CTS-1.1 Purpose

To ensure that the ACTV of Childhelp East will admit children whose needs and characteristics are compatible with the facility’s programs and services. Furthermore, to explain the process by which referrals are received, screened and accepted.

CTS-1.2 Authority

The Joint Commission (TJC) standards CTS.01.01.01, CTS.01.02.01, CTS.02.01.01, CTS.02.01.15, CTS.02.03.05; VA Department of Behavioral Health and Developmental Services, Standards for the Regulation of Children’s Residential Facilities, Section (s) 12VAC 35-46-630, 12VAC35-46-640, 12VAC 35-46-680, 12VAC 35-46-700, 12VAC35-46-720; West Virginia (PRTF) Standards 531.4.1, 531.4.2, 531.4.4

CTS-1.3 Definitions

Admissions Team - Two (2) or more of the following professional staff; the Admissions Director, the Director of Clinical Services, Executive Director, Medical Director and/or the Director of Nursing, The Director of Residential Services, and Director of Education.

CTS-1.4 Policy

It shall be the governing practice of ACTV of Childhelp East that children shall be accepted by court order or by written placement agreement with legal guardians.

The Village shall provide treatment to any child between the ages 5 to 14 who has been neglected or abused, is in danger of being neglected or abused, is a dependent of the court, is a voluntary placement paid for by state or county funds, and suffers from any combination of the following disorders and disturbances:

(A) Severe individual intra-psychic disorders (mental, emotional, and behavioral), e. g.:

1) Disturbances of object relations, capacity for attachment, and basic trust;
2) Imbalances in response to age-appropriate need gratifications and realistic limitations;
3) Failures in the development of age appropriate reality testing;
4) Unrealistic self-concepts and self-image;
5) Disruptions in the integration of active, passive, aggressive, and libidinal impulse-control patterns;
6) Inappropriate affective responses;
7) Disorganization and confusion of symbolic and formal thought processes;
8) Difficulties in the sequential development, organization, and utilization of informal and formal learning capacities;
9) Neurological and other organic or psycho-physiological impairments and complications with primary manifestations in the behavioral or emotional area;

(B) Serious developmental disturbances, e. g.:
1) Failure to achieve progressive psychomotor development and mastery of psychobiological functioning, or pronounced fixation or regressions, for example, motor, speech, cognitive, social, psychosexual;
2) Developmental deviations likely to produce severe future impairments;
3) Acute situational crisis related to a developmental stage with inadequate, inappropriate, or ineffective support for remediation;
4) Failure of necessary self-sustaining initiative, motivation, and adaptive capabilities;
5) Behavioral patterns with destructive psychological, physical or social consequences, for example, lack of self-protective responses, excessive risk-taking and social isolation or conflict;
6) Impaired or inappropriate anticipatory responses;

(C) Significant disturbances in environmental relationships, e. g.:
1) Severe disruptions of relationships within the family or with significant others;
2) Pathological relationships which cause the internalization of inappropriate models.
3) Persistent maladjustment of peer and other social relationships;
4) Environmental disturbances in family, peers, or other influencing systems which interfere with learning and social development;
5) Maladaptive or unrealistic development of social
behavior; and/or
6) Overwhelming or seriously traumatizing environmental conditions or events.

(D) A discussion by the entire admission team shall be held in order to determine the appropriateness of such a placement. Specific criteria for acceptance into the Village residential program are listed below:
1) Non-existent measured IQ score:
   (a) If the child has Autistic disorder or similar PDD, the decision for placement shall be made by the admission team. Factors that shall be considered include age, size, gender, adaptive functioning, danger to self or others, and any other pertinent information provided in the case study.
   (b) If the child has never been tested, then school performance, native and current language skills, and an interview with the child shall be considered in the placement setting decision by the Admission team.
2) Age five (5) to fourteen and six months (14.6);
3) In grades K-8th;
4) IQ 55 and above;
5) Axis 1 psychiatric diagnosis; and
6) Not in need of 24-hour medical care.

(E) Examples of exclusionary criteria (some criteria can be considered on a case by case basis):
1) Children with measured IQ below 55 unless a licensed professional believes the child has the ability to score 55 or higher;
2) Children who need 24 hour RN or LPN assisted medical care;
3) Children who are actively suicidal or homicidal;
4) Children who have conduct disorders on Axis I
5) Children who are active sexual perpetrators;
6) Children who have been adjudicated;
7) Children over the age of 14 or under the age of 5 at time of admission; or
8) Children who refuse to comply with the admission process.
9) Children who are non-ambulatory.

CTS-1.5 Procedures
As used in this policy, the following procedures shall apply:

A. Initial Screening and Review Process:

- The Admissions staff shall screen possible candidates with the Pre-Admission Screening Form template.
  - Screenings may be conducted by phone with the placing social worker/legal guardian.
  - If the referral seems appropriate (taking into consideration exclusionary criteria); the Admissions Director will request additional information to be reviewed by members of the Admissions Team to determine appropriateness for placement.

- The Admissions staff shall make a reasonable effort to obtain as much information on the child and family as possible from the referral source.
  - Examples of such information include school information, current and historical placement(s), past therapists, psychological functioning, strengths, preferences, goals, family history and relationships, social/developmental history, current and past emotional and behavioral functioning, current emotional status, educational schools, medical history including past or present significant medical problems, use of psychotropic medication, history of previous treatment for mental health, intellectual disability, and behavior problems.
  - At a minimum documentation from the past year is collected to give the Admissions Team the most current information to consider.

- The Admissions Team will analyze the data to produce information about needs of the individual served for care, treatment or services, and to identify the need for additional data.
  - This preliminary planning for care, treatment and services will address interventions in response to emergency needs, such as
an immediate need for placement (within 48 hours) or danger to self or others (ex: may need 1:1 support initially upon admission).

- The Admissions Team will make treatment and service decisions based on information developed about the needs of each individual served and his or her response to care, treatment, or services.
  - Upon approval by the Admissions Team, clients are matched with the care, treatment, & services in the organization most appropriate to their needs (taking into account age, gender, and size, level of functioning and severity of behaviors).
  - An Admission Application will be completed on each accepted referral.

B. Denial/Acceptance Procedures:

- If the child is not appropriate for placement based on the exclusionary criteria, the Admissions staff shall offer to provide information about possible alternative placements to the referral source.

- A Denial Letter will be completed and attached to the referral packet. If requested, a denial letter will be given to the legal guardian for their file.

- If the child is appropriate for placement, an Acceptance Letter shall be created and can be faxed, scanned/mailed or mailed to the referral source prior to the admission or given at the time of admission.

C. Maintaining Waiting List

- A referral/waiting list (Daily Admission Report) is maintained by the Admissions staff for referrals that are under review and for referrals that are deemed appropriate for placement/accepted. The Child’s name, age, insurance information, and Referral Source are kept on the Daily Admission Report. The Daily Admission Report will be updated as each referral is received.
• A child will remain “In Review” status until a decision is made for denial or acceptance. Once the child is deemed appropriate then he/she is labeled “Accepted”.

• If a child is denied, then a denial letter is created and maintained with the referral packet and the child’s name is removed from the Daily Admission Report. Refer back to denial/acceptance procedures.

D. Admission Procedures for Interstate Compact on the Placement of Children (ICPC)

• Upon acceptance of a child that requires Interstate Compact approval, an ICPC application is provided to the referral source to complete for admission of a child from another state to Childhelp.

• Once an ICPC application is completed three (3) copies are sent to that state’s ICPC office. Once processed the referring state sends the processed application to the Virginia ICPC office for approval.

• Once a verbal approval is granted from the Virginia ICPC office, Childhelp can move forward with placement of the child.

• A written copy of the ICPC approval is maintained in the child’s medical chart.

E. Admission Procedures for West Virginia Residents

• Admissions must be approved by APS Healthcare for children with WV Medicaid with no MCO. APS requires a signed MCM1 as a Certificate of Need for Placement.

• A signed/dated MCM1 is effective for a period of 30 days prior to the request for prior authorization for admission.

• Prior authorization for admission to the Childhelp is effective for 10 days. If the child is not placed within the facility within the 10 days period, a new authorization is required. All authorizations are
submitted to Utilization Management Contractor (UMC).

- The MCM1 is maintained in the child’s medical chart. A copy of the MCM1 must be submitted to UMC.

- The Admissions Office processes specific initial request forms prior to admission for children who have WV Medicaid with an MCO and provide documentation as deemed necessary. Once approved by the MCO, an admission can take place.

- West Virginia Medicaid members under the age of nine are not to be placed in an out-of-state PRTF unless there is documentation provided indicating this is the only alternative available for the child because alternative resources have been explored and are not available in state and if the placement is not made the safety/well-being of the child is at risk. Childhelp maintains a copy of this letter in the child’s medical chart and submits a copy to APS along with the MCM1 and supporting information.

**F. Attachments Include(s):**

1. Pre-Admission Screening Form
2. Admission Application

**CTS-1.6 Applicability**

Admissions Team members, Clinical Services Department, Medical Department, Residential Services, Utilization Review, Health Information Management and Accounts Receivable.

**CTS-1.7 Training**

Procedures reviewed as part of Senior Leadership Planning

**CTS-1.8 Effective Date**

July 1st, 2016

**CTS-1.9 References**

Not Applicable

Approval: ________________________________

Executive Director

Date: 6/1/2016

An Equal Opportunity Employer
# Pre-Admission Screening

**Name:**

**DOB:** / / Age: □ Male □ Female

**Today's Date:**

**CURRENT PLACEMENT:**

### Behaviors:

### Referral Information

**Referral Agency:**

**Phone:**

**Referral Name:**

**Cell:**

**E-Mail:**

**County:**

### Legal Guardian Information

**Legal Guardian Name:**

**Phone:**

**Relationship:**

**Cell:**

**E-Mail:**

**County:**

### Funding Information

**Funding Eligibility:** □ Medicaid □ Title IV-E □ CSA □ Adoption Subsidy □ HMO

**Medicaid #:**

**Medicaid HMO/ MCO:**

**Private Insurance Company:**

**Private Ins. ID #:**

**Private Insurance Phone:**

### Reason for Referral

**Abuse History:** □ None □ Trauma □ Physical □ Neglect □ Sexual □ Emotional

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**Is child able to complete ADLs? Explain:**

### Behaviors

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