

Check one of the Following:
☐ Admission ☐ Continued Stay

***Required Information** – In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an **urgent request, do not fill out this form.** Please call ‘Ohana Health Plan at 1-888-846-4262

Member

Member Plan ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:
Home Address:	Phone Number:
Mailing Address:	Primary Contact:

Treating LCRS Provider

LCRS Provider ID:	LCRS Provider Name:
LCRS Phone Number:	LCRS Fax Number:
BH Case Management Agency:	
Care Manager Name:	Care Manager Phone Number:

Multiaxial Diagnosis

Primary Axis I	Diagnosis Code:	Description:
Primary Axis II	Diagnosis Code:	Description:
Axis III Diagnosis (Medical Conditions):		
Axis IV (socio-legal):		
GAF Score:	Current LOCUS/Denver Score:	

Service Requested

Planned Date of Service:

HCPC Code	Description of Service	Visits/Frequency
H0018	Licensed Crisis Residential Shelter	

Please provide the following additional documents:

<input type="checkbox"/> Comprehensive Assessment	<input type="checkbox"/> Current Locus/Denver Assessment	<input type="checkbox"/> Individualized Treatment Plan
<input type="checkbox"/> Discharge Plan	<input type="checkbox"/> Crisis Plan	<input type="checkbox"/> Copy of AMHD Authorization

Comments:

Member ID #:

Admission CriteriaMeets **one** of the following:

1. ☐ Risk of harm to self or others is serious:
 - ☐ Current suicidal/homicidal ideation with expressed intent or history of carrying out these intentions but without current means.
 - ☐ History of chronic impulsive suicidal/homicidal behavior/threats and current intentions represent elevation from baseline.
 - ☐ Recent pattern of excessive substance use; not able to abstain from clearly harmful behaviors and medical or psychiatric stabilization is needed.
 - ☐ Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.
2. ☐ There is a serious disturbance in functional status as evidenced by at least **two** of the following, and the person cannot be safely maintained in the community due to the disturbance:
 - ☐ Disrupted relationships with impulsive or abusive behaviors;
 - ☐ Consistent failure to maintain personal hygiene;
 - ☐ Serious disturbances in vegetative activities;
 - ☐ Significant deterioration in ability to fulfill responsibilities/obligations.
3. ☐ Major co-morbidity exists (substances or medical) that pose a serious threat to health and are clearly debilitating; medical monitoring is required, and the person cannot be safely maintained in the community due to the co-morbidity conditions.
4. ☐ Intervention and crisis stabilization is clinically indicated to minimize the negative effects of a probable psychiatric emergency and there are not adequate environmental supports in place to reduce the severity or prevent the psychiatric emergency.

Continued Stay CriteriaMeets **all** of the following:

1. ☐ Continued, close, 24-hour supervision of member behavior is necessary to prevent potential injury to the member or others;
2. ☐ Observation and care in the management of disturbance of mood, thought, or behavior continues to be effectively managed in this setting;
3. ☐ Intervention promotes member self-sufficiency and return to the least restrictive setting; and
4. ☐ Continued inability to be satisfactorily maintained in the community with appropriate supports.