



Health Share Level of Care Authorization Form

Adult Mental Health Services Initial Treatment Registration Form

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

Admission Clinical Criteria	
<i>(Please check all that apply)</i>	
Level A MRDD OR MED ONLY	<input type="checkbox"/> Covered diagnosis on the prioritized list AND one of the following: <input type="checkbox"/> Need for care coordination with DD services and ongoing medication management <input type="checkbox"/> 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: <input type="checkbox"/> Covered diagnosis on the prioritized list <input type="checkbox"/> 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: <input type="checkbox"/> Mild functional impairment <input type="checkbox"/> A presentation that is elevated from baseline
Level B ADULT OUTPATIENT	<input type="checkbox"/> Covered diagnosis on the prioritized list AND at least one of the following: <input type="checkbox"/> Moderate risk of harm to self or others <input type="checkbox"/> 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: <input type="checkbox"/> Covered diagnosis on the prioritized list <input type="checkbox"/> No hospitalizations or major crisis episodes within the past year

	<input type="checkbox"/> 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: <input type="checkbox"/> Symptoms related to the mental illness result in a moderate functional impairment and are fairly well controlled <input type="checkbox"/> 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 <input type="checkbox"/> Low to moderate psychosocial stress (housing and benefits are generally stable) <input type="checkbox"/> Individual is generally functioning at baseline <input type="checkbox"/> Individual has extended periods of abstinence when a co-occurring disorder exists and risk factors are minimal
Level C ADULT OUTPATIENT	<input type="checkbox"/> Covered diagnosis on the prioritized list AND At least two of the following must be met: <input type="checkbox"/> Risk of harm to self or others or at risk of harm to self or others that is escalated from baseline <input type="checkbox"/> Moderate functional impairment in at least two areas (such as housing, financial, social, occupational, health, activities of daily living.) <input type="checkbox"/> At least one hospitalization within the last 6 months <input type="checkbox"/> Multiple system involvement requiring coordination and case management <input type="checkbox"/> Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness <input type="checkbox"/> Significant current substance abuse for which integrated treatment is necessary <input type="checkbox"/> Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses <input type="checkbox"/> Extended or repeated crisis episode(s) requiring increased services <input type="checkbox"/> 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 <input type="checkbox"/> Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination
Level C ADULT SPMI	Two of the following: <input type="checkbox"/> Covered diagnosis on the prioritized list <input type="checkbox"/> Significant assistance required to meet basic needs such as housing and food <input type="checkbox"/> Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses AND at least two of the following: <input type="checkbox"/> At least one hospitalization within the past year <input type="checkbox"/> Symptoms related to the mental illness result in a moderate to significant functional impairment and are only partially controlled <input type="checkbox"/> Risk of harm to self or others or risk of harm to self or others that is escalated from baseline

	<ul style="list-style-type: none"> <input type="checkbox"/> Multiple system involvement requiring substantial coordination <input type="checkbox"/> Extended or repeated crisis episode(s) requiring increased services <input type="checkbox"/> Significant current substance abuse for which treatment is necessary <input type="checkbox"/> Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness <input type="checkbox"/> 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 <input type="checkbox"/> Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination
<p>Level D ADULT ICM (Intensive Case Management)</p> <p>or</p> <p>TAY (Transition Age Youth)</p>	<p>Criteria for ICM:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered diagnosis on the prioritized list <p>FOR ICM: At least two of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 or more inpatient admissions in the past year <input type="checkbox"/> Change in diagnostic presentation <input type="checkbox"/> Recent discharge from the State Hospital (within the past year) <input type="checkbox"/> Recent civil commitment (within the past year) <input type="checkbox"/> 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 <input type="checkbox"/> Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness <input type="checkbox"/> Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses <p>OR at least three of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intractable, severe major symptoms <input type="checkbox"/> Significant cultural and language barriers exist <input type="checkbox"/> Significant criminal justice involvement <input type="checkbox"/> Requires residential placement if intensive services are not available <input type="checkbox"/> Not engaged in services but deemed at high risk of harm related to their mental illness <input type="checkbox"/> Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness <input type="checkbox"/> Co-occurring addiction diagnosis <input type="checkbox"/> Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness <p>Criteria for TAY:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered diagnosis on the prioritized list <p>FOR TAY: At least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 or more inpatient admissions in the past year

	<input type="checkbox"/> Recent discharge from the Children’s Secure Inpatient Adolescent Program or long term Psychiatric Residential Treatment Services <input type="checkbox"/> 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 <input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Intractable, severe major symptoms <input type="checkbox"/> Significant cultural and language barriers exist <input type="checkbox"/> Significant criminal justice involvement <input type="checkbox"/> Requires residential placement if intensive services are not available <input type="checkbox"/> Not engaged in services but deemed at high risk of harm related to their mental illness <input type="checkbox"/> Severe deficits in skills needed for community living as well as a high degree of impairment due to symptoms of mental illness <input type="checkbox"/> Co-occurring addiction diagnosis <input type="checkbox"/> Risk of loss of current living situation, in an unsafe living situation, or currently homeless due to symptoms of mental illness <input type="checkbox"/> 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	
<input type="checkbox"/> A MRDD OR MED ONLY <input type="checkbox"/> A ADULT OUTPATIENT	<input type="checkbox"/> B ADULT OUTPATIENT <input type="checkbox"/> B ADULT SPMI
<input type="checkbox"/> C ADULT OUTPATIENT <input type="checkbox"/> C ADULT SPMI <input type="checkbox"/> D ADULT ICM (Intensive Case Management or TAY (Transition Age Youth))	

Level of Care Assigned

(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)

A MRDD OR MED ONLY

B ADULT OUTPATIENT

A 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.