

# Questionnaire: Child Inpatient DDU

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1. *Is this request a new treatment/episode of care?*  
(Please select one.)
  - Yes
  - No
  
2. *What are the required intensive interventions on a 24-hour day basis in the last review period?*  
(Please select one.)
  - Psychiatric Interventions
  - Medical Interventions
  - Nursing Treatment Interventions
  
3. *Is a high frequency, intensity and duration of intervention is required to address repeated aggression or self-injury severe enough to have causes serious injury, or there is significant potential of serious injury to self or others?*  
(Please select one.)
  - Yes
  - No

## **If you answered "Yes" on question 3**

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

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

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

4. *Are the symptoms of ID/DD of such severity that one is unable to care for oneself at a developmentally appropriate level, and treatment at a less restrictive level of care would be unsafe or is unavailable?*  
(Please select one.)

- Yes
- No

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

- Yes
- No

6. *Would member have a significant risk of harm to self or others, or serious functional deterioration, if a less restrictive setting was used?*  
(Please select one.)

- Yes
- No

**If you answered "Yes" on question 6**

6.1.1. *Describe risk or functional deterioration:*

7. *Is a lower level of care available?*  
(Please select one.)

- Yes
- No

**If you answered "No" on question 7**

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

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

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

7.2.4. *Has member been stabilized on the inpatient unit?*  
(Please select one.)

(Please select one.)

- Yes
- No

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

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

- Yes
- No

**If you answered "Yes" on question 9**

9.1.1. Provide date of behavior plan training on unit:

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

- Yes
- No

**If you answered "Yes" on question 10**

10.1.1. Date of last meeting:

10.1.2. Date of next meeting:

**If you answered "No" on question 10**

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

10.2.1. List attempts to contact guardian:

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

- |  |   |   |
|--|---|---|
| <input type="radio"/> Acadia Hospital      | <input type="radio"/> Dorothea Dix Psychiatric Center | <input type="radio"/> Maine General Medical Center  |
| <input type="radio"/> Maine Medical Center | <input type="radio"/> Mid Coast Hospital              | <input type="radio"/> Northern Maine Medical Center |

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- Pen Bay Medical Center       Riverview Psychiatric Center       Southern Maine Medical Center
- Spring Harbor Hospital       St. Mary's Regional Medical Center

**If you answered "Acadia Hospital " on question 11**

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

- 2 West Children/Adolescent  
 2 North Children/Adolescent  
 2 South Children/Adolescent  
 3 North Adult  
 3 South Adult

**If you answered "Maine General Medical Center" on question 11**

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

- Maine General Medical Center - Augusta

**If you answered "Maine Medical Center" on question 11**

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

- P6

**If you answered "Mid Coast Hospital" on question 11**

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

- Behavioral Health Unit

**If you answered "Northern Maine Medical Center" on question 11**

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

- Adult Unit

- Child/Adolescent Unit

**If you answered "Pen Bay Medical Center" on question 11**

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

- Psych & Add. Center

**If you answered "Southern Maine Medical Center" on question 11**

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

- Behavioral Health Unit

**If you answered "Spring Harbor Hospital" on question 11**

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

- 1E DD unit
- 1NE Child Unit
- 1NW Adolescent Unit
- 1W Adult Unit
- 2E Adult Unit
- 2W Adult Unit

**If you answered "St. Mary's Regional Medical Center" on question 11**

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

- A2 Adol/Child Unit
  - A3 Adult Unit
  - CD (Co-Occurring) Unit D4
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