Health Share Level of Care Authorization Form

Child and Adolescent Mental Health Services

Reauthorization Treatment Registration Form

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| Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OHP ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Service Period Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continued Stay LOC Requested  A  C  B  D |

**Continued Stay Clinical Criteria:** *(Please check all that apply)*

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| Level A | **Continues to meet admission criteria below:**   * Covered diagnosis on the prioritized list **AND** * The need for maintenance of a medication regimen (at least quarterly) that cannot be safely transitioned to a PCP, **OR** * 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** * 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** * Low acuity of presenting symptoms and minimal functional impairment **AND** * Home, school, community impact is minimal   **AND**   * Is capable of additional symptom or functional improvement at this level of care. |
| Level B | **Continues to meet admission criteria below:**   * Covered diagnosis on the prioritized list **AND** * Mild to Moderate functional impairment in at least one area (for example, sleep, eating, self care, relationships, school behavior or achievement) **OR** * Mild to Moderate impairment of parent/child relationship to meet the developmental and safety needs **OR** * Transition from a higher level of service intensity (step-down) to maintain treatment gains   **AND at least one of the following:**   * Capable of additional symptom or functional improvement at this level of care * Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service |
| Level C | **Continues to meet admission criteria below:**   * Covered diagnosis on the prioritized list   **At least one of the following:**   * Significant risk of harm to self or others * Moderate to severe impairment of parent/child relationship to meet the developmental and safety needs * Moderate to severe functional or developmental impairment in at least one area,   **AND**  For School-Age and Adolescents at least **one** of the following:   * Risk of out of home placement or has had multiple transition in placement in the last 6 months due to symptoms of mental illness * Risk of school or daycare placement loss due to mental illness or development needs. * Multiple system involvement requiring coordination and case management * Moderate to severe behavioral issues that cause chronic family disruption * Extended crisis episode requiring increased services; * Recent acute or subacute admission (within the last 6 months) * Significant current substance abuse for which integrated treatment is necessary * Transition from a higher level of service intensity (step-down) to maintain treatment gains   **AND at least one of the following:**   * Capable of additional symptom or functional improvement at this level of care * Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service |
| Level D  (HOME BASED STABILIZATION) | **Continues to meet Admission Criteria below:**   * Covered diagnosis on the prioritized list * Current serious to severe functional impairment in multiple areas   **And one of the following:**   * Treatment intensity at a lower level of care insufficient to maintain functioning * Hospital or subacute admission in the last 30 days   **And two of the following:**   * Serious risk of harm to self or others due to symptoms of mental illness * Serious impairment of parent/child relationship to meet the developmental and safety needs * Significant risk of disruption or disruption from current living situation * Transition from a higher level of service intensity (step-down) to maintain treatment gains * Child and/or family's level of English language and/or acculturation is not sufficient to achieve symptom or functional improvement without case management   **AND at least one of the following:**   * Capable of additional symptom or functional improvement at this level of care * Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service |

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| Clinically Assessed Level of Care | □ Level A  □ Level B | □ Level C  □ Level D |
| Level of Care Assigned  *(Optional; only needed if LOC Assigned is different from Clinically Assessed LOC)* | □ Level A  □ Level B | □ Level C  □ Level D |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

[Supervisor signature is not required but encouraged if reviewed together through clinical supervision]