



Member Information	
Member Name:	OHP ID:
Date of Birth:	
Provider:	Location:
Service Period Start Date:	End Date:
Admission LOC Requested: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	

Admission Clinical Criteria <i>(Please check all that apply)</i>	
Level A	<p>Continues to meet admission criteria below:</p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list AND</p> <p><input type="checkbox"/> The need for maintenance of a medication regimen (at least quarterly) that cannot be safely transitioned to a PCP, OR</p> <p><input type="checkbox"/> A mild or episodic parent-child or family system interactional problem that is triggered by a recent transition or outside event and is potentially resolvable in a short period of time OR</p> <p><input type="checkbox"/> Transitioning from a higher level of service (step down) in order to maintain treatment gains and has been stable at his level of functioning for 3-4 visits AND</p> <p><input type="checkbox"/> Low acuity of presenting symptoms and minimal functional impairment AND</p> <p><input type="checkbox"/> Home, school, community impact is minimal AND</p> <p><input type="checkbox"/> Is capable of additional symptom or functional improvement at this level of care.</p>
Level B	<p>Continues to meet admission criteria below:</p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list AND</p> <p><input type="checkbox"/> Mild to Moderate functional impairment in at least one area (for example, sleep, eating, self care, relationships, school behavior or achievement) OR</p> <p><input type="checkbox"/> Mild to Moderate impairment of parent/child relationship to meet the developmental and safety needs OR</p> <p><input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains</p> <p>AND at least <u>one</u> of the following:</p> <p><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</p> <p><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</p>
Level C	<p>Continues to meet admission criteria below:</p>

	<p><input type="checkbox"/> Covered diagnosis on the prioritized list</p> <p>At least <u>one</u> of the following:</p> <p><input type="checkbox"/> Significant risk of harm to self or others</p> <p><input type="checkbox"/> Moderate to severe impairment of parent/child relationship to meet the developmental and safety needs</p> <p><input type="checkbox"/> Moderate to severe functional or developmental impairment in at least one area, AND</p> <p>For School-Age and Adolescents at least <u>one</u> of the following:</p> <p><input type="checkbox"/> Risk of out of home placement or has had multiple transition in placement in the last 6 months due to symptoms of mental illness</p> <p><input type="checkbox"/> Risk of school or daycare placement loss due to mental illness or development needs.</p> <p><input type="checkbox"/> Multiple system involvement requiring coordination and case management</p> <p><input type="checkbox"/> Moderate to severe behavioral issues that cause chronic family disruption</p> <p><input type="checkbox"/> Extended crisis episode requiring increased services;</p> <p><input type="checkbox"/> Recent acute or subacute admission (within the last 6 months)</p> <p><input type="checkbox"/> Significant current substance abuse for which integrated treatment is necessary</p> <p><input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains</p> <p>AND at least <u>one</u> of the following:</p> <p><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</p> <p><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</p>
<p>Level D (Home Based Stabilization)</p>	<p>Continues to meet Admission Criteria below:</p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list</p> <p><input type="checkbox"/> Current serious to severe functional impairment in multiple areas</p> <p>And one of the following:</p> <p><input type="checkbox"/> Treatment intensity at a lower level of care insufficient to maintain functioning</p> <p><input type="checkbox"/> Hospital or subacute admission in the last 30 days</p> <p>And two of the following:</p> <p><input type="checkbox"/> Serious risk of harm to self or others due to symptoms of mental illness</p> <p><input type="checkbox"/> Serious impairment of parent/child relationship to meet the developmental and safety needs</p> <p><input type="checkbox"/> Significant risk of disruption or disruption from current living situation</p> <p><input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains</p> <p><input type="checkbox"/> Child and/or family's level of English language and/or acculturation is not sufficient to achieve symptom or functional improvement without case management</p> <p>AND at least <u>one</u> of the following:</p> <p><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</p> <p><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</p>

Clinically Assessed Level of Care			
<input type="checkbox"/> Level A	<input type="checkbox"/> Level B	<input type="checkbox"/> Level C	<input type="checkbox"/> Level D
Level of Care Assigned			
<i>(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)</i>			
<input type="checkbox"/> Level A	<input type="checkbox"/> Level B	<input type="checkbox"/> Level C	<input type="checkbox"/> Level D
<p>Justification for assigned level of care <i>(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)</i>: Please describe the reason for the client's assigned level of care</p>			
<p>Plan for engagement: <i>(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)</i> Please describe how you will engage the client in clinically indicated level of care</p>			

I attest that the information contained herein accurately reflects the clinical presentation of the client. I understand that additional clinical information may be requested or a retro-active chart review may be completed to ensure the clinical presentation is as represented above.

Clinician Signature: _____

Printed Name: _____ Date: _____

Supervisor Signature†: _____

Printed Name: _____ Date: _____

†Supervisor signature is not required but encouraged if reviewed together through clinical supervision.