



Initial and Extension Medical Necessity Criteria for 1:1 Staffing Ratio: Inpatient Care for Children

Member Name

Member Date of Birth

Member ID

Provider ID and Service Location

Requested Start Date

Requested End Date

To use the 1:1 for children in Acute Level II units of psychiatric hospitals, general hospitals with Acute Level II psychiatric units, or Psychiatric Residential Treatment Facilities , children must meet the medical necessity criteria for the respective level of care and also have the need for more intensive treatment or staffing, as evidenced by meeting all three criteria in (1), (2), and (3) below for initial requests. Please document how each criteria is met using dates the behaviors and interventions occurred. For extension requests, updated information must be provided and all four criteria in (1), (2), (3) and (4) must be met. Medical conditions, assistance with ADLs, AWOL risk behaviors or supervision during group attendance are excluded.

- 1. Criteria: Day to day, shift to shift or hour to hour extent, frequency, severity and consistency of severe behaviors resulting in imminent danger to self or others cannot be managed with less than 1:1 staffing.**

Yes

No

2. Criteria: Consistent failure of other interventions including active medication treatment.

Yes No

3. Criteria: A clear specific individualized patient plan to transition off 1:1 and a realistic d/c date.

Yes No

4. Criteria: Failed attempts to reduce and transition off 1:1 with specific documentations of what worked and what failed and why. To be completed only for extension requests.

Yes No



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