assist in finding a treatment facility to best meet the child's needs. If initial placement arrangements are not accepted by the parent/guardian, responsibility for procuring placement becomes that of the legal guardian.
4. After the treatment facility has completed a face to face assessment of the child, the treatment facility will call the APS reviewer at 1-800-762-1560 for the prior authorization confirming the facility's assessment that the child meets their admission requirements and OHCA Medical Necessity Criteria. **To expedite the review, clinical information may be submitted through CareConnection® prior to calling APS.**
5. If the Medical Necessity Criteria is **NOT** met, the reviewer will explore alternative treatment resources (including case management services if available in that county) with the parent/guardian.
6. Based on the Medical Necessity Criteria, the length of stay is authorized by the reviewer utilizing the following guidelines: The initial authorization for payment for Acute care admission may be up to **five (5) days**. The reviewer will determine the number of days authorized based on the clinical information submitted by the treating facility.

7. From the time of the initial review, a child must admit to an Acute care facility **within 24 hours**. If the child presents for admission after this 24-hour period, a new review will be required to determine if the child still meets Medical Necessity Criteria for Acute care services

8. In cases where it is after regular business hours and a child is at a treating facility for a face to face assessment for acute level of care but is deemed to only meet RTC Medical Necessity Criteria instead, the prior authorization for RTC may be requested from APS if a RTC bed is available while the child and guardian are still on the facility premises. If the treating facility does not have an available RTC bed at that time, the child should be released to the care of the guardian. APS may be contacted the next business day for an RTC review and possible assistance with locating an RTC bed.

✘ A PA number will not be assigned when the recipient's eligibility status is pending.

**ACUTE PSYCHIATRIC ADMISSIONS
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-46 (3) (B))**

Circle the decision made on each item.

A child 13 or older must meet the terms and conditions contained in items 1, 2, and 3, and two sub-items contained in 4 through 5. A child 12 or younger must meet the terms and conditions contained in items 1, 2 and 3, one sub-item in 4, and one sub-item in 5.

- YES NO** 1. Any DSM-IV AXIS I primary diagnosis - with the exception of V-Codes, Adjustment Disorders, and Substance-Related Disorders - accompanied by a detailed description of the symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18 - 21 years of age may have an Axis II diagnosis of any Personality Disorder.
- YES NO** 2. Conditions are directly attributable to a mental disorder as the primary need for professional attention. (This does not include placement issues, criminal behavior, or status offenses.) Adjustment Disorders or Substance-Related Disorders may be a secondary Axis I diagnosis.
- YES NO** 3. It has been determined by the reviewer that the current disabling symptoms could not have been managed, or have not been manageable, in a less intensive treatment program.
- YES NO** 4. Child is medically stable.
- YES NO** 5. Within the past 48 hours, the behaviors present an imminent life-threatening emergency as evidenced by:
- YES NO** A. Specifically described suicide attempts, suicide intent, or serious threat by the Patient
- YES NO** B. Specifically described patterns of escalating incidents of self-mutilating behaviors
- YES NO** C. Specifically described episodes of unprovoked significant physical aggression and patterns of escalating physical aggression in intensity and duration
- YES NO** D. Specifically described episodes of incapacitating depression or psychosis that result in an inability to function or care for basic needs
- YES NO** 6. Requires secure 24-hour nursing or medical supervision as evidenced by:
- YES NO** A. Stabilization of Acute psychiatric symptoms
- YES NO** B. Needs extensive treatment under physician direction
- YES NO** C. Physiological evidence or expectation of withdrawal symptoms which require 24-hour medical supervision

B. ACUTE EXTENSION REQUESTS

1. The treating facility may request an Extension of Care if it is believed that the child meets the Medical Necessity Criteria for continued stay. Extensions are reviewed by phone between the hours of 8 a.m. and 5 p.m. Monday - Friday. **Calls for acute extensions are to be made on the last business day of the current authorization. Failure to follow this time frame will result in loss of day(s). To expedite the review, clinical information may be submitted through CareConnection® prior to calling APS.**
2. The following information will be required for telephone review for Acute continued stay:
 - a. Current diagnoses on Axis I-V. Information regarding any changes;
 - b. Current medications and dosages to include NOW medications, identify medication changes;
 - c. Clinical information to support continued stay at this level of care. This information can include:
 - i. Specific treatment interventions utilized in this period that maintained or increased the client's functioning;
 - ii. Intensive behavioral interventions utilized to include the number of days on 1:1, special precautions, etc.;
 - iii. Number of physical holds, restraints, seclusions;
 - iv. Incidents of physical aggression;
 - v. Suicidal threats, gestures, attempts;
 - vi. Self-mutilation;
 - vii. Cognitive distortions that have the potential result of harm;
 - viii. Psychological testing results, if administered during this period.
 - d. Family or guardian involvement in treatment, including dates of contact during last authorization period for family therapy, names (or relationship) of those in attendance, number of times visited, regularity of telephone contact, whether sessions were face to face or telephonic, and progress or regression in family therapy;
 - e. Date of last DHS/OJA contact and type of contact, if applicable;
 - f. Out of hospital passes
 - i. Number since last review;
 - ii. Length of time on pass;
 - iii. Who the pass was with;
 - iv. Behavior during the pass and upon return.
 - g. Identify estimated date of discharge; and
 - h. Detailed discharge plan (specifics will increase as the EDOD nears) but appointment date and times are expected within 2-4 weeks of discharge depending on the length of time the client has been in the facility.
 - i. Include case management referral information on non-state custody children or
 - ii. Note if the referral was declined.

Although reviews are conducted by phone, the CareConnection® information will be included in the review. Faxed documentation may be requested by a reviewer in order to assist in authorization decisions. Documentation requested may include, but is not limited to, psychiatric evaluations and the current treatment plan.

3. For Acute care, extensions may be authorized up to **five (5) days**, based upon the documented need for the extended care. The treatment facility will be responsible for reviewing pertinent clinical information with a reviewer by phone on the last business day of the current authorization. If the authorization expires on Saturday, providers must call on Friday. If the authorization expires on Sunday, providers

must call on Monday. If Monday is a holiday, providers must call on Tuesday. If the holiday is on Tuesday through Friday, providers must call the last business day **prior** to the holiday.

When a child is in an Acute Inpatient Psychiatric hospital for treatment, then a psychologist can bill for testing services separately as an individual provider. When a child is in a Psychiatric Residential Treatment Facility (PRTF, or more commonly known as RTC, residential treatment center) for treatment, then a psychologist will have to bill their testing to the hospital. PRTFs per diem rate is an all-inclusive rate, therefore the hospital would have to reimburse the psychologist directly out of their per diem.

**CONTINUED STAY ACUTE PSYCHIATRIC ADMISSION
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-46 (3) (C))**

Circle the decision made on each item.

A child must meet ALL of the following conditions.

- | | | | |
|------------|------------|---|---|
| YES | NO | 1. Any DSM-IV AXIS I primary diagnosis - with the exception of V-codes, Adjustment Disorders, and Substance-Related Disorders - accompanied by a detailed description of the symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18 – 21 years of age may have an Axis II diagnosis of any Personality Disorder. Adjustment Disorders or Substance-Related Disorders may be a secondary Axis I diagnosis. | |
| YES | NO | 2. Patient continues to manifest a severity of illness that requires an Acute level of care as defined in the admission criteria and could not be provided in a less restrictive setting. | |
| | YES | NO | A. Documentation of regression is measured in behavioral terms, OR |
| | YES | NO | B. If condition is unchanged, evidence of re-evaluation of treatment objectives and therapeutic interventions |
| YES | NO | 3. Conditions are directly attributable to a mental disorder as the primary need for professional attention. (This does not include placement issues, criminal behavior, or status offenses.) | |
| YES | NO | 4. Documented efforts of working with child's family, legal guardians and/or custodians and other human service agencies toward a tentative discharge date. | |

RTC LEVEL OF CARE

A. INITIAL REQUESTS

1. The reviewer completes the review in order to gather basic demographic and clinical information about the child:
 - Child's name, SoonerCare number (lower right corner of the card), and birth date;
 - **Current** and **specific** behaviors of client (within the last 2-3 weeks), including intensity and frequency that will support the medical necessity criteria;
 - Current mood and affect;
 - Relevant treatment history;
 - Intellectual functioning of client to include Full scale IQ, if known, or other support for this information;
 - Specific sexual acting out history;
 - Any substance abuse issues;
 - Legal issues;
 - Medical issues;
 - Current diagnosis on Axis I-V; and
 - Custody status and contact information as to county and contact information of DHS/OJA worker to include name and telephone numbers.

For DHS and OJA custody children, the DHS/OJA Case Worker is requested to provide the information in conjunction with someone who has seen the child, including the secondary worker, foster parents, outpatient therapist, doctor, primary care physician (PCP)/medical professional and/or law enforcement for an initial request.

2. The reviewer determines which level of care sounds appropriate based on the OHCA Medical Necessity Criteria for SoonerCare Reimbursement. In some instances, the reviewer may choose to refer to a physician consultant before making a determination. All denials will be reviewed by a physician consultant during working hours within 1 business day. The APS reviewer will contact the guardian in cases where a physician consultant may determine that the child does meet the Medical Necessity Criteria to help facilitate an assessment and treatment.
3. If the level of care is determined to sound like it would meet the Medical Necessity Criteria for residential treatment, the reviewer will assist in finding an appropriate treatment facility. If initial placement arrangements are not accepted by the parent/guardian, responsibility for procuring placement becomes the responsibility of the legal guardian.
4. After the treatment facility has completed a face to face assessment of the child, the treatment facility will call the APS reviewer at 1-800-762-1560 for the prior authorization confirming the facility's assessment is that the child meets their admission requirements and OHCA Medical Necessity Criteria.
5. If the Medical Necessity Criteria is **NOT** met, the reviewer will explore alternative treatment resources with the parent/guardian.
6. The initial authorization for payment for RTC admissions may be up to **ten (10) days** on initial reviews and downgrades from Acute care. The reviewer will determine the number of days authorized based on the clinical information provided by the treating facility.

7. From the date of the authorization, a child must admit to an RTC facility **within three business days**. After three business days, a new review will be required to determine if the child still meets Medical Necessity Criteria for RTC admission. An exception may be made for out of state placements that require a more complex plan for travel arrangements.

8. If a child is downgrading from acute to RTC, **clinical information may be submitted through CareConnection® prior to calling APS.**

**RESIDENTIAL TREATMENT ADMISSION
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-46 (3) (F))**

Circle the decision made on each item.

A child must meet the terms and conditions in items 1,2,3 and 4, one sub-item of 5, and one sub-item of 6.

- YES NO** 1. Any DSM-IV AXIS I primary diagnosis - with the exception of V-codes, Adjustment Disorders and Substance-Related Disorders - accompanied by a detailed description of the symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18 - 21 years of age may have an Axis II diagnosis of any Personality Disorder. Adjustment Disorders or Substance-Related Disorders may be a secondary Axis I diagnosis.
- YES NO** 2. Conditions are directly attributed to a mental disorder as the primary reason for professional attention. (This does not include placement issues, criminal behavior or status offenses.)
- YES NO** 3. Patient has either received treatment in an Acute care setting or it has been determined by the reviewer that the current disabling symptoms could not be managed or have not been manageable in a less intensive treatment program.
- YES NO** 4. Child must be medically stable (as determined by a physician).
- YES NO** 5. Patient demonstrates escalating pattern of self-injurious or assaultive behaviors as evidenced by:
- YES NO** A. Suicidal ideation and/or threat
- YES NO** B. History of or current self-injurious behavior
- YES NO** C. Serious threats or evidence of physical aggression
- YES NO** D. Current incapacitating psychosis or depression
- YES NO** 6. Requires 24-hour observation and treatment as evidence by:
- YES NO** A. Intensive behavioral management
- YES NO** B. Intensive treatment with the family/guardian and child in a structured milieu
- YES NO** C. Intensive treatment in preparation for re-entry into the community

B. RTC EXTENSION REQUESTS

- 1) Extensions are reviewed by phone between the hours of 8 a.m. and 5 p.m. Monday - Friday. **Calls should be made to APS no earlier than 2 business days prior to last day of the current authorization. Failure to follow this time frame will result in loss of day(s). To expedite the review, it is preferred that the clinical information be submitted through CareConnection® prior to calling APS.**
- 2) For RTC extensions, length of stay may be up to **fifteen (15)** days for standard RTC programs, or up to **thirty (30) days** for specialized programs. The OHCA will determine which programs are considered specialized. The length of stay which will be SoonerCare compensable will be determined by the reviewer based on the documented need for extended care reported by the facility. The number of days allowed will be determined by the reviewer and based on the level of impairment and severity of the symptoms that meet Medical Necessity Criteria. Decisions as to whether continued stay is approved are based on both behavioral information reported and documented as well as documentation of the intensive treatment being provided without which the member would quickly decompensate and not be able to function in the community. All denials will be reviewed by a physician consultant during working hours within 1 business day.
- 3) The following information will be required for telephone review for RTC continued stay:
 - a. Current diagnoses on Axis I-V. Information regarding any changes;
 - b. Current medications and dosages to include NOW medications--identify medication changes;
 - c. Clinical information to support continued stay at this level of care. This information can include:
 - i. Specific treatment interventions utilized in this period that maintained or increased the client's functioning;
 - ii. Intensive behavioral interventions utilized to include the number of days on 1:1, special precautions, etc.;
 - iii. Number of physical holds, restraints, seclusions;
 - iv. Incidents of physical aggression;
 - v. Suicidal threats, gestures, attempts;
 - vi. Self-mutilation;
 - vii. Cognitive distortions that have the potential result of harm;
 - viii. Psychological testing results, if administered during this period.
 - d. Family or guardian involvement in treatment, including dates of contact during last authorization period for family therapy, names (or relationship) of those in attendance, number of times visited, regularity of telephone contact, whether sessions were face to face or telephonic, and progress or regression in family therapy;
 - e. Date of last DHS/OJA contact and type of contact, if applicable;
 - f. Out of hospital passes
 - i. Number since last review;
 - ii. Length of time on pass;
 - iii. Who the pass was with;
 - iv. Behavior during the pass and upon return.
 - g. Identify estimated date of discharge; and
 - h. Detailed discharge plan (specifics will increase as the EDOD nears) but appointment date and times are expected within 2-4 weeks of discharge depending on the length of time the client has been in the facility.
 - i. Include case management referral information on non-state custody children or
 - ii. Note if the referral was declined.

Although reviews are conducted by phone, the CareConnection® information will be included in the

review. Faxed documentation may be requested by a reviewer in order to assist in authorization decisions. In cases, where faxed information is requested by APS, a response will be provided within one (1) business day of the receipt of the fax.

**CONTINUED STAY RESIDENTIAL TREATMENT
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-46 (3) (G))**

Circle the decision made for each item.

A child must meet the terms and conditions contained in items 1,2 and 6, one sub-item of 5; and items 3 OR 4.

- YES NO** 1. Any DSM-IV AXIS I primary diagnosis - with the exception of V-Codes, Adjustment Disorders and Substance-Related Disorders - accompanied by a detailed description of the symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18 - 21 years of age may have an Axis II diagnosis of any Personality Disorder.
- YES NO** 2. Conditions are directly attributed to a mental disorder as the primary need for continued stay. (This does not include placement issues, criminal behavior, or status offenses.)
- YES NO** 3. Patient is making measurable progress toward the treatment objectives specified in the treatment plan.
- YES NO** A. Progress is measured in behavioral terms and reflected in the Patient's treatment and discharge plans.
- YES NO** B. Patient has made gains toward social responsibility and independence.
- YES NO** C. There is active, ongoing psychiatric treatment and documented progress toward the treatment objective and discharge.
- YES NO** D. There are documented efforts and evidence of active involvement with the family, guardian, child welfare worker, extended family, etc.
- YES NO** 4. Child's condition has remained unchanged or worsened.
- YES NO** A. Documentation of regression is measured in behavioral terms. OR
- YES NO** B. If condition is unchanged, there is evidence of re-evaluation of the treatment objectives and therapeutic interventions
- YES NO** 5. There is documented continuing need for 24-hour observation and treatment as evidenced by:
- YES NO** A. Intensive behavioral management
- YES NO** B. Intensive treatment with family/guardian and child in a structured milieu
- YES NO** C. Intensive treatment in preparation for re-entry into the community
- YES NO** 6. Documented efforts of working with child's family, legal guardian and/or custodian and other human service agencies toward a tentative discharge date.

 Extensions for RTC will not be approved beyond the estimated date of discharge documented in the request.

Specialized programs

Criteria for classification as a specialized PRTF unit will require a staffing ratio of 1:3 at minimum with 24 hour nursing care supervised by an R.N. for management of behaviors and medical complications. The PRTF will be a secure unit due to the complexity of needs and safety considerations. The physician will see the child at least one time per week. **A PRTF will not be considered a specialized treatment program for SoonerCare without prior approval of OHCA**

RTC SPECIALTY PROGRAMS MEDICAL NECESSITY CRITERIA (OAC 317:30-5-95.24)

Admissions will be restricted to children that meet the medical necessity criteria for RTC as well as must meet at least 2 or more of the following description:


1. Children under the age of 21.
2. Child has failed at other levels of care or has not been accepted at other levels of care.
3. Behavioral, emotional and cognitive problems requiring secure residential treatment that includes 1:1, 1:2, or 1:3 staffing due to the patient being a danger to themselves and others for impairments in socialization problems, communication problems, and restricted, repetitive and stereotyped behaviors. These symptoms are intrusive enough that management and treatment in a less restrictive environment places the child and others in danger but do not meet acute medical necessity criteria. These symptoms which are exhibited across multiple environments must include at least 2 or more of the following:
 - a) Marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - b) Inability to regulate their impulse control with frequent displays of aggression or other dangerous behavior toward self and/or others regularly.
 - c) Failure to develop peer relationships appropriate to developmental level.
 - d) A lack of spontaneous seeking to share enjoyment, interests or achievements with other people.
 - e) Lack of social or emotional reciprocity.
 - f) Lack of attachments to caretakers.
 - g) Requires a high level of assistance with activities of daily living requiring multiple verbal cues 50% of the time to complete these tasks.
 - h) Delay in, or total lack of, the development of spoken language which is not accompanied by an attempt to compensate through alternative modes of communications such as gesture or mime.
 - i) Marked impairment in individuals with adequate speech in the ability to initiate or sustain a conversation with others.
 - j) Stereotyped and repetitive use of language or idiosyncratic language.
 - k) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
 - l) Encompassing preoccupation with one or more stereotyped and restricted pattern interest that is abnormal in intensity of focus.
 - m) Inflexible adherence to specific, nonfunctional routines or rituals.
 - n) Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting or complex whole-body movements).
 - o) Persistent preoccupation with parts of objects.
4. The patient is medically stable, but has co-morbid medical conditions which require specialized care during treatment.
5. Full scale IQ below 40 (profound mental retardation)

**CONTINUED STAY RESIDENTIAL TREATMENT
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-46 (3) (G))**

Circle the decision made for each item.

A child must meet the terms and conditions contained in items 1,2 and 6, one sub-item of 5; and items 3 OR 4.

- YES NO** 1. Any DSM-IV AXIS I primary diagnosis - with the exception of V-Codes, Adjustment Disorders and Substance-Related Disorders - accompanied by a detailed description of the symptoms supporting the diagnosis. In lieu of a qualifying Axis I diagnosis, children 18 - 21 years of age may have an Axis II diagnosis of any Personality Disorder.
- YES NO** 2. Conditions are directly attributed to a mental disorder as the primary need for continued stay. (This does not include placement issues, criminal behavior, or status offenses.)
- YES NO** 3. Patient is making measurable progress toward the treatment objectives specified in the treatment plan.
- YES NO** A. Progress is measured in behavioral terms and reflected in the Patient's treatment and discharge plans.
- YES NO** B. Patient has made gains toward social responsibility and independence.
- YES NO** C. There is active, ongoing psychiatric treatment and documented progress toward the treatment objective and discharge.
- YES NO** D. There are documented efforts and evidence of active involvement with the family, guardian, child welfare worker, extended family, etc.
- YES NO** 4. Child's condition has remained unchanged or worsened.
- YES NO** A. Documentation of regression is measured in behavioral terms, OR
- YES NO** B. If condition is unchanged, there is evidence of re-evaluation of the treatment objectives and therapeutic interventions
- YES NO** 5. There is documented continuing need for 24-hour observation and treatment as evidenced by:
- YES NO** A. Intensive behavioral management
- YES NO** B. Intensive treatment with family/guardian and child in a structured milieu
- YES NO** C. Intensive treatment in preparation for re-entry into the community
- YES NO** 6. Documented efforts of working with child's family, legal guardian and/or custodian and other human service agencies toward a tentative discharge date.

 **Extensions for RTC will not be approved beyond the estimated date of discharge documented in the request**

SUBSTANCE ABUSE DETOXIFICATION

SoonerCare will pay for a **maximum of five (5) days** for substance abuse detoxification (detox). If serious physiological evidence of detoxification persists after the initial authorization, up to three (3) additional days may be granted based on a case-by-case review. The Substance Use Detoxification Admission Criteria below is used for this review. An inpatient review is **NOT** necessary for detox if a medical emergency exists and the detox takes place in a medical setting.

- Substance Abuse detoxification will not be authorized for SoonerCare reimbursement for caffeine, nicotine or cannabis substances.**

SUBSTANCE ABUSE DETOXIFICATION ADMISSION MEDICAL NECESSITY CRITERIA (OAC 317:30-5-46 (3) (D))

Circle the decision made on each item.

A child must meet the terms and conditions contained in items 1,2 and 3, and one sub-item of 4.

- | | | | |
|------------|------------|--|--|
| YES | NO | 1. Any psychoactive substance dependency disorder described in DSM-IV, with detailed symptoms supporting the diagnosis and the need for medical detoxification, except for cannabis, nicotine or caffeine dependencies. | |
| YES | NO | 2. Conditions are directly attributable to a substance dependency disorder as the primary need for professional attention. (This does not include placement issues, criminal behaviors, or status offenses.) | |
| YES | NO | 3. Documentation of the fact the child has been referred to the local mental health authority for alternative services. It has been determined by the reviewer that the current disabling symptoms could not be managed or have not been manageable in a less intensive treatment program. | |
| YES | NO | 4. Requires secure 24-hour nursing/medical supervision as evidenced by: | |
| | YES | NO | A. Need for active and aggressive pharmacological interventions |
| | YES | NO | B. Need for stabilization of acute psychiatric symptoms |
| | YES | NO | C. Need for extensive treatment under physician direction |
| | YES | NO | D. Physiological evidence or expectation of withdrawal symptoms, which require 24-hour medical supervision |

THERAPEUTIC FOSTER CARE (TFC)

A. INITIAL REQUESTS

1. All initial Therapeutic Foster Care requests will be phoned in to an APS reviewer. **Please have the following information available for the APS reviewer to help speed up the initial TFC request process:**
 - Child's name, SoonerCare number (lower right corner of the card), and birth date;
 - **Current** and **specific** behaviors of client (within the last 2-4 weeks), including intensity and frequency that will support the medical necessity criteria;
 - Current mood and affect;
 - Relevant treatment history;
 - Intellectual functioning of client to include Full scale IQ, if known, or other support for this information;
 - Specific sexual acting out history;
 - Any substance abuse issues;
 - Legal issues;
 - Medical issues;
 - Current diagnosis on Axis I-V; and
 - Custody status and contact information as to county and contact information of local DHS/OJA worker and the appropriate ARC to include name and telephone numbers, when applicable.
2. After a DHS/OJA custody child has received a Medical Necessity Criteria review, the reviewer will fax a notice indicating that the child appears viable for TFC assessment to the Placement Office at OJA, (405) 530-2892 and the local OJA worker, or to the identified DHS Area Resource Coordinator (ARC).
3. The clinical information will be held by APS until the admitting TFC provider has completed a face to face assessment and calls APS for the prior authorization for SoonerCare payment. **The TFC provider is responsible for notifying APS of a start date if the TFC admission is later than the date of the call for the initial admission authorization. Clinical information may be held for forty-five (45) days while the child is awaiting TFC placement. At forty-five (45) days, the clinical information is no longer considered current.** If forty-five (45) days have passed and the child is **NOT** placed, a new admission request must be completed. The time frame for TFC will be counted in calendar days.
4. The treating TFC facility must call APS with the clinical information derived from their face to face assessment of the child. APS will then issue a prior authorization. The initial length of stay authorized for SoonerCare payment and the first extension may be up to six (6) months (180 days). Additional extensions of care may be up to three (3) months (90 days.) If client is being readmitted to a TFC provider following discharge from an Acute or RTC facility, refer to section titled "TFC Clients That Are Placed in Acute or RTC" for length of stay guidelines (page 25). If a client is discharged to a lower level of care and later re-admitted, the initial authorization process must be repeated.
5. In cases where the face to face assessment may occur (or is not completed until) after regular business hours, the TFC agency will call the next business day to notify APS of the admission. APS will review the clinical information. If the child meets TFC criteria, APS will back date the authorization to the date of admission.
6. All denials will be reviewed by a physician consultant during working hours within 1 business day.

7. TFC agency staff should provide crisis management for all clients. For crisis situations, the therapist is to see the child face-to-face before calling for an inpatient authorization, except in situations where the need for hospitalization does not allow for this to occur.
8. If a child is out the TFC placement due to being either AWOL or placed in a shelter for behavioral issues more than 5 days the child is discharged from the agency and the authorization will end. If the child returns to the TFC home (or another home within the same agency) within 5 days, the authorization will remain active. The agency will document the time and behaviors leading to the AWOL or placement in a shelter and the time out of the TFC home..

**THERAPEUTIC FOSTER CARE ADMISSION
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-741 (b) (5) (D))**

Circle the decision made on each item.


A child must meet ALL of the following conditions.

- | | | |
|------------|-----------|--|
| YES | NO | 1. Any DSM-IV I primary diagnosis - with the exception of V-Codes and Adjustment Disorders - with detailed description of the symptoms supporting the diagnosis. (Substance-Related Disorders may be used as secondary Axis I diagnosis.) |
| YES | NO | 2. Conditions are directly attributed to a mental disorder as the primary need for professional attention. |
| YES | NO | 3. It has been determined by the reviewer that the current disabling symptoms could not have been managed or have not been manageable in a less intensive treatment program. |
| YES | NO | 4. Evidence that the child's presenting emotional and/or behavioral problems prohibit full integration in a family/home setting without the availability of 24-hour crisis response/behavior management and intensive clinical interventions from professional staff, preventing the child from living in a traditional family home. |
| YES | NO | 5. The child is medically stable and not actively suicidal or homicidal and not in need of chemical dependency detox services. |
| YES | NO | 6. The legal guardian of the child (*DHS/OJA if custody child, or parent) agrees to active participation in the child's treatment needs and planning. |

B. TFC EXTENSION REQUESTS

1. Extensions are reviewed by phone between the hours of 8 a.m. and 5 p.m. Monday - Friday. **Calls should be made to APS within 30 days from the expiration of the current authorization. Failure to follow this time frame will result in loss of day(s). To expedite the review, it is encouraged that clinical information be submitted through CareConnection® prior to calling APS.**
2. After the first TFC extension, authorizations for payment may be up to **90** days for subsequent extensions. The number of days allowed will be determined by the reviewer and based on the level of impairment, severity and chronicity of the symptoms that meet Medical Necessity Criteria, including the need for 24 hour crisis intervention.
3. The following information will be required for telephone reviews for TFC continued stay:
 - a. Date of admission to TFC agency;
 - b. Current diagnoses on Axis I-V. Information regarding any changes;
 - c. Current medications and dosages to include medication changes;
 - d. Clinical information to support continued stay at this level of care. This information can include:
 - i. Specific treatment interventions utilized in this period that maintained or increased the client's functioning;
 - ii. Behavior at school;
 - iii. Number of days school missed due to truancy, suspensions and/or expulsions;
 - iv. Number of physical holds, restraints;
 - v. Incidents of physical aggression;
 - vi. Suicidal threats, gestures;
 - vii. Self-mutilation;
 - viii. Cognitive distortions that have the potential result of harm;
 - ix. Psychological testing results, if administered during this period.
 - e. TFC family, bio-family or guardian involvement in treatment, including dates of contact during last authorization period for family therapy, names (or relationship) of those in attendance, number of times visited, regularity of telephone contact, whether sessions were face to face or telephonic, and progress or regression in family therapy;
 - f. Date of last DHS/OJA contact and type of contact, if applicable;
 - g. Number of moves or housing changes;
 - h. Respite usage;
 - i. Amount, if any, of unsupervised time;
 - j. Out of home visits
 - i. Number since last review;
 - ii. Length of time on visit;
 - iii. Who the visit was with;
 - iv. Behavior during the visit and upon return;
 - k. Identify estimated date of discharge;
 - l. Detailed discharge plan (specifics will increase as the EDOD nears) but appointment date and times are expected within 30 days of discharge depending on the length of time the client has been in the facility;
 - m. Report any additional services that have been provided, either by TFC agency or outside provider, including crisis intervention;
 - n. How many children are living in the home—TFC and other during this period
 - o. Any new placements in this home this review period; and
 - p. How many children were placed in respite in this home during this period and for how long.

Although reviews are conducted by phone, the CareConnection® information will be included in the review. Faxed documentation may be requested by a reviewer in order to assist in authorization decisions. In cases where faxed information is requested by APS, a response will be provided within one (1) business day of the receipt of the fax. All denials will be reviewed by a physician consultant during working hours within 1 business day.

-  **Extensions for TFC will not be approved beyond the estimated date of discharge documented in the request**

**CONTINUED STAY THERAPEUTIC FOSTER CARE
MEDICAL NECESSITY CRITERIA
(OAC 317:30-5-741 (b) (5) (E))**

The criteria for continued stay in TFC are the same as the TFC admission criteria above. Utilize these same criteria when determining the need for continued stay in TFC.

- The TFC Provider will be responsible for providing the reviewer with information regarding DHS/OJA participation in the child's treatment needs and planning.*

TFC CLIENTS FIVE YEARS OF AGE AND YOUNGER

Under certain exceptional circumstances, TFC may be approved for children five years of age and younger. Special procedures are in place within the DHS system to ensure that the TFC provider is trained to work with children of this age. For children five years of age and younger, the length of stay authorized on all TFC placements will not exceed 90 days for initial or extension requests.

TFC CLIENTS THAT ARE PLACED IN ACUTE OR RTC

If a child is admitted to an Acute care or RTC facility while authorized for TFC, the provider may utilize any of the remaining days of the TFC dates authorized on existing PA once the child is discharged from the higher level of care. The child must be admitted directly from the TFC home and return directly to a TFC home upon discharge from the higher level of care. If the authorization dates on the existing PA for TFC expires while the child is receiving inpatient care, a new prior authorization request must be submitted to APS prior to discharge from the inpatient facility or the TFC provider runs the risk of losing days. The number of days authorized for the new admission after discharge will depend on whether or not the client is within the first year of TFC placement at the time of this admission. If so, then up to 180 days will be authorized on discharge from the hospital and the next extension will be up to 90 days. All other authorizations will be up to 90-days. **If a child is discharged from TFC level of care, *except to a higher level of care*, a new admission request must be submitted if the child returns to TFC.**

STEPDOWN FROM ACUTE OR RTC TO TFC

Children downgrading from acute or RTC levels of care directly to TFC will not require an initial face to face assessment by the TFC facility prior to admission. The guardian would request the clinical information be sent by APS to the identified DHS ARC or the OJA Placement office (405-530-2892) and the local OJA/DHS worker so an appropriate TFC placement and treatment could be arranged.

CRISIS STABILIZATION

Crisis Units serves clients 10 through 17 and/or young adults ages 18-20. Admission **must be prior authorized by APS before the service is provided**. Crisis unit reviews are required for SoonerCare reimbursement. Clients with no payment source (potential SoonerCare applicants) who meet criteria may also be authorized.

- Prior authorization is not a guarantee of payment.**

CRISIS UNIT PRIOR AUTHORIZATION PROCESS

1. Authorizations are conducted by inpatient reviewers via phone at 1-800-762-1560. Regular office hours are 8 a.m. to 6 p.m., Monday through Friday.
2. Reviewers are available for initial reviews 24 hours per day, 7 days per week. Outside of regular business hours, calls will be taken by an answering service and forwarded to the on-duty reviewer who will then contact the referral source.
3. If a provider admits a client prior to contacting APS, then the provider risks a denial and no reimbursement.
4. The crisis unit will perform a face to face assessment prior to admission, to determine the client's appropriateness for the unit prior to requesting prior authorization from APS.
5. The initial prior authorization may be for **up to seven (7) days (7x24 units=168 units)**
6. If, for extraordinary reasons, the client does not discharge from crisis stabilization within the initial authorization period, crisis unit requests for an extension will be conducted via telephone during regular business hours. Extensions will be authorized when conditions support the reasonable assumption that stabilization of symptoms will occur within a few days with development or enhancement of services at a less restrictive level of care.

- Extensions for crisis stabilization will not be approved beyond the estimated date of discharge documented in the request**

CRISIS UNIT ADMISSIONS CRITERIA

A client must meet the terms and conditions contained in the items 1, 2, 3, 4, 5 and 6 and any sub-items contained in 7 and any 1 sub-item contained in 8.

- 1) Any DSM-IV AXIS I primary diagnosis accompanied by a detailed description of the symptoms supporting the diagnosis. V-Codes are allowed.
- 2) Conditions are directly attributable to a mental disorder or traumatic event as the primary need for professional attention. (This does not include placement issues, criminal behavior or status offences.)
- 3) It has been determined by the reviewer that the current symptoms cannot be managed, or have not been manageable, in a less intensive treatment program.
- 4) With the clinical information available, there is a reasonable assumption that stabilization of symptoms can occur within a five to seven day period with the development and/or enhancement of services at a less restrictive level of care.
- 5) Client must be able to function cognitively and/or developmentally at a level to benefit from short term stabilization.
- 6) Client must be medically stable.
- 7) **Within the past 48 hours, the following was present**
 - a) Suicidal/homicidal attempts, intent, threat, or ideation.
 - b) Disabling Psychosis or Depression.
 - c) Indication or report of episodic impulsivity, or physically aggressive impulses that are endangering to self or others (e.g. self-mutilation, violence towards animals, head banging, excluding chronic sexual perpetrators.)
 - d) Binge or excessive use of alcohol and other drugs resulting in potentially harmful behaviors excluding client's with blood alcohol level(s) that require medically managed intensive inpatient detoxification (above 0.30).
 - e) Demonstrates extreme distress and has history of suicidal/homicidal ideations/behaviors.
 - f) Serious disruption of family or social milieu due to illness, death, parental incarceration, or separation of parent and child or adolescent; severe conflict; torment and/or physical/sexual abuse or maltreatment.
 - g) Traumatic or enduring and highly disturbing circumstances such as:
 - (i) Violence, sexual abuse or illegal activity in the home;
 - (ii) The child or adolescent is witness to or a victim of a natural disaster;
 - (iii) The sudden or unexpected death of a loved one;
 - (iv) Unexpected or unwanted pregnancy;
- 8) Requires treatment as evidenced by:
 - a) A need for a stabilization of psychiatric symptoms
 - b) A need for treatment under physician direction
 - c) Physiological evidence or expectation of withdrawal symptoms, which require 24 hour medical supervision

CONTINUED STAY CRISIS UNIT CRITERIA

A client must meet condition 1, 3 and 4 and one sub-item of condition 2.

1. Any DSM-IV AXIS I primary diagnosis accompanied by a detailed description of the symptoms supporting the diagnosis. V-Codes are allowed.
2. Client continues to manifest a severity of symptoms that can not be managed in a less restrictive setting and requires either:
 - a) Acute or residential care placement that is not available.
 - b) It is expected the child will return to their natural setting with 48 hours.
3. Conditions continue to support the reasonable assumption that stabilization of symptoms can occur within a period of a few days with development and/or enhancement of services at a less restrictive level of care.
4. Documented efforts of working with the client's family, legal guardians and/or custodians and other human service agencies toward a discharge from the crisis unit.

BEHAVIORAL HEALTH CARE MANAGEMENT/CARE COORDINATION

Reviewers will provide care coordination to improve treatment coordination at all levels of care, which includes inpatient and outpatient providers, as well as the member's family/guardian. Reviewers will also inquire as to entitlements the child may have such as DDS or SSI. In cases in which the member may be eligible but not currently receiving, the reviewer will work with the provider to facilitate the steps are taken to apply for the entitlements. On every review, the reviewer will question progress in treatment or lack thereof, discuss plans for follow up care upon discharge including provider name, telephone number, appointment date and time. In addition, questions regarding the plans for placement upon discharge will be asked. If the plan is for the child to not return to their former home, the reviewer will work with the treating facility to assist the guardian/responsible party to arrange for alternative placements on an ongoing basis. All options including those not SoonerCare compensable will be explored. Every attempt will be made to refer each of these children to a local system of care program in their home community prior to discharge. This referral should be coordinated by the hospital and APS to ensure a seamless transition to the lower level of care.

CASE MANAGEMENT

Case management is considered an integral part of discharge planning. This aids the client in accessing services and maintaining the highest level of functioning in the least restrictive environment. Case management is to be offered to all non-state custody SoonerCare members under the age of 21. This includes those members admitted to inpatient services, both acute and RTC, or those deemed ineligible according to medical necessity criteria for reimbursement for care.

When a SoonerCare member is admitted to an inpatient facility, case management will be offered as a part of the discharge planning that begins at admission. The offer of case management should be included in the package of automatic authorizations referrals that are made at admission. A parent/guardian has the right to decline. However, it is strongly encouraged that case management be offered again prior to discharge. If a parent/guardian accepts the case management referral, the treating facility discharge planner/therapist will obtain consent for case management from the parent/guardian. This separate case management consent form is only used if the automatic authorization process is NOT going to be requested by the outpatient follow up provider. The treating facility will contact the appropriate case management agency and make the referral. This information will be added to the information provided to the parent/guardian at the time of discharge. APS may be contacted to assist in the case management referral if necessary.

TRANSFERS

If a child is transferred from one treating facility to another for the same level of care, APS is to be notified when the transfer occurs. The length of stay authorization will be the length of stay initially assigned, minus the days the child has already spent in treatment for that period. If a child transfers from one treating facility to another with five (5) days or less remaining on the authorization, the transferring facility must provide the next extension request to APS for the new treating facility. The same procedure applies to TFC clients transferring with less than 30 days remaining on the current authorization. **Authorization is NOT required for a transfer, but an extension request IS required when the current authorization expires. If an extension is not requested by the transferring facility prior to the expiration of the authorization, the new facility will lose days.**

CHANGES IN LEVEL OF CARE

If a child is downgraded from acute care to RTC within the same facility, **a new extension request must be made to APS with the new provider number and the current prior authorization must be end dated by providing discharge information for the current level of care.** The initial length of stay for RTC will be determined based on the clinical information received from the provider. If a child downgrades from acute to

RTC prior to using all the acute days that were prior authorized, the provider will contact APS to request the remainder of the acute days to be switched to RTC on the day of the downgrade. If the child is going to be downgraded at the time the acute care days expire, then the provider will need to do a phone review on the last business day of the acute authorization to have RTC authorized.

If a child is in need of a more restrictive level of care and is currently authorized for RTC, APS is to be contacted by telephone. The same procedures apply as outlined in “Accessing an Inpatient Psychiatric Care Review”. The provider must clinically justify how the acute level of care will benefit the client (i.e. the need for increased services). Children downgrading from acute or RTC levels of care directly to TFC will not require an initial face to face assessment by the TFC facility prior to admission. The guardian would request the clinical information be sent by APS to the identified ARC or the OJA worker so an appropriate TFC placement and treatment can be arranged.

DISCHARGE REFERRAL INFORMATION

Discharge referral information should include information that would prepare those providing follow up care adequately. Information should include:

1. Behaviors that can be expected upon discharge.
2. Supports that need to be in place for the family & in the community.
3. Type of educational needs.
4. Type of recreational needs.
5. Day to day activities
 - a. Ones that are good for the child
 - b. Ones that should be avoided for the child
6. Involvement with biological family while inpatient or upon discharge.
7. Involvement with siblings while inpatient or upon discharge.
8. Whether the child is able to go to daycare vs to home after school.
9. Specific recommendations
 - a. Number of children in the home
 - b. Family setting vs group setting
 - c. If child is better with groups or individuals
 - d. If child is better with males or females
 - e. Intimacy needs
 - f. Interactions with younger children in the home
 - g. Interactions with older children in the home.

AUTOMATIC INITIAL AUTHORIZATION OF SERVICES AFTER DISCHARGING FROM ACUTE, RTC, CRISIS STABILIZATION, GROUP HOME OR TFC LEVELS OF CARE

For those children preparing to discharge or who have discharged from a higher level of care, APS will authorize up to 62 RVUs for the first 30 (thirty) days at the time the provider accepts the initial referral and faxes the Admit to Outpatient Services form to APS at 1-800-762-1639.

The initial 62 RVUs will be authorized with a standard array of services. A correction request may be submitted if the provider feels a different array of services are clinically indicated, not to exceed the 62 RVUs. **For continuity and expediency, the Individual Plan of Care and Assessment from the higher level of care facility will be provided at the time of the child's discharge from that facility. This will serve as the treatment guide for the outpatient provider/agency the first 30 days of outpatient care.**

If this PA is being issued for a consumer new to the agency, a treatment plan review will not be issued as the initial assessment and treatment plan do not currently require prior authorization.

If this PA is being issued for a consumer that is already receiving outpatient services from the requesting provider, a treatment plan review will need to be included in the request by checking the appropriate box. **If the current outpatient provider requests this 30 day PA, their current PA will be end dated to avoid overlapping authorization of services and dates.**

If during the first 30 days, the client/guardian does not respond to letters, phone calls or other attempts to engage them in initiating services or continuing in services, the outpatient provider/facility will provide this information to an APS Behavioral Health Review Coordinator either by fax or phone.

DISCHARGES FROM RTC

When a member is discharged from the RTC level of care to outpatient services, the RTC provider must call APS (1-800-762-1560, Option 7) on the day of discharge from the RTC to notify of the discharge.

EXTENSION OF CARE REQUESTS

Following the initial authorization, an extension of services may be requested from APS by submitting the request via CareConnection or faxing an Outpatient Prior Authorization Request Packet. The extension should be received by APS not more than 15 calendar days and no later than five (5) calendar days before the end of the current authorization period. An APS Behavioral Health Review Coordinator will review the extension request within three (3) business days of receipt, utilizing the Medical Necessity Criteria for continued care.

CORRECTION REQUESTS

When a facility finds that APS has made a data entry error (e.g., typographical error, wrong provider number, wrong procedure code, wrong SoonerCare member number, etc.), the facility will notify APS by phone with the information to be corrected or may fax in a correction request form to 1-800-762-1639.

TRAVEL ASSISTANCE

Each inpatient facility must have a travel assistance policy/plan to assist those SoonerCare families that need assistance with the expenses of traveling to attend family therapy while their child is receiving inpatient psychiatric care. The inpatient facility is responsible for notifying the families of this assistance and the procedure the family must follow. Non-custody legal guardians may contact OHCA at 405-522-7446 for travel assistance for admissions and discharges when needed.

OHCA APPROVAL OF OUT-OF-STATE PLACEMENTS

When a child is in parental, DHS or OJA custody and admission to an out-of-state facility that is not a border placement is requested, OHCA must approve the placement **prior** to the child admitting to a facility outside of Oklahoma. Many factors are considered by OHCA in approving a child for placement out-of-state. The primary issues to be considered are lack of appropriate resources in Oklahoma or if the child has exhausted the resources currently available in Oklahoma.

Typically, children who are placed out of state have a serious behavioral health disorder, along with complicating medical disorder and/or handicap. Some examples might include children with severe autism, brain injury, hearing or vision impairment.

1. The parent/ guardian must contact APS via telephone.
2. Clients must be evaluated by APS and approved for RTC or Acute care.
3. APS will request the following information:
 - a. Complete treatment history of the client, including inpatient and outpatient treatment stays must be submitted to APS. The current treating facility and/or guardian can submit this information.
 - b. Medical records from the current treating facility must be submitted to APS.
 - c. A physician's referral letter recommending specialized treatment and noting the unavailability of treatment within the state of Oklahoma, including supportive clinical information such as diagnosis and symptomology must be submitted to APS.
 - d. An Interstate Compact on Placement of Children (ICPC) must be in place between the sending and receiving states.

This information will be submitted to *APS by fax at 1-800-762-1639*. APS will review submitted information with OHCA for final approval. Initial inquiries can be made by calling APS at 1-800-762-1560.

- Failure of an admitting facility to adhere to these out of state placement procedures will result in the days not being SoonerCare compensable.**

DHS Custody Children

Prior to placing a DHS custody child in an out-of-state inpatient psychiatric facility, the Juvenile Judge who has jurisdiction and the child's attorney must agree with the placement. Also, there must be prior approval between the sending and receiving states via Interstate Compact on Placement of Children (ICPC). The DHS Child Welfare worker must complete forms, which are submitted to the Oklahoma ICPC director (405-522-0672) and ICPC approval must be received from the state's ICPC director before the child can be transported to the out-of-state facility.

This information will be submitted to *APS by fax at 1-800-762-1639*. APS will review submitted information with OHCA for final approval. Initial inquiries can be made by calling APS at 1-800-762-1560.

INTERNAL QUALITY CONTROL (IQC)

APS has internal quality control measures for both the Review Coordinators and Clinical Consultants. APS will sample a specified number of cases monthly. The Inpatient Behavioral Health Manager will review each case for the appropriateness of the decision. APS will provide education specific to the area of concern and monitor review results to ensure compliance with appropriate review protocols and application of criteria as specified in this manual.

INTER-RATER RELIABILITY (IRR)

APS has an inter-rater reliability process to develop and maintain consistency among the review coordinators. Cases are randomly selected and reviewed according to OHCA guidelines. All review coordinators participate in the IRR process on a monthly basis. The results are reviewed and analyzed for consistency; and discrepancies are addressed collectively.

- APS' Medicaid Pre-authorization Program staff consists of Master's level clinicians with Oklahoma licensure (LPC, LMFT, LSW/C, or LBP) and/or registered nurses (RN) with a minimum of 3 years psychiatric experience.**

EDUCATIONAL OPPORTUNITIES

APS will announce quarterly training sessions on www.SoonerPro.com website. Providers are encouraged to recommend training topics to APS through SoonerPro. APS will also work with providers to develop specific training programs and conduct on-site training sessions at the request of providers. APS will work with providers to identify locations and training topics. All training materials and requests must be approved by OHCA in advance.

RECONSIDERATION

Effective **July 1, 2006**, the behavioral health reconsideration process ended. The decision issued by APS is considered by the OHCA to be a final administrative determination and not appealable to the OHCA for any further administrative hearings.

APPEALS

A SoonerCare member has a right to file an appeal with OHCA. A SoonerCare member also has the right to name in writing their representative for the appeal process. The denial must be appealed to OHCA within **twenty (20) calendar days** of notification of the denial by APS.

- OHCA will **NOT** accept any appeal that has **NOT** first been reviewed by APS.
- In order to be eligible for an appeal consideration, the OHCA Docket Clerk must receive a written request within **twenty (20) calendar days** of receipt of the APS appeal decision.
 - i. All requests are submitted to the Docket Clerk within this specified time on an OHCA LD-1. (page 41).
 - ii. Copies of the denial, treatment plan, a written explanation of the reasons for the appeal and all other pertinent data must accompany the appeal request.
 - iii. Contact the Docket Clerk, OHCA Legal Division, (405) 522-7406, for further instructions on filing appeals with OHCA.
- For TFC, an appeal may be made to OHCA, Attention: State SoonerCare Director.
 - i. The appeal request must be received within **twenty (20) calendar days** of the denial by APS.
 - ii. Copies of the denial, treatment plan, a written explanation of the reasons for the appeal and all other pertinent data must accompany the appeal request.

If a denial is overturned at the appeal level, OHCA will direct APS to initiate an authorization to cover the denied days.

- If the child is still in the facility receiving the same level of treatment or has discharged during the appeals process, APS will review clinical information with the facility to determine if the child continued to meet the Medical Necessity Criteria for that level of care.
- If the child does meet the Medical Necessity Criteria, APS will submit an authorization to cover

the lapsed time due to the appeal process.

- If the child does not meet the Medical Necessity Criteria, APS will not submit an authorization to cover the lapsed time.



When services have been denied, further extension requests CANNOT be considered. A new initial review may be requested at any time that it is believed the child meets the Medical Necessity Criteria. The caller must use the inpatient authorization procedures as detailed above. The clinical information must include current, relevant information.

INSPECTIONS OF CARE

1. APS will review all facilities contracted with the state of Oklahoma that provide acute, residential and/or TFC services to SoonerCare recipients under the age of 21 during the past contract year. Each facility will be reviewed one time within the contract period, but OHCA has the right to request APS to perform an additional ad hoc review at any time. These reviews will begin no later than July 30, 2008 and be completed no later than June 30, 2009.

Inspection of Care (IOC) reviews are performed as referenced in OAC: 317:30-5-95.22-42 for inpatient providers and in OAC: 317:30-5-740-475 for TFC providers.

2. The documentation reviewed during inpatient provider IOC reviews includes (but is not limited to):
 - DSM-IV five-axis diagnosis,
 - Clinical information supporting the need for requested level of care,
 - Medical, psychiatric and social evaluations were completed within the time frame specified by OAC 317: 30-5-95.37
 - Parent(s)/ Guardian received copies of the information of behavioral management of patient, guidelines and conditions, grievance procedures, address and phone number for DHS Advocacy office, patient bill of rights, seclusion/ restraint policy and consent for case management,
 - Informed consent signed by parent/ guardian for use of psychotropic medications,
 - Medical issues are identified and receiving appropriate care,
 - Individual Plan of Care (treatment plan) completed and addresses areas specified by OAC 317: 30-5-95.33, including dated signatures of treatment team members, collaboration of parent/ guardian, medications and dosages and discharge plan,
 - RN documentation every 24 hours for acute and every 7 days for RTC levels of care,
 - Services provided for SoonerCare member with developmental disabilities or any disability are rendered appropriately,
 - Use of Seclusion/ Restraint,
 - Frequency of active treatment components as specified in OAC 317: 30-5-95.34.
 - Facility accreditation and policies and procedures
 - Employee licensure, CPR and crisis management competencies and background checks
3. The documentation reviewed during TFC provider IOC reviews includes (but is not limited to):
 - DSM-IV five-axis diagnosis,
 - Clinical information supporting the need for requested level of care,
 - Medical, psychiatric and social evaluations were completed within the time frame specified by OAC: 317-30-5-95.742,
 - Individual Plan of Care (treatment plan) completed and addresses areas specified by OAC: 317-30-5-95.742.2, including dated signatures of treatment team members, collaboration of guardian, medications and dosages and discharge plan,
 - Individual Plan of Care (treatment plan) updates completed and address areas as specified in OAC: 317-30-5-95.742.2 , including dated signatures of treatment team members, collaboration

- of guardian, medications and dosages and discharge plan,
- Frequency of active treatment components as specified in OAC: 317-30-5-95.742,
- Involvement of bio-parents, as clinically indicated,
- Use of crisis intervention,
- Facility accreditation and policies and procedures,
- Employee licensure and background checks

APS will conduct a meeting with providers to review the IOC process for that contract year.

PROVIDER CONCERNS/QUESTIONS

For questions or concerns regarding the inpatient prior authorization process or Inspections of Care (IOC) process, please contact:

Diane Medders, LPC
Inpatient Behavioral Health Manager
dmedders@apshealthcare.com

APS Healthcare, Inc.
4545 N. Lincoln Blvd.
Suite 103
Oklahoma City, OK 73105
Telephone: (800) 762-1560
Fax: (800) 762-1639

APS Website:
APShealthcare.com

Soonerpro Website:
<http://www.soonerpro.com>

Sooner Help Desk:
soonerprohelpdesk@apshealthcare.com

CareConnection Website:
<https://careconnectionok.apshealthcare.com>

**SoonerCare
Providers For
Inpatient Acute, RTC
And TFC Services**

Provider Information-Adult Facilities (Serves 18-21 years of age)

Provider Number	Status	Facility Name	Address	Phone number Fax Number
100701410A	DRG	Brookhaven Meadowbrook	201 S. Garnett Road Tulsa, OK 74128	(918) 438-4257 (918) 438-8016
100700640A	Per Diem	Carl Albert CMHC	1101 E. Monroe PO 579 McAlester, OK 74501	(918) 426-7800 (918) 426-6760
100699370F	DRG	Deaconess Hospital	7600 N.W. 23 RD Bethany, OK 73008	(405) 604-6138 (405) 604-6274
100690030A	Per Diem	Griffin Memorial Hospital	900 E. Main St. P.O. Box 151 Norman, OK 763069	(405) 321-4880 (405) 321-4514
200044210A	DRG	Hillcrest Specialty Hospital	1145 South Utica Tulsa, OK 74104	(918) 579-7260
100699490A	DRG	Jane Phillips Medical Center	P.O. Box 78 Bartlesville, OK 74005	(918) 333- 7200
100700660A	Per Diem	Jim Taliaferro CMHC	602 S.W 38 th St. Lawton, OK 73505	(580) 248-5780 (580) 248-9128
100262320C	DRG	Mercy Memorial Health Center	1011 14 th SW Ardmore, OK 73401	(580) 223-5400 (580) 220-6659
100700490A	DRG	Midwest City Hospital	2825 Parklawn Dr. MWC, OK 73110	(405) 736-1872 (405) 736-1872
100700690L	DRG	Norman Regional Hospital	901 North Porter Norman, OK 73071	(405) 321-1700
100704080A	Per Diem	Northwest Center for Behavioral Health CMHC	P.O. Box 1 Fort Supply, OK 73841	(580) 766-2311 (580) 766-2017
100689210W	DRG	OU Medical Center	P.O. Box 26307 OKC, OK 73126	(405) 271-5007 (405) 271-1951
100738360H Acute	Per Diem	Parkside Psychiatric Hospital and Clinic	1619 E. 13 th St. Tulsa, OK 74119	(918) 588-8888 (918) 588-8859
100700630A	DRG	Pavilion: Muskogee Regional Medical Center	300 Rockefeller Drive Muskogee, OK 74401	(918) 682-5501 (918) 684-3374
100699420A	DRG	Ponca City Memorial Hospital	1900 N. 14 th P.O. Box 1270 Ponca City, OK 74602	(580) 765-3321 (580)765-0597
100701680A	Per Diem	Rolling Hills Hospital	1000 Rolling Hills Lane Ada, OK	(580) 436-3600 (580) 436-3958
100699540A	DRG	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072
200014270A	DRG	Texoma Medical Center	2601 Cornerstone Drive Sherman, Texas 75092	(903) 416-3000
100728840B	DRG	Valley View Regional Hospital – Reflections- Intellectually and Developmentally Disabled	430 North Monta Vista Ada, OK 74820	(580) 421-1234
200100890B	DRG	Wagoner Community Hospital	1200 W. Cherokee Wagoner, OK 74467	(918) 485-5514 (918) 485-1893

Provider Information – Adolescent and Children Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100733450D Crisis Stabilization only	ACT – Child and Adolescent Life Management Center (CALM)	6126 E 32 nd Place Tulsa, OK 74135-5406	(918) 394-2256	M/F ages 10-17	Facility Based Crisis Unit
200106860B RTC	Camelot of Oklahoma	3301 N Martin Luther King Blvd Oklahoma City, OK 73111	(405) 548-1280 x 103 (405)548-1296	M/F ages 4-17 Pervasive Development Disorders, including Autistic, Asperger's, and children with IQ< 50	IMD
200085660B Acute	Cedar Ridge Treatment Center	6501 NE 50 th Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	M/F ages 12-17 Acute Neuro-psychiatric for M 13-17	Per Diem
200085660A RTC	Cedar Ridge Residential Treatment Center	6501 NE 50 th Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	M/F ages 6-17 Also has Neuro-psychiatric unit	IMD
200085660C RTC	Cedar Ridge Neurobehavioral Treatment Center	6501 NE 50 th Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	Males ages 13-17	IMD
100698370A Acute	Children's Recovery Center of Oklahoma	320 12 th Avenue N.E. Norman, OK 73071	(405) 364-9004 (405) 573-3891 Fax (405) 573-3804	M/F ages 7-17 No MR Co-Occurring psychiatric and substance abuse	Per Diem
100688950A RTC	Children's Recovery Center of Oklahoma.	320 12 th Avenue N.E. Norman, OK 73071	(405) 364-9004 (405) 573-3804	M/F ages 7-17 No MR Co-Occurring psychiatric and substance abuse	IMD
200044210A Acute	Hillcrest Medical Center	744 W. 9 th St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	DRG
200044210E RTC	Hillcrest Medical Center	744 W. 9 th St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	IMD
100699500A Acute	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18	DRG
100699500S RTC	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18, has dual dx (MR/ MI) unit for ages 12-17	IMD
100806400X Acute	Integriss Mental Health-Spencer	2601 N. Spencer Road Spencer, OK 73084	(405) 427-4716 or (405)427-4791 (405) 427-4720 or (405) 427-4768	General: M/F ages 5-17; M 12-17 Conduct traits; Sexually aggressive behaviors M/F 5-14	DRG

100806400W RTC	Integrus Mental Health-Spencer	2601 N. Spencer Road Spencer, OK 73084	(405) 427-4716 or (405)427-4791 (405) 427-4720 or (405) 427-4768	General: M/F ages 5-17; M 12-17 Conduct traits; Sexually aggressive behaviors M/F 5-14	IMD
100701710F RTC	Moccasin Bend Ranch	130 "A" St. S.W. P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 13-17	IMD
100738360H Acute	Parkside	1619 E. 13 th St. Tulsa, OK 74120	(918) 588-8888 (918) 588-8859	M/F ages 10-17 MR case by case	Per Diem
100738360I RTC	Parkside	1620 E 13 th Tulsa, OK 74119	(918) 588-8888 (918) 588-8859	M/F ages 10-17 MR case by case	IMD
100726170J RTC	Parkside - TCAT	1220 South Trenton Tulsa, OK 74120	(918) 588-8888 (918) 588-8859	M/F ages 6-17 MR case by case	IMD
100699540P RTC	Positive Outcomes (JSOP)	2129 SW 59 th Street Oklahoma City, OK 73119	(405)713-5780 (405)713-5782 (405)680-2820	Males age 13- 17 Sex offenders only	IMD
200051970G Crisis Stabilization only	Red Rock Children's Crisis Center	4400 N. Lincoln Blvd. Oklahoma City, OK 73105	(405) 425-0333 (405) 425-0312	M/F ages 10-17 No sex offenders	Facility Based Crisis Unit
200006820A Acute	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(918) 492-8200 (800) 821-6993 (918) 492-0493	M/F ages 4-17	Per Diem
200006820F RTC	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F ages 4- 17, Traditional RTC and Threshold Program for Male sex offenders age 13-18, who are not MR	IMD
200006820G RTC	Shadow Mountain -- Riverside	1027 East 66 th Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F ages 13-17 IQ 45-70	IMD
20006820Q RTC	Shadow Mountain -- Riverside	1027 East 66 th Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F RAD 4-12 M/F 13-17 Autism/ Asperger's	IMD
200006820R RTC	Shadow Mountain- Eagle Creek Native American Treatment Program	PO Box 106 100 Sawmill Road Kansas, OK 74347	(800) 821-6993 (918) 597-3623 (918) 597-3625	Males Ages 12-17	IMD
200130800A RTC	Southern Plains Treatment Center	310 12 th Avenue, N.E. Norman, OK 73071	(405) 217-8400 (405) 217-8405	Males Ages 12- 18 OJA/ DHS accepted	IMD

100697950B Acute	Southwestern Behavioral Health	1602 S.W. 82 nd P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR No Sub Abuse Programs- may be treated as secondary diagnosis	DRG
100697950F RTC	Southwestern Behavioral Health	1602 S.W. 82 nd P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR	IMD
100699540A Acute	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18 May take MR	DRG
100699540H RTC	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18, Accents Program: M/F ages 7-12 IQ50-70 Human Restorations: M/F ages 13-18, IQ> 70	IMD
100726170B RTC	Varagon Academy	3400 Deskin Drive Norman, OK 73069	(405) 701-1522 (405) 701-8531	Males only, ages 12-18, sex offenders &/ or MR, NO DHS	IMD
200211500A RTC	White Horse Ranch	1601 Wilkie Road Mooreland, OK 73852	(580) 994-5649 (580) 9942739	Females, age 12-18 Severe emotional disturbances, eating disorders, and co-occurring substance abuse treatment Unit is unlocked	Per Diem
100701710B Acute	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-12 M/F ages 13-17	Per Diem
100701710D RTC	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-18	IMD

Provider Information – Border Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100693500A Acute	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13- 17, self harming behaviors	Per diem
100693500B RTC	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/ F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13- 17, self harming behaviors	IMD
100695660A Acute	Lakeland Regional Hospital	440 South Market Springfield, MO 65806	(417) 865-5581 (417) 865-5964	M/F ages 5-18	Per Diem
200131960A RTC	Piney Ridge Treatment Center Arkansas	4253 North Crossover Fayetteville, AR 72703	(479)587-1408 (479)587-1085	Males/ Females Ages 8-18 Sex Offenders	IMD
200206960A RTC	New Hope Heartland	619 Fairfield Street Norwich, KS 67118	(800) 776-6482 (843) 8511075	Females Ages 12-18 IQ 50 and above	IMD
200075470A Acute	University Behavioral Health of Denton	2026 West University Denton, TX 76201	(940) 320-8100 (940) 384-0402	M/F 5-18	Per Diem
200012010D Acute	Vista Health of Fayetteville	4753 Crossover Road Fayetteville, AR 72703	(479) 521-5731 or (800) 545-4673 (479)521-6520	M/F ages 4-17	Per Diem
200012010E RTC	Vista Health of Fayetteville	4753 Crossover Road Fayetteville, AR 72703	(479) 521-5731 or (800) 545-4673 (479)521-6520	M/F ages 4-17	IMD
200012010B Acute	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479) 494-5700 (479) 484-9991 (479)484-9994	M/F ages 4-17	Per Diem
200012010C RTC	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479)494-5700 (479)484-9991 (479)484-9994	M/F ages 4-17	IMD

Provider Information – Out of State Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
200029120A RTC	Alabama Clinical Schools	1221 Alton Drive PO Box 100968 Birmingham, AL 35210-	(205)836-9923 (205)836-9483	Males only ages 6-17, sexual offenders/ Sexually abusive (IQ > 60) & MR Males ages 9-18 (IQ 50-70)	IMD
100705870A RTC	Benchmark	592 West 1350 South Woods Cross, UT 84087	(801) 299-5300 (801) 296-2163	Males only sex offenders, ages 12- 18, may take Mild MR	IMD
200043170B RTC	The Camelot Schools	1150 North River Road Des Plaines, IL 60016-1214	(847)359-8000 (847) 359-8001	M/F ages 6-21 Autism	IMD
100846740A RTC	Cedar Crest Hospital and RTC	3500 S. I H-35 Belton, TX 76513	(254)939-4021 Toll Free: (866) 543-7779 (254) 939-4075 fax	M/F age 5-17, trauma recovery, dual diagnosis, substance abuse	IMD
200009930B Acute	Cedar Springs Hospital	2135 Southgate Rd Colorado Springs, CO 80906	(719) 633-4114 (719) 578-0857	M/F ages 5-18	Per Diem
200009930A RTC	Cedar Springs Hospital	2135 Southgate Rd Colorado Springs, CO 80906	(719) 633-4114 (719) 578-0857	M/F ages 5-18	IMD
100705150A RTC	Cinnamon Hills	770 East St. George Blvd. St. George, UT 84770	(435)674-0984 (800) 782-2888	M/F ages 12-17	IMD
200136130A RTC	Coastal Harbor Treatment Center	1150 Cornell Avenue Savannah, GA 31406	(912) 692-4285 (912)692-4316	M/ F ages 12-17	IMD
200010940A RTC	Copper Hills Youth Center	5899 West Rivendell Drive West Jordan, UT 84088	(800) 776-7116 or (801) 561-3377 (801) 569-2959	Females Only Ages 12-17 sex offenders program	IMD
200014300A RTC	Laurel Ridge Treatment Center	17720 Corporate Woods Dr. San Antonio, TX 78259-3509	(800)624-7975 or (210)491-9400 (210) 491-3550 fax	M/F ages 4-12 general psychiatry & sexually reactive M/F ages 13-17 general psychiatry & sexual offender, eating disorders Bilingual services available	IMD
2000122490A RTC	Natchez Trace Youth Academy	415 Seven Haws Lane Waverly, TN 37185	(931-296-1183 (931)296-7576	Males Ages 12-18 IQ>69 Treatment Failures	IMD
100697040A RTC	National Deaf Academy	19650 US Highway 441 Mount Dora, FL 32757	(352) 735-9500 x111 (352)735-4939 Fax TTY: (352) 735-9570	M/F ages 6-17 Hearing/ visually impaired/ MR and Autism	IMD
100693530A RTC	Piney Ridge Treatment Center Missouri	1000 Hospital Rd PO Box 4067 Waynesville, MO 65583	(800) 772-5354	M/F ages 12-18, & sexually abusive behaviors: M 13-17, F 12-18	IMD
200032940A RTC	San Marcos Treatment Center	120 Bert Brown Rd. San Marcos, TX 78666	(800) 251-0059 or (512) 396-8500 (512) 754-3881	M/F ages 5-17 Mild MR/ autism	IMD

200051290A RTC	St. Joseph's Children's Home	1419 South Main Torrington, Wyoming 82240	(307) 532-4197 (307)532-8405	M/F ages 6-17	IMD
100695690A RTC	Tampa Bay Deaf Academy	12012 Boyette Road Riverview, FL 33569	(800) 678- 3838 TTY: (813) 677-2502	M/F ages 5-18 Hearing impaired	IMD
100696240A RTC (Sub-acute)	Texas Neuro Rehab Center	1106 W. Dittmar Rd Austin, TX 78745	(800) 252-5151 (512) 444-4835 (512) 462-6749	M/F ages 8-18 MR/Autism/ Neuro- behavioral and comprehensive neurobehavioral evaluation	IMD
200096190A	Timber Ridge Ranch Neurorestorative Services	15000 Highway 298 Benton, AR 72015	(800) 697-5350 or (501)549-5211 (501)594-5236	M/F ages 6-12 Neurological and psychiatric diagnoses,	IMD
RTC- 200098300A	Whispering Hills Achievement Center	4110 FM 609 Flatonia, TX 78941	(361)865-3083 (361) 865-3316	M/F , ages 5-17, Autism, PDD, ED with specific educational needs	IMD
Acute- 100703770A	Yellowstone Boys and Girls Ranch	1732 South 72 nd Street West Billings, Montana 59106	800-726-6755 (406) 655-2100	Males 7-17 years, Females 12-17 years. SED, IQ> 80, may have co- occurring substance abuse or self harming behaviors	Per Diem
RTC- 100703770B	Yellowstone Boys and Girls Ranch	1732 South 72 nd Street West Billings, Montana 59106	800-726-6755 (406) 655-2100	Males 7-17 years, Females 12-17 years. SED, IQ> 80, may have co- occurring substance abuse or self harming behaviors	IMD

Provider Information – TFC Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number
100745880A	Choices for Life	4101 Perimeter Ctr. Dr. Suite 250 OKC, OK 73112	(405) 751-0800 (405) 751-6488
100726450B	Eagle Ridge Institute	601 N.E. 63 rd OKC, OK 74105	(405) 840-1359 (405) 858-7015
200044210D	Hillcrest	Mailing: 744 W. 9 th Street Tulsa, OK 74127 Physical: 720 West 7 th Street Tulsa, Ok 74127	(918) 599-5955 (918) 599-5699
100733860B	Human Skills & Resources	2140 South Harvard Avenue Tulsa, OK 74114	(918) 574-2147 or (800) 318-6866 Fax: (918) 574-2149 or (888) 397-8555
100744520A	Oklahoma Families First, Inc.	2227 West Lindsey, Suite 1550 Norman, OK 73069	(405) 360-2133 (405) 360-4821
100710730A	SAFY	1209 Sovereign Row OKC, OK 73108 1320 Homestead Drive, Suite "G", Lawton, OK 73505	(405) 942-5570 (405) 942-5603 (580) 536-9129 (580) 563-1932
200006820J	Shadow Mountain Behavioral Health Systems TFC	5350 S. Western #555 OKC, OK 73109	(405) 631-4567 (405) 631-4593
100685870A	Southwest Foster Care	4801 N. Classen, Ste. 135 OKC, OK 73118	(405) 848-0011 (405) 848-2111
100728800A	Sunbeam Family Services	Mailing: PO Box 61237 Oklahoma City, OK 73103 Physical: 616 N.W. 21 st Street OKC, OK 73103	(405) 528-7721 (405) 528-0394
20219080B	St. Francis Community Services	820 South Main Stillwater, OK 74075	(405) 533-3570 (405) 533-3618
100709660A	The Bair Foundation	1601 Greenbriar Place OKC, OK 73159 2921 E 91 st Street Tulsa, OK 74137	(405) 759-2670 (405)759-2669 (918) 298-5059 (918) 877-663-1650-Toll Free (918)298-4517 FAX
100803130B	Wesleyan Youth Inc.	4500 N. Classen, Ste 200 OKC, OK 73118	(405) 524-4457 (405) 524-5762
100732920A	Western Plains	1213 W. Hanks Trail Woodward, OK 73801	(580) 254-5322 or (800) 649-8087 Fax: (580) 254-5335
100731500A	Youth & Family Service Enid	605 West Oxford Enid, OK 73701	(580) 233-7220 (580) 237-7550

CHILDREN'S GLOBAL ASSESSMENT SCALE (C-GAS)

Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level which describes his or her functioning on a hypothetical continuum of health-illness. Use the intermediary levels (e.g., 35, 58, 62).

- 100-91 Superior functioning in all areas (at home, at school and with peers); involved in a wide range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.); likeable, confident; "everyday" worries never get out of hand; doing well in school; no symptoms.
- 90-81 Good functioning in all areas; secure in family, school and with peers; there may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional "blow-ups" with siblings, parents or peers.)
- 80-71 No more than slight impairment in functioning at home, at school or with peers; some disturbance of behavior or emotional steps may be present in response to life stressors (e.g., parental separations, deaths, birth of a sibling), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.
- 70-61 Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft, consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-relationships, most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern
- 60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.
- 50-41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, which might result from suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships
- 40-31 Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers or in the society at large (e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent); such children are likely to require a special schooling and/or hospitalization or withdrawal from school (but this not a sufficient criterion for inclusion in this category).
- 30-21 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day with out taking part in social activities, or severe impairment in communications (e.g., sometimes incoherent or inappropriate).
- 20-11 Needs considerable supervision to prevent hurting others or self (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, market social aloofness, stupor, etc).

10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect or personal hygiene.

C-GAS Score _____

Children's Global Assessment Scale-For children 4-16 years of age. David Shaffer, M.D., Madelyn S Gould, Ph. D., Hector Bird, M.D., Prudence Fisher, B.A. Adaption of the Adult Global Assessment Scale (Robert I. Spitzer, M.D., Mirrian Gibbon, M.S.W., Jean Edicott, Ph. D.)

OVERALL CLINICAL IMPRESSION

Considering your total clinical experience, what is the intensity of disorder in the patient at this time?

- +3 Markedly Improved
- +2 Moderately Improved
- 0 No Change from Baseline OR Baseline
- 1 Minimally Worse
- 2 Moderately Worse
- 3 Markedly Worse

Score: _____

COMMON ACRONYMS

ABD = Aid to Blind or Disabled
ARC = Area Resource Coordinator
APS = APS Healthcare, Inc.
CMHC = Community Mental Health Center
CW = Child Welfare Division of DHS or Case Worker
DHS = Oklahoma Department of Human Services
DMHSAS = Oklahoma Department of Mental Health and Substance Abuse Services
EDOD = Estimated Date of Discharge
FFS = Fee-for-Service
HMO = Health Maintenance Organization
ICPC = Interstate Compact on Placement of Children
IMD = Institution for Mental Disease
IHS = Indian Health Service
INT = In Need of Treatment
LOC = Level of Care
MHP = Mental Health Professional
OAC = Oklahoma Administrative Code
OJA = Office of Juvenile Affairs
OHCA = Oklahoma Health Care Authority
PA = Prior Authorization
PCP = Primary Care Physician
PRTF = Psychiatric Residential Treatment Facility
RID = Recipient Identification Number
RTC = Residential Treatment Center
SSN = Social Security Number
TANF = Temporary Aid to Needy Families
TFC = Therapeutic Foster Care

APS HealthCare, Inc.

4545 N. Lincoln Blvd, Oklahoma City, OK 73105
Phone (800) 762-1560·Fax (800) 762-1639

**ACUTE LEVEL OF CARE PHYSICIAN
PRIOR AUTHORIZATION FORM**

Client Name: _____
(Last Name) (First Name) (M)

SSN ____ - ____ - _____ DOB ____ / ____ / ____

RID: _____

ADMIT **DATE** ____ / ____ / ____

Facility: _____

Provider # _____

Physician: _____

Provider # _____

DISCHARGE **DATE** ____ / ____ / ____

Facility _____

If the child is discharging from **Acute or RTC**, please remember to call APS Healthcare the morning of the planned discharge, and then enter the discharge and aftercare information in CareConnection after the child actually discharges.

If a consumer transfers please enter the appropriate facility in the Admit and Discharge area.

Please tell us about your complaint in the space below. Be as specific as possible and whenever possible, give the date(s) that the event occurred.

[If you need more space, use another sheet of paper]

Have you told the individual or organization that you have a problem or complaint? If so, what happened?

What would you like the Oklahoma Health Care Authority to do about this problem?

SIGNATURE

DATE

PLEASE SEND THIS FORM TO:

**Oklahoma Health Care Authority
Grievance Docket Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, Oklahoma 73154-0497**

**OHCA Fax Number is (405) 530-3455
OHCA Docket Clerk Telephone Number is (405) 522-7217**

LD-1

CASE MANAGEMENT REFERRAL AND DISCLOSURE OF PERSONAL HEALTH INFORMATION FORM

(not used for DHS/OJA custody kids)

Only utilized when a referral for Automatic Authorization Request is NOT being submitted

I hereby authorize (Please Print or Type)

Hospital _____
 Address _____ City, State, Zip _____
 to disclose Personal Health Information for _____, including diagnosis, psychological and
 physiological assessments and treatment and discharge planning to the following:

Case Management Agency _____
 Address _____
 City, State, Zip _____
 Phone () _____ Contact Person _____

Case managers help you and your families gain access to community services including mental health, medical care, food, clothing, housing, transportation, educational and vocational services that can make the transition home much easier. The entire community is viewed as a potential resource. The focus for the helping process is on your strengths, interests, abilities, knowledge and capabilities, not weaknesses or deficits. The relationship between you, your family and the case manager is characterized by collaboration and partnership. The child and family are viewed as directors of the helping process. Your hospital works with the Case Management Agency and other services to assure you and your child have all the essential services required at the time of discharge. Your case manager continues this process by assisting your family in your community after discharge.

Patient Name _____	SS# _____	
Address _____	MC# _____	
City, State, Zip _____	Phone () _____	
Parent/Guardian Name _____	Secondary# () _____	

By signing below, I acknowledge and understand that:

This authorization is voluntary. I may revoke this authorization at any time by writing to _____ at the address above. If I do not revoke this authorization, it will be valid until (date) _____. Personal Health Information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the privacy rules of the U.S. Department of Health and Human Services.

Please check this box and sign below, if you wish to refuse case management services at this time.

 Signature of Consumer (if 14 or over) Date: _____

 Parent/Guardian Date: _____

 Hospital's Representative Date: _____

One copy to Caregiver, file, and faxed to the chosen CM agency.

The CM Agency has assigned the following Case Manager _____ Phone# _____ to this case. The Case Mgr. will be contacting the hospital and the family to assist in coordination of needed Case Management services prior to discharge. CM Agency faxes back to the Hospital to file.