

NorthCare Network

1230 Wilson Street
Marquette, Michigan 49855

CONTINUED STAY REVIEW REQUIREMENTS

The following information is expected to be provided during hospital requests for authorization. Providing all necessary information below will ensure NorthCare's ability to make a determination.

INITIAL CONTINUED STAY REVIEW (first review)

- ☐ Patient's name/DOB/Medicaid ID
- ☐ Voluntary or involuntary status
- ☐ Name and contact information of the hospital Utilization staff to relay authorization decision

Initial psychiatric assessment including the following:

- ☐ Date of assessment
- ☐ Name of physician who completed the initial psychiatric evaluation
- ☐ Diagnosis
- ☐ Reason for admission/justification for hospitalization/chief complaint/presenting illness
- ☐ History of present illness
- ☐ Past and current psychiatric histories including history of psychiatric medications, if known
- ☐ Substance use/dependency history
- ☐ Medical history, any allergies, social and family history
- ☐ Mental Status Narrative – suicidal ideation, AVH, psychosis, delusions, ADLs, sensorium
- ☐ State admitting symptoms from initial psych eval
- ☐ Interval change – change from previous psychiatrist assessment related to major presenting symptoms
- ☐ Initial plan of care and treatment goals
- ☐ Estimated length of stay
- ☐ Compliance issues related to voluntary/involuntary status- i.e. 2nd cert, court progress, court date



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Unit Assessments including the following:

- ☐ Dates of assessments/notes
- ☐ Most recent Nursing Staff Assessment/Note which must include participation, or lack thereof, in milieu
- ☐ Type of safety precautions including the start and end dates of precautions, as applicable

Discharge planning documentation including:

- ☐ Social Worker assessment, if available at the time of initial review, or recent social work note
- ☐ Any knowledge of releases provided by the patient
- ☐ Any contact with guardian, family, other identified supports, friends, outpatient providers
- ☐ Discharge planning efforts starting at admission
- ☐ Barriers to discharge
- ☐ Transportation
- ☐ Supports

Medications:

- ☐ Medication Compliance Concerns
- ☐ Dates of any medication refusals resulting in a 2nd medical certificate for an alternate treatment order
- ☐ Start dates of medications
- ☐ Dates of any titrations or discontinuation of medication
- ☐ For long-acting injections include dose and frequency
- ☐ PRN use including date of administration, dose, and frequency



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ONGOING/SUBSEQUENT CONTINUED STAY REVIEW REQUIREMENTS

- ☐ Patient's name/DOB
- ☐ Voluntary or involuntary status
- ☐ Name and contact information of the hospital Utilization staff to relay authorization decision

Current Physician Assessment including the following:

- ☐ Date of psychiatric review completed no more than 24 hours prior to the submission of request for authorization
- ☐ Interval change – change from previous psychiatrist assessment related to major presenting symptoms/ response to treatment
- ☐ Mental Status Narrative – suicidal ideation, AVH, psychosis, delusions, ADLs, sensorium
- ☐ Estimated length of stay
- ☐ Treatment plan
- ☐ Compliance issues resulting in a 2nd medical certificate for an alternate treatment order and the Court date ▪ Stipulations of court order, as applicable

Unit Assessments including the following:

- ☐ Dates of assessments/notes
- ☐ Staff documentation
- ☐ Nursing Staff Assessment
- ☐ Most recent Social work and recreational group notes
- ☐ Type of safety precautions including the start and end dates of precautions, as applicable

Discharge documentation including:

- ☐ Social Worker assessment, most recent social work note
- ☐ Any knowledge of releases provided by the patient
- ☐ Any contact with guardian, family, other identified supports, friends, outpatient providers
- ☐ Any baseline information or documented attempts to obtain baseline information
- ☐ Include dates of documentation
- ☐ Discharge planning efforts starting at admission



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Medications:

- ☐ Medication Compliance
- ☐ Dates of any medication refusals (resulting in legal documentation being completed)
- ☐ Start dates of medications
- ☐ Dates of any titrations or discontinuation of medication
- ☐ Long Acting Injectables started, frequency, and dosing

ATTENTION:

Requests for continued authorization may be pended or paused until a peer review is completed when NorthCare's UM Clinical Specialists are unable to render a favorable decision due to limited/lack of medical necessity criteria to justify continued stay or inadequate clinical information which could include:

- Lack of discharge planning i.e. family members/supports not contacted to confirm discharge location, failure to submit timely referrals for placement/placement related concerns.
- No medication changes outside of the initial dose despite the individual remaining acutely symptomatic and no documentation explaining why there were no changes.
- No physician updates/lack of most recent psychiatric review within last 24 hours of the request for ongoing authorization.
- An individual who appears to have stabilized or reached their baseline.
- An individual appears to no longer meet Medicaid inpatient criteria as set forth by the Medicaid Provider Manual Behavioral Health Chapter 8.

ALL CSRs received after 3:00 PM are subject to be reviewed on the next business day. This may result in a Peer-to-Peer request if the information provided is void of pertinent information as listed above.

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