

# 2020/21 OPR Scoring Descriptors

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING	Crisis Resid
<b>SECTION 1 - ADMISSION CRITERIA</b>			
1.1 File contains documentation to support medical necessity that the consumer meets psychiatric inpatient admission criteria or are at the risk of admission, but can be appropriately served in a setting less intensive than a hospital.			X
<b>SECTION 2 - ASSESSMENT</b>			
2.1 There is evidence in the file of a current assessment of immediate needs completed by the facility.			X
2.2 Current health needs have been assessed, and have been coordinated between the treating psychiatrist and primary care physician if there are physical health needs that need to be addressed during the stay or if follow up care will be required.			X
<b>SECTION 3 - TREATMENT PLAN / SERVICES</b>			
3.1 There is evidence in the file that an individual plan of service (IPOS) has been developed within 48 hours of admission and signed by the customer (if possible).			X
3.2 There is evidence of a parent or guardian, the psychiatrist, and any other professionals are involved in treatment planning.			X
3.3 There is evidence of coordination of care in the event the customer has an assigned case manager.			X
3.4 There is evidence that the assigned case manager is involved in treatment as well discharge planning for follow up treatment.			X
3.5 The IPOS goals are clearly derived from the assessment of immediate need and are structured to resolve the crisis.			X
3.6 The goals and objectives are presented in a way that progress can be measured through specific observable changes in behavior, skills, attitudes or circumstances to resolve the crisis outlined in the assessment.			X
3.7 The IPOS contains discharge plans with specific steps addressing the need for follow up care. Follow up care identifies the assigned case manager (as appropriate.)			X
3.8 For children: The IPOS addresses needs within the context of the family.			X
3.9 For children: There is evidence that the child's educational needs have been addressed. The plan has been developed in consultation with the child's school district staff.			X
3.10 If the length of stay in the program exceeds 14 days there is evidence of a subsequent plan based on the comprehensive assessment.			X

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3.11 In the event that the length of stay exceeds 14 days, there is evidence that the subsequent plan has been developed by an interdisciplinary team. The team consists of the beneficiary, the parent or guardian, the psychiatrist, the case manager/therapies and other professionals whose disciplines are relevant to the needs of the beneficiary.			X
3.12 There if evidence in the file to reflect a referral to a case manager if the beneficiary did not have a case manager prior to the initiation of the crisis residential service and the crisis episode exceeds 14 days.			X
<b>SECTION 4 - DOCUMENTATION</b>			
4.1 Documentation shows services were implemented as indicated in the treatment plan.			X
4.2 There is evidence in the file that documents daily interventions which may include one or more of the following: therapeutic services, medication management/stabilization and education, behavioral services, milieu therapy and/or nursing services.			X
4.3 There are signed consents in the file for any newly prescribed medication.			X
4.4 There is evidence in the file that documents medication has been dispensed as ordered (if applicable)			X
4.5 There is evidence in the file that behavioral data is being documented on a daily basis, and any care plans or behavior plans are implemented, if ordered by a treating clinician.			X
4.6 Current releases are on file for any applicable service provider such as school, primary care doctor, treating therapist or case manager organization, CMH, PIHP etc.			X
<b>SECTION 5 - STAFFING</b>			
5.1 The program includes on-site nursing services (RN or LPN under appropriate supervision). On site nursing must be provided at least one hour per day, per resident, seven days per week with 24 hour availability on call. (Adults: Six beds or fewer: on-site nursing provided at least one hour per day. 7-16 beds: on-site nursing must be provided eight hours per day)			X
5.2 A psychiatrist is available at all times. The psychiatrist must provide psychiatric evaluation or assessments at the crisis residential home.			X
5.3 Medication reviews are performed by a physician, physician's assistant or a nurse practitioner under the clinical supervision of the psychiatrist.			X