MACOMB COUNTY
COMMUNITY MENTAL HEALTH

Guidelines to Complete Specialized Nursing Assessment (T1001)		
Last Updated: 03/08/2022	**Owner:** MCCMH Nursing Administrator	**Pages:** 3

I. PURPOSE:

The purpose of these established guidelines is to aid practitioners in identifying individuals that would be appropriate for and benefit from a Specialized Nursing Assessment.

II. DEFINITIONS:

Specialized Nursing Assessment (SNA):
An in-depth assessment of an individual's medical history and body systems. The Specialized Nursing Assessment (SNA) document is located in the Electronic Medical Record (EMR) in the "Assessments" section. Like all interventions a SNA must meet medical necessity criteria.

Medically Necessary Services:
Services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services should not be a duplication of a service that the individual may be receiving from another provider. If an individual is frequently seeing their primary care, a SNA may be a duplication of a similar service they are receiving.

III. RECOMMENDED BEST PRACTICES:

A. Criteria for a Specialized Nursing Assessment (SNA) referral may include, but is not limited to:

1. Complex medical issues identified by a therapist, case manager or care coordinator;

2. Flagged by Intake or National Outcome Measures (NOMS);

3. Requested by a physician or Licensed Prescriber;

4. Identification of issues by a nurse providing other services; and

5. Yearly follow up after completing a SNA. This may be required sooner due to clinical concern or changes.

B. If a request for SNA is issued, the nurse should meet with the individual to verify that they meet medical necessity criteria for a SNA referral. Examples of such may include:

  1. Not having a primary care physician.

  2. Lack of follow up or physical evaluation in last year from primary care or specialist.

  3. Having multiple medical comorbidities without specialists assigned and/or having health issues not being addressed in any returned coordination of care.

C. If the need and medical necessity is established, the nurse will work with the primary case holder to obtain authorization for T1001 and schedule a time to meet with the individual. Depending on complexity, this appointment may be between 1 and 3 hours. In the event, an individual is referred to Nursing for an SNA and does not meet medical necessity, the nurse should follow up with this individual at least yearly to determine if needs have increased and there is a need for SNA.

D. The Nurse will update the non-CMH medication section in the Consumer Medical Chart prior to opening the SNA document to ensure accuracy in the medication list which will populate into the assessment.

E. The nurse completes and signs the assessment and adds their findings in the form of Nursing Diagnosis. This must be completed within 24 hours of providing service. Findings will be communicated to the primary case holder and Licensed Prescriber within 48 hours.

F. Assessment data or data collected that confirms medical necessity was not met for SNA will be shared with the primary case holder and Licensed prescriber within 48 hours.

G. The nurse must obtain releases of information and complete coordination of care information with primary care and other treating specialists.

H. If a nurse identifies education concerns, the nurse will work with the primary case holder to obtain authorization to provide health or medication education. The nurse will also use information obtained to work with the primary case holder to assist in writing SMART objectives and interventions that will assist the person in meeting the goals of their Individualized Plan of Service (IPOS).

I. The nurse will follow up with the individual at six-month intervals, or sooner as determined by the RN's clinical judgement, to see if the individual is seeking primary care or has had any improvements in condition.

IV.   **TRAINING:**

A. Person Centered Planning <u>or</u> Person Centered Planning for Nurses

V.   **MONITORING:**
A. PIHP Nursing administrator
B. Corporate Compliance

VI.   **EXHIBITS:**
None.

VII.   **REFERENCES:**
A. www.CMS.gov

B. MDHHS Medicaid Provider Manual

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	02/18/2022	Development of Guidelines	Jeffrey Clark
2	02/14/2023	Review	Jeffrey Clark