

CareOregon Level of Care Form

Adult Mental Health Services

Continued Stay



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

Continued Stay Clinical Criteria <i>(please check all that apply)</i>	
Level A ADULT	<p>Continues to meet admission criteria below:</p> <p><input type="checkbox"/> Covered diagnosis on the prioritized list</p> <p>AND one of the following:</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>PLUS</p> <p><input type="checkbox"/> Is capable of additional symptom or functional improvement at this level of care</p>
Level A ADULT SPMI	<p>Continues to meet admission criteria below:</p> <p>BOTH of the following:</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>AND at least one of the following:</p> <p><input type="checkbox"/> Mild functional impairment</p> <p><input type="checkbox"/> A presentation that is elevated from baseline</p> <p>PLUS at least one of the following:</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>Level B ADULT</p>	<p>For continued stay, continues to meet admission criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered diagnosis on the prioritized list <p>AND at least one of the following:</p> <ul style="list-style-type: none"> <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 <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 <p>PLUS at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care <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>Level B ADULT SPMI</p>	<p>For continued stay, continues to meet admission criteria:</p> <p>ALL the following:</p> <ul style="list-style-type: none"> <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 baseline risk of harm to self or others that is consistent with baseline presentation. <p>AND at least two of the following:</p> <ul style="list-style-type: none"> <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 <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 <p>PLUS at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care <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>Level C ADULT</p>	<p>For continued stay, continues to meet admission criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered diagnosis on the prioritized list <p>AND at least two of the following must be met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk of harm to self or others or 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 six 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 experiencing homelessness 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 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 <input type="checkbox"/> Diagnosis and/or age-related functional deficits and/or complex medical issues requiring substantial coordination <p>PLUS at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care <input type="checkbox"/> 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
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

<p>Level D ADULT ICM</p>	<p>For ICM continued stay, continues to meet admission criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Covered diagnosis on the prioritized list <p>AND at least two of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Two or more inpatient admissions in the past year <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 experiencing homelessness due to symptoms of mental illness <p>PLUS at least one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Capable of additional symptom or functional improvement at this level of care <input type="checkbox"/> Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service <input type="checkbox"/> Eviction or homelessness is likely if level of care is reduced
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**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

Clinically Assessed Level of Care☐ A ADULT☐ A ADULT SPMI☐ B ADULT☐ B ADULT SPMI☐ C ADULT☐ C ADULT SPMI☐ D ADULT ICM☐ D ADULT TAY**Level of Care Assigned**

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

☐ A ADULT☐ A ADULT SPMI☐ B ADULT☐ B ADULT SPMI☐ C ADULT☐ C ADULT SPMI☐ D ADULT ICM☐ 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

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

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.