

VOLUNTARY ADMISSIONS EXTENSION REQUEST FORM

Procedure for Requesting a Length of Stay Extension

1. Hospitals will send the VOLUNTARY EXTENSION REQUEST FORM to the Crisis Connections by either secure e-mail (preferred) or fax to 206-461-3247.
2. The VOLUNTARY EXTENSION REQUEST FORM will be completed by a hospital utilization review staff who are familiar with the patient.

Time Frame for Length of Stay Extension:

1. The Crisis Connections Hospital Authorization Staff will review length of stay extension requests for voluntary inpatient psychiatric stays made at least 24hrs in advance of the expiration of the current authorization, but not before 48 hrs in advance of the last covered day.¹
2. The Crisis Connections Hospital Authorization Manager will make a decision within 24hrs of the request.

¹ New timeframe per Washington Apple Health Mental Health Services Billing Guide, October 1, 2017. Part I, Pg 61.

Hospital utilization review staff must complete this section

We attest that an attending psychiatric clinician assessed the individual and wrote a clinical note every single day since the last authorization request.

We have attached the two most recent clinical notes from the attending psychiatric clinician.

We have included documentation about the current status of coordination with outpatient services and natural supports.

We attest that the treatment team has engaged in safety planning with the individual every day since the last authorization request.

These are the current barriers to discharging the individual back to the community: listed below.

VOLUNTARY ADMISSIONS EXTENSION REQUEST FORM

Information provided by requester:

Crisis Connections Use Only **KCID#**

Date: _____ **Facility:** _____ **Requester Name/Phone Number:** _____

Client: _____ **Date of Admit:** _____ **Date of Birth:** _____

Initial Length of Stay Authorized: _____ **Through Last Covered Day:** _____

ICD-10 Codes:

Extension Request	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Number of Extension Days Requested:						Through Last Covered Day:				

For Crisis Clinic Use Only

Number of Extension Days Approved: _____ of _____ days requested through _____

Number of Administrative Days Approved: _____ of _____ days requested through _____

Number of Extension Days Denied: _____ days through _____

Authorizer Signature: _____

In MD consult with: _____ Phone Number: _____

Case Outcome: _____ **All Expedited reviews must be completed within 24 hours of disposition**

The Crisis Connections Hospital Authorization staff will review the clinical information, generate a LOCUS/CALOCUS score, and make an authorization decision within 24 hours of receipt of the extension request.

Date of LOCUS/CALOCUS assessment:	Score
Risk of harm:	
Functional status:	
Co-morbidity:	
Recovery Environment / Level of stress:	
Recovery Environment / Level of support:	
Treatment and recovery history:	
Engagement and recovery status:	
Composite rating:	

If the decision is to deny the length of stay extension, the Crisis Connections Utilization Review Staff will review the request with the Crisis Connections psychiatrist. If the Crisis Connections psychiatrist agrees with the decision, the Hospital Authorization Manager will finalize their decision per standard process.

At the request of the hospital, the Crisis Connections psychiatrist will perform an expedited review of a denial of an extension request. The hospital may send additional information, such as select clinical notes (e.g., social workers or nursing notes), via secure e-mail (preferred) or fax for the Crisis Connections psychiatrist to review. This review may also include a phone discussion between the hospital and the Crisis Connections psychiatrist. Requests for an expedited review must be made as soon as possible within 24 hours following an extension denial to ensure that scheduled communication with the Crisis Connections psychiatrist occurs within 24 hours of the last authorized day.