

TEFRA INPATIENT PSYCHIATRIC HOSPITAL
LEVEL OF CARE (LOC) DETERMINATION

Applicant Name:

Date of Birth:

The applicant **must meet all six** of the following criteria. **Supporting documentation must be provided for each criterion.** If supporting documentation is not attached the LOC decision will be delayed.

Criterion 1:

Applicant must have a mental illness or severe emotional disturbance diagnosed by a psychiatrist or mental health professional clinician. The condition has persisted six months and is expected to persist for total of 12 months or longer.

If yes complete the following:

DSM IV diagnosis:

Date of diagnosis:

Diagnosis made by:

Title & Agency:

Criterion 2:

Applicant must have **at least one** of the following mental health symptoms:

- Psychotic symptoms, characterized by defective or lost contact with reality, hallucinations or delusions
- Suicidal behavior, in the 90 day period before the date of application, as demonstrated by the individual having made a suicidal attempt
- Significant suicidal thoughts, in the 30 day period before the date of application, that include a plan for suicide
- Violent behavior, the 30 day period before the date of application, as characterized by a documented attempt by the individual to cause injury to a person or substantial property damage as the result of an emotional disturbance

Criterion 3:

Applicant must have functional impairments, relative to expected development levels for that age and at a level that qualified the child to receive inpatient psychiatric hospitalization, in **at least three (3)** of the following areas:

- Self-care
- Interaction with the community
- Social relationships
- Family relationships
- Functioning at school or work

Criterion 4:

Absent appropriate intervention in the home and community, applicant must require psychiatric hospitalization as **documented by a mental health professional.**

Criterion 5:

Applicant **must require** a level of care in the home that is typically provided in a psychiatric hospital because the child is suffering from a mental illness or emotional disturbance that is likely to result in serious harm to self others.

Criterion 6:

Applicant must be expected to functionally improve or can avoid further deterioration if care is provided in the home and community.

Care Coordinator Name:

Signature of Care Coordinator:

Date:

Name of Comagine Nurse Reviewer:

Signature of Nurse Reviewer:

Date: