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.
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| 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
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| 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
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| 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]