

Important Provider Updates: Understanding Different Types of Acute Review Referrals

To support timely care and reduce delays in authorization, it is important that providers submit the **correct type of Acute Review referral** based on the child or youth's clinical presentation and circumstances. Below is a high-level overview of the four types of Acute Review referrals, what each one means, and what action providers are required to take.

- **Acute Elective Referral**
- **Acute Emergency Referral**
- **Acute Continued Stay Review (CSR)**
- **Acute Retrospective Review**

Why Choosing the Correct Referral Type Matters

Submitting the appropriate Acute Review referral helps:

- Prevent authorization delays
- Ensure timely clinical decision-making
- Reduce additional documentation requests
- Support continuity of care for children and youth

Be sure to review the different types of referrals laid out below. If you have questions about which referral type applies to a specific situation, please contact the Maximus Help Desk for assistance, or review the [Toolbox for Acute Hospitalization](#) and [North Dakota Children's Treatment Services LOC Provider \(Program\) Manual](#).

1

Acute Elective Referral

An Acute Elective referral is used when a child or youth experiences a **sudden and significant onset of psychiatric symptoms** that may pose safety concerns, but where the admission is **planned rather than emergent**. While the situation is urgent and requires prompt treatment, it does not rise to the level of an Acute Emergency.

For ND U21, Acute Elective referrals have most commonly been used for **planned admissions to eating disorder programs**, though other clinical situations may qualify based on symptom severity and risk.

What providers need to do:

- Verify the child or youth's Medicaid eligibility.
 - Submit the Acute Elective referral **on the day of admission or up to three (3) days prior to admission**.
-

2

Acute Emergency Referral

An **Acute Emergency referral** is used when a child or youth experiences a **sudden, urgent, and severe psychiatric crisis** that presents an **immediate danger** to themselves, others, or public safety. These situations require **immediate medical attention** because, without acute psychiatric services, there is a reasonable expectation of serious harm, death, or significant dysfunction.

Common qualifying symptoms include:

- Suicidal ideation or behaviors
- Homicidal ideation or behaviors
- Psychosis (In limited circumstances, severe primary substance use may also apply)

Acute Emergency referrals are required when a child experiences a sudden onset of symptoms that pose an immediate risk to themselves, others, or public safety, and **the child had active Medicaid eligibility at the time of admission**. Per policy, these referrals must be submitted **on the day of admission or within two (2) business days of admission**, and a completed **Certificate of Need (CON)** must be submitted either at admission or **within fourteen (14) days of admission**. Referrals submitted outside of these required timeframes are subject to **ND HHS review and discretion** regarding whether they will be accepted.

What providers need to do:

- Verify the child or youth's Medicaid eligibility.
- Submit the Acute Emergency referral **on the day of admission or within two (2) business days of admission**.
- Submit a completed **Certificate of Need (CON)** form, filled out by the provider review team, **within 14 days of admission**.

3

Acute Continued Stay Review (CSR)

An **Acute CSR** is required when a child or youth has already been approved for **Acute inpatient care** but is **nearing the end of their authorized stay** and continues to experience psychiatric symptoms at a severity level that still meets medical necessity criteria.

The review supports continued inpatient treatment when discharge would pose a risk of serious harm or regression.

What providers need to do:

- Submit the Acute CSR referral **within one (1) business day prior to the last authorized day of coverage**.

4

Acute Retrospective Review

An **Acute Retrospective referral** applies when a child or youth received **inpatient psychiatric services before Medicaid eligibility was established**, and Medicaid was applied for during or after the admission. A retrospective medical necessity review is requested to determine whether criteria for acute inpatient services were met at the time of admission. **Example:** A child without Medicaid admitted to care for five (5) days, then discharged, and one week later, became Medicaid eligible. Then this child would need a Retrospective Review.

What providers need to do:

- Verify the child or youth's Medicaid eligibility.
- Complete the [Retrospective Review Form and submit it to the State's Contract Officer](#).
- Await a determination from the Contract Officer:
 - If approved to proceed, submit the Acute Retrospective referral **within 30 days of Medicaid notification**.
 - If Medicaid eligibility requirements were not met, a technical denial may be issued and shared with the provider and Maximus.

SUPPORT: Your ND Children's Treatment Services LOC Help Desk



844.933.3772



NDCTS@maximus.com



[CTS-LOC Tools & Resources](#)

We will continue to reach out via email to provide you with helpful reminders, detailed information on policy, and procedural updates. We invite you to [visit our website](#) to learn more about us.

We are privileged to work with you to ensure individuals across North Dakota receive the services and supports they need.
