MCCMH MCO Policy 2-014

(was MCCMH Policy 2-11-012)

Chapter: **CLINICAL PRACTICE**
Title: **ASSESSMENT SERVICES**

Prior Approval Date: 1/2/09
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Approved by: _____ 5-19-10
Executive Director Date

I. Abstract

This policy establishes the standards and procedures to assure that authorization of levels of care and development of plans of service are based upon thorough assessments appropriate to the needs of each consumer of the Macomb County Community Mental Health (MCCMH) Board.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that assessments which are appropriate to the needs of each MCCMH consumer be conducted and that authorizations of levels of care and development of plans of service be consistent with the findings of these assessments.

IV. Definitions

A. Access Screening
A phone or face to face screening for individuals/parent/guardians requesting services of the MCCMH Board which includes but is not limited to demographic information, medical information, risk assessment, psychiatric and substance

abuse history, diagnosis and treatment readiness, triage information, and disposition. The Access Screening determines urgency of care, eligibility for services, appropriate level of care needed, and follow-up referral to services.

B. Assessments
Generally accepted professional evaluations, that include health assessments, psychiatric evaluations, psychological testing, and other assessments and testing, that are conducted by an appropriately qualified and licensed health care professional within his/her scope of practice for the purposes of determining eligibility for services and supports, and the treatment needs of the consumer. An Initial Assessment is provided upon entry into the system; an Annual Assessment, or Re-Assessment, is provided annually thereafter.

C. Child and Adolescent Functional Assessment Scale (CAFAS)
A special tool used for the assessment of children with suspected serious emotional disturbance, performed by staff trained in the implementation of CAFAS. Children with suspected serious emotional disturbance who are between the ages of seven (7) and seventeen (17) are generally assessed using the CAFAS rating scale at intake, quarterly thereafter, and at exit from services. Children are additionally assessed at a change of level of care, e.g. at entry into a higher or lower level of care.

V. Standards

A. General

1. After triage, where it has been determined appropriate, an Access Screening shall be done by phone or face to face with individuals/parents/guardians contacting MCCMH for services. If eligibility and medical necessity is determined, a referral for services is made to an appropriate provider within the MCCMH provider network or to an out-of-network provider where appropriate. (See MCO Policy 2-013, "Eligibility, Admission, and Discharge.")

2. Prior to entry into service, each consumer will receive a face-to-face assessment to determine consumer condition(s) and services needs. This initial assessment must be completed within fourteen (14) calendar days of a non-emergent request for services, or within seven (7) calendar days after discharge from a psychiatric inpatient unit.

3. On-going services, including any specialized assessments (see V.D.), must begin within fourteen (14) calendar days of a non-emergent assessment with a professional.

4. Additional discipline-specific assessments provided by appropriately privileged clinicians may be conducted to clarify diagnosis, levels of functioning and need for services. (See Section V.D.) Additional assessments shall be completed within thirty (30) days of the referral, unless there is a clearly documented reason for the delay. (Service

coordination between MCCMH behavioral health and substance abuse providers and external providers shall follow the provisions of MCCMH MCO Policy 2-042, "Service Referrals, Recommendations, Coordination of Care, and Follow-Up.")

5. A physician's prescription or certificate of medical necessity is required for the provision of Occupational Therapy assessment, Psychological Testing, Physical Therapy assessment, and Speech and Language assessment, neurological evaluation, and laboratory tests. (See MCCMH MCO Policy 2-020, "Specialized Health Care Services," for standards regarding referral of MCCMH consumers to specialized health care services when those service needs are identified during the provision of services.)

6. An Annual Assessment (also referred to as a re-assessment) shall be completed prior to the expiration of the Person Centered Plan.

7. Each type of assessment described herein is accessible to MCCMH consumers according to need.

8. Assessments typically provided within a particular MCCMH service program will be repeated at intervals as specified herein, and at any other time, as clinically necessary.

B. Initial Assessment

An intake/assessment for a consumer shall include gathering and reviewing relevant information within the categories as outlined below for consumer populations (adults with serious mental illness, children with serious emotional disturbance, persons with developmental disabilities, and persons with co-occurring disorders.)

1. General Information (Identifying Information, Demographic Data)

2. Psychiatric Evaluation (see MCO Policy 2-015, "Psychiatric Evaluation")

3. Medical History (including Medical Services Providers)

4. Financial Information

5. Guardianship / Parent Information / Family Information

6. Residential Living Arrangement

7. Education

8. Employment Status

9. Legal Information (Corrections Related Status, Arrest History)

10. Presenting Problem and Clinical History

11. Bio-Psycho-Social Development and History

12. Risk Assessment

13. Support Needs Worksheet (Self-Care, Receptive and Expressive Language, Mobility, Self-Direction, Capacity for Independent Living, Economic Self-Sufficiency)

14. Cultural, Ethnic, Spiritual, Religious Considerations

15. Consumer Strengths

16. Barriers to Service

17. Mental Status Examination

18. Psychiatric History

19. Family History of Mental Illness and Substance Abuse

20. Physical and Sexual Abuse History

21. Substance Abuse History
    a. UNCOPE Substance Abuse Screening
    b. American Society of Addiction Medicine (ASAM) Patient Placement Criteria
    c. Substance Abuse Chart
    d. Mood Altering Questions

22. Diagnosis and Treatment Readiness

23. Service Eligibility Criteria (Adults with Serious Mental Illness, Children/Adolescents with Serious Emotional Disturbance, Persons with Developmental Disabilities, Infant mental Health)

24. DD Proxy Measures (Nature of Support System, Status of Existing Support System, Predominant Communication Style, Assistance for Independence Needed, Health Status, Challenging Behaviors)

25. Challenging Behaviors

26. Disposition Designation

27. Summary of Findings and Recommendations

28. Preliminary Plan of Service

C. Assessments for Children
Additional assessments for children, where indicated, are as follows:

1. CAFAS

2. Child Waiver

    a. Medical Category of Care / Assessment of Need

    b. Behavioral Category of Care / Assessment of Need

D. Additional assessments, as needed. This may include:

1. Psychological Testing Report

2. Assessment mandated under the Omnibus Budget Reconciliation Act of 1987

3. Emergency Psychiatric Pre-Admission Screening / Continued Stay Review

4. Specialty Assessments, which may include but are not limited to:

    a. Occupational Therapy Assessment

    b. Physical therapy Assessment

    c. Speech / Language / Hearing Assessment

    d. Psychological Testing

    e. Neurological Evaluation

5. Behavioral Assessment

6. Psychosocial Rehabilitation Assessment

7. Health Assessment
A health assessment may include, but is not limited to the following:

    a. Nutritional Assessment

    b. Specialized Nursing Assessment

    c. Personal Health review

E. Re-Assessment
A re-assessment shall be completed annually, prior to the expiration of the Person Centered Plan in preparation for developing a new Person Centered Plan, and shall:

1. Review the initial assessment, updating and documenting where appropriate all information within the categories as outlined above in section V.B.;

2. Document the need for continued services;

3. Document status changes from previous intake / annual assessments;

4. Lead to the development of an Individual Plan of Service through a person-centered process (instead of the development of a preliminary plan).

VI. Procedures

A. None.

VII. References / Legal Authority

A. MCL 330.1712

B. 2009 Michigan Department of Community Health (MDCH) Administrative Rules, R 330.7199, "Plan of Service"

C. Commission on Accreditation of Rehabilitation Facilities (CARF) 2010 Standards Manual, §2. B., "Screening and Access to Service," pp. 109-116

D. MCCMH MCO Policy 2-001, "Person-Centered Planning Practice Guidelines"

E. Michigan Department of Community Health, Medicaid Provider Manual, Mental Health / Substance Abuse

F. MDCH/MCCMH Medicaid Managed Specialty Supports and Services Contract (FY 12), Attachment P6.5.1.1.

VIII. Exhibits

A. None.