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: