



Quick Reference for Inpatient Continued Stay Requests

Has the symptom improved and discharge is expected today? y/n _____

Are the symptoms improving or expected to improve, but the member is not clinically stable for discharge? y/n _____

What are the behaviors/symptoms that have occurred within the last week?

Has there been any interpersonal conflicts (restrictions or loss of privileges, unable or unwilling to follow instructions or negotiate needs, unresponsive to staff direction/limits, school refusal, etc) within the last week? If so, please explain.

What are the interventions **within the last week**? Please include dates

Behavioral contract or symptom management plan? (Identify what is included in the plan)

Clinical Assessments (Nursing assessments, therapy assessments etc):

Individual or group or family therapy _____

Individual or family psychoeducation? _____

Psychiatric evaluation? (Clinical evaluation performed by an MD or APRN)

School or vocational program? _____

What has been the response to psychiatric medication within the last week? Have the symptoms increased, persisted, or improved? Please explain. _____

Does the family/guardian require further intervention? Please explain. _____

**Please complete document and attach to prior authorization requests.



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