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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.