

# CareOregon Level of Care Form

## Child and Adolescent 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: \_\_\_\_\_

### Admission Clinical Criteria *(please check all that apply)*

#### Level A Child

#### 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-youth 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 this level of functioning for three to four visits

#### **AND**

Low acuity of presenting symptoms and minimal functional impairment

#### **AND**

Home, school, community impact is minimal

#### **PLUS**

Is capable of additional symptom or functional improvement at this level of care

**Level B  
Child**

**Continues to meet admission criteria below:**

- Covered diagnosis on the prioritized list

**AND**

- Mild to moderate functional impairment in at least one area (e.g., 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

**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  
Child**

**Continues to meet admission criteria below:**

- Covered diagnosis on the prioritized list

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

- Significant risk of harm to self or others
- Moderate to severe impairment of parent/youth relationship to meet the developmental and safety needs
- Moderate to severe functional or developmental impairment in at least one area

**AND for school-age children and adolescents at least one of the following:**

- Risk of out-of-home placement or has had multiple transitions in placement in the last six months due to symptoms of mental illness
- Risk of school or day care 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 six 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
- Youth and/or family's level of English language skill and/or acculturation is not sufficient to achieve symptom or functional improvement without case management

**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  
Child, ages  
0-5

**Continues to meet admission criteria below:**

**ALL must be met:**

- Covered diagnosis on the prioritized list
- Current serious to severe functional impairment in multiple areas
- Treatment intensity at a lower level of care insufficient to maintain functioning

**AND four of the following:**

- Serious risk of harm to self or others due to symptoms of mental illness (e.g., impulsivity resulting in elopement, aggression, sexualized behaviors, expressed intent to harm self or others, etc.)
- Serious impairment of caregiver capacity to meet the developmental and safety needs of their child (e.g., parent in substance abuse treatment, domestic violence, mental illness, etc.)
- Significant risk of disruption from current living situation due to child's symptoms related to a mental health diagnosis
- Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is not more clinically appropriate service
- Multiple recent placement changes for child resulting in increase in emotional/behavioral dysregulation
- Current significant risk of losing day care or early childhood education placement due to behaviors related to mental health symptoms or trauma (e.g., sexualized behavior, increased arousal, persistent negative emotional state, biting, extreme tantrums, etc.)

**PLUS, ALL of the following:**

- Capable of additional symptom or functional improvement at this level of care
- Parent or caregiver is actively involved with treatment
- Evidence of active discharge planning with the youth/family
- Needs cannot be met at a lower level of care

Level D  
Child ages  
6-17

Continues to meet admission criteria below:

***BOTH*** must be met:

- 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/youth relationship to meet the developmental and safety needs
- Significant risk of disruption from current living situation due to symptoms related to a mental health diagnosis
- Transition from a higher level of service intensity (step down) to maintain treatment gains
- Significant cultural language barriers impacting ability to fully integrate symptom management skills and there is not more clinically appropriate service available

***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

### Clinically Assessed Level of Care

Level A  
Child

Level B  
Child

Level C  
Child

Level D, ages 0-5  
Level D, ages 6-17

### Level of Care Assigned

*(Optional: Only needed if LOC assigned is different from clinically assessed LOC)*

Level A  
Child

Level B  
Child

Level C  
Child

Level D, ages 0-5  
Level D, ages 6-17

### 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<sup>†</sup>: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>†</sup>Supervisor signature is not required but encouraged if reviewed together through clinical supervision.