

MH Acute Level of Care Determination (CARE-ACUTE)

Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CARE ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT/LOCATION	R	Component code/Location code.
REVIEW DATE	R	Date at which LOC change is effective.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.

Instructions for Completing Criteria

General Instructions

- Uninsured patients are defined in the *Instructions for Conducting Reimbursement Activity for 3rd Party Payers (Insured Inpatient Treatment)* document. It is assumed that all admissions to a SMHF (State Mental Health Facility) are acute and, as such, this form does not have to be completed for newly admitted patients unless by agreement between the SMHF and LMHA (Local Mental Health Authority), the admitted patient is deemed to be sub-acute.
- The form is normally completed only when the SMHF Treatment Team for the patient determines that there has been a change in the severity of the patient's clinical condition (or medical condition) that results in changes in the patient's LOC in either direction and the LMHA has authorized this change. There can be an appeal. If the appeal results in a change in LOC, the form is entered into CARE when the appeal process ends using as the "Review Date" the date the treatment team evaluated the patient for the change, or a date determined in the appeal process if such was the case.
- The form does not have to be completed if there is no change in patient LOC.
- Children/adolescent patients in a SMHF cannot be sub-acute. At any time in their inpatient stay, an adult, uninsured patient will be either acute or sub-acute.

Specific Instructions

SECTION A	R	Check all conditions that apply to the patient. In determining the timeframe for which a condition(s) is applicable, the guide should be that clinical judgment determines that condition (symptom) is relevant to the current focus of treatment. Checking the Medical Acuity box is based solely on the patient's medical condition and is not contingent upon the patient's mental illness being acute. Even when only the Medical Acuity condition is present, boxes B and C must also be checked for the patient to be considered acute.
SECTION B	R	This criteria is general and includes summary shift note, description of activities provided to the patient, patient status during the shift, and patient's level of participation and can be entered by any clinical/direct care staff.
SECTION C	R	Any entry by a physician that addresses the patient's treatment plan, medical necessity, patient progress, and/or patient status.
CRITERIA MET	R	Check this box if Acute criteria are met. To meet this criteria, there must be at least one check mark for Sections A, B, and C. If one of these sections is not checked, then the patient is not acute.
CRITERIA NOT MET	R	Check this box if Acute criteria are not met. If there is not at least one check mark in each of Sections A, B, and C, then the criteria for being acute has not been met. If the patient is not acute, then he/she is sub-acute.
COMPLETED BY	R	Signature of person completing form. The form can be completed by any clinical staff.
DATE	R	Date LOC form is completed.