

# CareOregon Level of Care Form

## Adult Mental Health Services

### Continued Stay



<b>Member Information</b>	
Member name: _____	OHP ID: _____
Legal name, if different _____	
Date of birth: _____	
Provider: _____	Location: _____
Service period start date: _____	End date: _____

<b>Continued Stay Clinical Criteria</b> <i>(please check all that apply)</i>	
<b>Level A ADULT SPMI</b>	<p><b>Continues to meet admission criteria below:</b></p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list</p> <p><b>AND one of the following:</b></p> <p><input type="checkbox"/> Need for care coordination with DD services and ongoing medication management</p> <p><input type="checkbox"/> Need for medication management for a medication regime that is more complicated than generally provided in primary care</p> <p><b>PLUS</b></p> <p><input type="checkbox"/> Is capable of additional symptom or functional improvement at this level of care</p>
<b>Level A ADULT SPMI</b>	<p><b>Continues to meet admission criteria below:</b></p> <p><b>BOTH of the following:</b></p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list</p> <p><input type="checkbox"/> Episodic depression, anxiety or other mental health conditions with no recent hospitalizations and limited crisis episodes within the past year</p> <p><b>AND at least one of the following:</b></p> <p><input type="checkbox"/> Mild functional impairment</p> <p><input type="checkbox"/> A presentation that is elevated from baseline</p> <p><b>PLUS at least one of the following:</b></p> <p><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</p> <p><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</p>

Last Updated: September 2023

<p><b>Level B ADULT</b></p>	<p><b>For continued stay, continues to meet admission criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Covered diagnosis on the prioritized list</li> </ul> <p><b>AND at least one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate risk of harm to self or others</li> <li><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</li> <li><input type="checkbox"/> Individual has a marginalized identity that 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</li> </ul> <p><b>PLUS at least one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</li> <li><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</li> </ul>
<p><b>Level B ADULT SPMI</b></p>	<p><b>For continued stay, continues to meet admission criteria:</b></p> <p><b>ALL the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Covered diagnosis on the prioritized list</li> <li><input type="checkbox"/> No hospitalizations or major crisis episodes within the past year</li> <li><input type="checkbox"/> No risk of harm to self or others or baseline risk of harm to self or others that is consistent with baseline presentation.</li> </ul> <p><b>AND at least two of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms related to the mental illness result in a moderate functional impairment and are fairly well controlled</li> <li><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</li> <li><input type="checkbox"/> Low to moderate psychosocial stress (housing and benefits are generally stable)</li> <li><input type="checkbox"/> Individual is generally functioning at baseline</li> <li><input type="checkbox"/> Individual has extended periods of abstinence when a co-occurring disorder exists, and risk factors are minimal</li> <li><input type="checkbox"/> Individual has a marginalized identity that 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</li> </ul> <p><b>PLUS at least one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care</li> <li><input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service</li> </ul>

**Level C  
ADULT**

**For continued stay, continues to meet admission criteria:**

- Covered diagnosis on the prioritized list

**AND at least two of the following must be met:**

- Risk of harm to self or others or 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 six months
- Multiple system involvement requiring coordination and case management
- Risk of loss of current living situation, in an unsafe living situation or currently experiencing homelessness 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 that 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

**PLUS 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  
ADULT  
SPMI**

**For continued stay, continues to meet admission criteria:**

***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 experiencing homelessness due to symptoms of mental illness
- Individual has a marginalized identity that 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

***PLUS* 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  
ADULT ICM**

**For ICM continued stay, continues to meet admission criteria:**

- Covered diagnosis on the prioritized list

**AND at least two of the following:**

- Two or more inpatient admissions in the past year
- 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 experiencing homelessness due to symptoms of mental illness

**PLUS 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
- Eviction or homelessness is likely if level of care is reduced

**Level D  
ADULT TAY**

**For TAY continued stay, continues to meet admission criteria:**

- Covered diagnosis on the prioritized list

**AND at least one of the following:**

- Two or more inpatient admissions in the past year
- Recent discharge from the youth'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 experiencing homelessness due to symptoms of mental illness
- Significant PTSD or depression symptoms as a result of torture, ongoing systemic oppression, trauma or multiple losses

**PLUS 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
- Eviction or homelessness is likely if level of care is reduced

<b>Clinically Assessed Level of Care</b>	
<input type="checkbox"/> A ADULT	<input type="checkbox"/> B ADULT
<input type="checkbox"/> A ADULT SPMI	<input type="checkbox"/> B ADULT SPMI
<input type="checkbox"/> C ADULT	<input type="checkbox"/> D ADULT ICM
<input type="checkbox"/> C ADULT SPMI	<input type="checkbox"/> D ADULT TAY

<b>Level of Care Assigned</b>	
<i>(Optional: Only needed if level of care assigned is different from clinically assessed LOC)</i>	
<input type="checkbox"/> A ADULT	<input type="checkbox"/> B ADULT
<input type="checkbox"/> A ADULT SPMI	<input type="checkbox"/> B ADULT SPMI
<input type="checkbox"/> C ADULT	<input type="checkbox"/> D ADULT ICM
<input type="checkbox"/> C ADULT SPMI	<input type="checkbox"/> D ADULT TAY

**Justification for assigned level of care**  
*(Optional: Only needed if level of care assigned is different from clinically assessed LOC)*

Please describe the reason for the client’s assigned level of care

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**Plan for engagement**  
*(Optional: Only needed if level of care assigned is different from clinically assessed LOC)*

Please describe how you will engage the client in clinically indicated level of care

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*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 retroactive 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.