

VALUEOPTIONS/TRICARE INPATIENT WAIVER OF BENEFIT LIMIT REQUEST

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The purpose of acute inpatient care is to stabilize a life-threatening or severely disabling condition within the context of a **brief, intensive model** of inpatient care. There is a **statutory presumption** against the appropriateness of inpatient acute services in excess of the 30 (adult) and 45 (child/adolescent) day limits. However, in **special** cases, after confirming that applicable criteria have been met, the 30 (adult) and 45 (child/adolescent) day limit **may** be waived and payment authorized.

The clinician responsible for the patient’s care is responsible for documenting that a waiver criterion has been met and must establish an estimated length of stay beyond the 30 (adult) and 45 (child/adolescent) day limit. There must be evidence of a coherent and specific plan for assessment, intervention and reassessment that **reasonably can be accomplished within the time frame** of the additional days of coverage requested under the waiver provision. The waiver may be granted if determined to be medically or psychologically necessary.

Special emphasis shall be placed on determining whether additional days of acute inpatient mental health care are medically/psychologically necessary to complete necessary elements of the treatment plan prior to implementing appropriate discharge planning. A waiver may also be granted in cases in which a patient exhibits well documented **new** symptoms, maladaptive behavior, or medical complications which have appeared in the inpatient setting requiring a significant revision to the treatment plan.

IDENTIFYING DATA

Patient’s Name _____ Sponsor # _____ ID# _____ DOB _____

Facility Name _____ Telephone _____ Fax# _____

Provider Name _____ Telephone _____

DSM-IV DIAGNOSIS

Axis I / / / / - / / / / / / / - / / / / Axis II / / / / - / / / / Axis III _____ Axis IV _____ Axis V: Current _____

Specific plan that can reasonably be accomplished within a limited waiver period: _____

New symptoms/maladaptive behavior/medical complications: _____

Expected Outcome & Prognosis: _____

Requested length of stay beyond the 30/45 day limit: _____

Treating Provider’s Signature

Date