

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	<input type="checkbox"/> Covered diagnosis on the prioritized list <b>AND</b> <input type="checkbox"/> The need for maintenance of a medication regimen (at least quarterly) that cannot be safely transitioned to a PCP, <b>OR</b> <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 <b>OR</b> <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 <b>AND</b> <input type="checkbox"/> Low acuity of presenting symptoms and minimal functional impairment <b>AND</b> <input type="checkbox"/> Home, school, community impact is minimal
Level B	<input type="checkbox"/> Covered diagnosis on the prioritized list <b>AND</b> <input type="checkbox"/> Mild to Moderate functional impairment in at least one area (for example, sleep, eating, self-care, relationships, school behavior or achievement) <b>OR</b> <input type="checkbox"/> Mild to Moderate impairment of parent/child relationship to meet the developmental and safety needs <b>OR</b> <input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains
Level C	<b>Criteria for Early Childhood and School-Age and Adolescents:</b> <input type="checkbox"/> Covered diagnosis on the prioritized list <b>At least one of the following:</b> <input type="checkbox"/> Significant risk of harm to self or others <input type="checkbox"/> Moderate to severe impairment of parent/child relationship to meet the developmental and safety needs <input type="checkbox"/> Moderate to severe functional or developmental impairment in at least one area, <b>AND</b>

	<p><b>For School-Age and Adolescents at least one of the following:</b></p> <ul style="list-style-type: none"> <li><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</li> <li><input type="checkbox"/> Risk of school or daycare placement loss due to mental illness or development needs.</li> <li><input type="checkbox"/> Multiple system involvement requiring coordination and case management</li> <li><input type="checkbox"/> Moderate to severe behavioral issues that cause chronic family disruption</li> <li><input type="checkbox"/> Extended crisis episode requiring increased services;</li> <li><input type="checkbox"/> Recent acute or subacute admission (within the last 6 months)</li> <li><input type="checkbox"/> Significant current substance abuse for which integrated treatment is necessary</li> <li><input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains</li> </ul>
Level D	<p><b>Both must be met:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Covered diagnosis on the prioritized list</li> <li><input type="checkbox"/> Current serious to severe functional impairment in multiple areas</li> </ul> <p><b>And one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment intensity at a lower level of care insufficient to maintain functioning</li> <li><input type="checkbox"/> Hospital or subacute admission in the last 30 days</li> </ul> <p><b>And two of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious risk of harm to self or others due to symptoms of mental illness</li> <li><input type="checkbox"/> Serious impairment of parent/child relationship to meet the developmental and safety needs</li> <li><input type="checkbox"/> Significant risk of disruption or disruption from current living situation</li> <li><input type="checkbox"/> Transition from a higher level of service intensity (step-down) to maintain treatment gains</li> <li><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</li> </ul>



*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.