



Adult Mental Health Services Continued Stay Registration Form

Member Information

Member name: _____ OHP ID: _____

Date of birth: _____

Provider: _____ Location: _____

Service period start date: _____ End date: _____

Admission LOC requested

- A ADULT MRDD/IDD A ADULT B ADULT B ADULT SPMI
 C ADULT C ADULT SPMI D ADULT TAY D ADULT ICM

Continued Stay Clinical Criteria *(please check all that apply)*

<p>Level A ADULT MRDD/IDD</p>	<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>
<p>Level A ADULT</p>	<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: November 2019

<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 which 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

**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

Clinically Assessed Level of Care

<input type="checkbox"/> A ADULT MRDD/IDD	<input type="checkbox"/> B ADULT
<input type="checkbox"/> A ADULT	<input type="checkbox"/> B ADULT SPMI
<input type="checkbox"/> C ADULT OUTPATIENT	<input type="checkbox"/> D ADULT ICM
<input type="checkbox"/> C ADULT SPMI	<input type="checkbox"/> D ADULT TAY

Level of Care Assigned*(Optional: Only needed if LOC assigned is different from clinically assessed LOC)*

<input type="checkbox"/> A MRDD/IDD	<input type="checkbox"/> B ADULT
<input type="checkbox"/> A ADULT	<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 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 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.