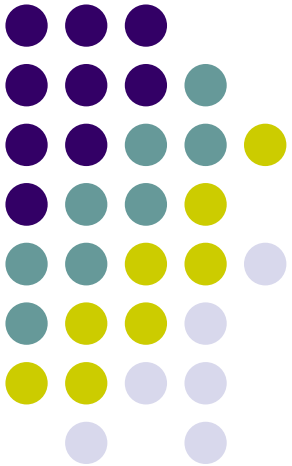
Intensive Care Management

Case Example



10 y/o Female

- Diagnoses
  - Bipolar Disorder
  - ADHD
  - Oppositional Defiant Disorder
  - Personality Disorder, NOS
- Behaviors
  - Suicidal Ideation and Attempts
  - Homicidal Ideation
  - Severe Aggression
  - Self Abuse
  - Paranoid Ideation
  - Stealing

November - August

- 8 inpatient admissions, at least 3 providers
- 2 residential/PHP w/Boarding
- 2 Outpatient
- Residential admission through state, failed and admitted to inpatient
- Interim living with father and siblings
- CMHC involvement
- Children’s Division – intensive in-home to divert from state custody for A/N

ICM

- Initiated in January after 3 inpatient admissions

- January and February
  - 1 phone contact with guardian/father
  - ICM described role as facilitating residential placement through state and support for father

ICM

- March
  - 2 phone contacts with guardian
  - Biweekly therapy authorized
  - Set up Psychiatry appointment

ICM

- April
  - Inpatient admission, 5 days approved, 1 day denied
    - Attending psychiatrist continues to recommend residential
    - Aftercare plan in-home therapy start in 9 days
    - Psychiatry appointment scheduled 4 weeks
  - Inpatient admission 8 days after discharge
    - Initial authorization 4 days, with concurrent review
  - 2 phone contacts with guardian
  - 2 phone contacts with CMHC for residential

ICM

- May
  - Inpatient admission – 7 days authorized
    - Psychiatry 10 days post discharge
    - Placed in residential by state – failed placement within 2 weeks
  - Inpatient admission – 7 days
    - Described as “sociopathic, MR and father cannot control at home”
  - 2 phone contacts with guardian
  - 1 phone contact with CMHC/residential

ICM

June

- Approved 2 weeks of PH w/boarding until permanent residential found (19 days authorized)
  - Frequent restraint
  - Family session – “dad is very slow”, bombarded child with all her problems, “most useless family session”
  - Behavior deteriorates
  - Decision, child cannot go home, continue to refer to state for residential
  - Discharged home with services through CMHC
  - Psychiatry appointment set 8 days from discharge
- 3 contacts with guardian
- 2 phone contacts with CMHC/residential
- ICM provides referral to MO Protection and Advocacy

ICM

- July
  - 3 phone contacts with guardian
  - 4 phone contacts with CMHC/residential
  - Inpatient admission
    - Referred to state children's hospital, No beds available
    - CMHC to put more services in the home upon d/c
    - MD does not feel youth safe if returned home
    - Initial denial of further inpatient
    - Peer review, authorization extended by X days
    - Discharged to PHP w/boarding (CALOCUS 22)
      - "Behaviors much worse", frequent restraint
    - Psychiatrist appt 8 days set 8 days from inpt d/c

ICM

- August
- Discharged home, residential cannot accept for at least 2 weeks
  - Further authorization denied
  - 1 authorization for therapy day after d/c and 1 authorization for med mgmt 17 days from d/c
  - Admitted to state children's hospital 5 days later
  - Authorized 1 day, denied further due to lack of medical necessity (CALOCUS of 34), needs residential
  - Determined ineligible while inpatient, Disenrolled
  - 3 phone contacts with guardian
  - 2 phone contacts with cmhc/residential

ICM Discussion

- Level of Care
- Responsibilities of ICM
- Responsibilities for UM
- Coordination with state
  - Role of ICM
  - Lead Role
- Medical Necessity