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| **Member Information** |
| Member Name:       OHP ID: |
| Date of Birth: |
| Provider:       Location: |
| Service Period Start Date:       End Date: |
| Admission LOC Requested  A MRDD OR MED ONLY A ADULT OUTPATIENT B ADULT OUTPATIENT B ADULT SPMI  C ADULT OUTPATIENT C ADULT SPMI  D ADULT ICM (Intensive Case Management **or** TAY (Transition Age Youth) |

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| **Admission Clinical Criteria**  ***(Please check all that apply)*** | |
| Level A MRDD **OR** MED ONLY | Covered diagnosis on the prioritized list  **AND one of the following:**  Need for care coordination with DD services and ongoing medication management  Need for medication management for a medication regime that is more complicated than generally provided in primary care |
| Level A ADULT OUTPATIENT | **BOTH of the following:**  Covered diagnosis on the prioritized list  Episodic depression, anxiety or other mental health conditions with no recent hospitalizations and limited crisis episodes within the past year  **AND** **at least one** of the following:  Mild functional impairment  A presentation that is elevated from baseline |
| Level B ADULT OUTPATIENT | Covered diagnosis on the prioritized list  **AND at least one** **of the following:**  Moderate risk of harm to self or others  Moderate functional impairment in at least one area such as such as housing, financial, social, occupational, health, and activities of daily living |
| Level B ADULT SPMI | **ALL** **of the following:**  Covered diagnosis on the prioritized list  No hospitalizations or major crisis episodes within the past year  No risk of harm to self or others or risk of harm to self or others that is consistent with baseline presentation.  **AND at least two of the following:**  Symptoms related to the mental illness result in a moderate functional impairment and are fairly well controlled  Individual able to navigate system with minimal to moderate support OR has supports (such as family or AFH) in place to meet client’s needs  Low to moderate psychosocial stress (housing and benefits are generally stable)  Individual is generally functioning at baseline  Individual has extended periods of abstinence when a co-occurring disorder exists and risk factors are minimal |
| Level C ADULT OUTPATIENT | Covered diagnosis on the prioritized list **AND**  **At least two of the following must be met:**  Risk of harm to self or others or at risk of harm to self or others that is escalated from baseline  Moderate functional impairment in at least two areas (such as housing, financial, social, occupational, health, activities of daily living.)  At least one hospitalization within the last 6 months  Multiple system involvement requiring coordination and case management  Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness  Significant current substance abuse for which integrated treatment is necessary  Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses  Extended or repeated crisis episode(s) requiring increased services  Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual’s level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports  Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination |
| Level C ADULT SPMI | **Two of the following:**  Covered diagnosis on the prioritized list  Significant assistance required to meet basic needs such as housing and food  Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses  **AND at**  **least two of the following**:  At least one hospitalization within the past year  Symptoms related to the mental illness result in a moderate to significant functional impairment and are only partially controlled  Risk of harm to self or others or risk of harm to self or others that is escalated from baseline  Multiple system involvement requiring substantial coordination  Extended or repeated crisis episode(s) requiring increased services  Significant current substance abuse for which treatment is necessary  Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness  Individual has a marginalized identity which creates barriers to receiving appropriate services, and/or individual’s level of English language skill and/or cultural navigation barriers is not sufficient to achieve symptom or functional improvement without additional supports  Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination |
| Level D ADULT **ICM** (Intensive Case Management  **or**    **TAY** (Transition Age Youth) | **Criteria for ICM:**  Covered diagnosis on the prioritized list  **FOR ICM: At least two of the following:**  2 or more inpatient admissions in the past year  Change in diagnostic presentation  Recent discharge from the State Hospital (within the past year)  Recent civil commitment (within the past year)  Residing in an inpatient bed or supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided  Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness  Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses  **OR at least three of the following:**  Intractable, severe major symptoms  Significant cultural and language barriers exist  Significant criminal justice involvement  Requires residential placement if intensive services are not available  Not engaged in services but deemed at high risk of harm related to their mental illness  Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness  Co-occurring addiction diagnosis  Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness  **Criteria for TAY:**  Covered diagnosis on the prioritized list  **FOR TAY: At least one of the following:**  2 or more inpatient admissions in the past year  Recent discharge from the Children’s Secure Inpatient Adolescent Program or long term Psychiatric Residential Treatment Services  Residing in an inpatient bed or supervised community residence and clinically assessed to be able to live in a more independent living situation if intensive services are provided  Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness  **OR at least three of the following:**  Intractable, severe major symptoms  Significant cultural and language barriers exist  Significant criminal justice involvement  Requires residential placement if intensive services are not available  Not engaged in services but deemed at high risk of harm related to their mental illness  Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness  Co-occurring addiction diagnosis  Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness  Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses |

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| **Clinically Assessed Level of Care** | |
| A MRDD OR MED ONLY  A ADULT OUTPATIENT | B ADULT OUTPATIENT  B ADULT SPMI |
| C ADULT OUTPATIENT  C ADULT SPMI  D ADULT ICM (Intensive Case Management **or** TAY (Transition Age Youth) | |

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| **Level of Care Assigned**  *(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)* | |
| A MRDD OR MED ONLY  A ADULT OUTPATIENT | B ADULT OUTPATIENT  B ADULT SPMI |
| C ADULT OUTPATIENT  C ADULT SPMI  D ADULT ICM (Intensive Case Management **or** TAY (Transition Age Youth) | |
| Justification for assigned level of care *(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)*: *Please describe the reason for the client's assigned level of care* | |
| Plan for engagement: *(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)*  *Please describe how you will engage the client in clinically indicated level of care* | |

*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.