Adult/Older Adult Outpatient Level of Care Determination Tool for FFS Providers

You may complete this tool after determining the individual meets access criteria for Specialty Mental Health Services. This tool is intended to support the determination of the best level of outpatient service for a client within ACBH's Adult/Older Adult system of care.

Consumer Name and PSP#: **Clinician and Date:**

	Therapy Services **Requires**: 1 Yes in A 1 Yes in B	**Medication Services** **Requires**: 1 Yes in A 1 Yes in B	**Service Teams** **Requires**: 2 Yes in A 1 Yes in B 1 Yes in C	**Full Service Partnerships** **Requires**: 2 Yes in A 1 Yes in B 1 yes in C
A. Assessing Needs	Is the individual able to independently or with help from natural supports schedule and attend office appointments? ☐ Yes ☐ No	Is the individual able to independently or with help from natural supports schedule and attend office appointments? ☐ Yes ☐ No	Has the individual been in inpatient, jail or crisis services due to mental illness in the past 2 years? ☐ Yes ☐ No Has the individual had consistently high levels of support to prevent the use of inpatient, jail, or crisis services in recent past? ☐ Yes ☐ No Will individual benefit from psychiatric rehabilitation to increase safety, functioning in community, ADLs? ☐ Yes ☐ No	Has the individual been in AOT or had multiple inpatient, jail or crisis services due to mental illness in past 12 months? ☐ Yes ☐ No Does the individual have complex needs requiring support with more than 3 systems (legal, benefits, substance use, medical, etc.)? ☐ Yes ☐ No Does the individual need a provider who can offer mobile MH services in the community where they are physically located? ☐ Yes ☐ No
B. Assessing Engagement	Is the individual interested in seeking therapy with a mental health professional? ☐ Yes ☐ No	Is the individual able to maintain engagement with office-based provider w/ a low level of care coord? ☐ Yes ☐ No	Does the individual need care coord to maintain engagement w/ psych & medical providers? ☐ Yes ☐ No	Does the individual need a high level of outreach to locate, build trust and engage in services? ☐ Yes ☐ No
C. Frequency of Treatment Needs			Does the individual need to meet with treatment team staff at least 2x/month in order to maintain stability in community? ☐ Yes ☐ No	Does the individual need to meet with treatment team staff at least 4x/month up to several times a week to maintain stability in commu? ☐ Yes ☐ No

Level of care determination: ☐ **Therapy** ☐ **Medication** ☐ **Service Team** ☐ **FSP** ☐ **Other (write in):**

Note to clinician: If it is determined that the individual does not meet criteria to be assigned to an adult outpatient level of care, please include a reference of this tool and an explanation of the clinical reason(s) the individual did not meet criteria in the NOABD.