

<b>WCHO PIHP/CA Policy for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>	<b>Assessment and Reassessment Policy</b>
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## I. PURPOSE

This policy establishes the types of screenings and assessments consumers may receive as determined by their condition and needs, the standards for such screenings and assessments, the qualifications of staff and other providers who perform screenings and assessment, and the timeliness and frequency of screenings, assessments, and reassessments.

## II. REVISION HISTORY

<b>DATE</b>	<b>REV. NO.</b>	<b>MODIFICATION</b>
3/20/2007		Original document
5/30/2011	1	Expanded policy to include screenings, all assessments and reassessments; included staff competencies for conducting assessments or reassessments; defined reassessment; clarified assessment and authorization responsibilities

## II. PERSONS AFFECTED

This policy applies to all employees, paid and unpaid students or interns, and volunteers of the affiliation, which is comprised of: the WCHO (as the Prepaid Inpatient Health Plan/PIHP) and the Comprehensive Specialty Services Networks (CSSN's) of the Community Mental Health Partnership of Southeast Michigan (CMHPSM). All individuals who initially request a behavioral health care support or service and all consumers who receive services beyond an intake screening are also affected by this policy.

## IV. POLICY

It is the policy of the WCHO and Community Mental Health Partnership of Southeastern Michigan that all consumers will receive comprehensive assessments that ensure a consumer's need for care, the type of care needed, and the need for further assessments or evaluations are determined during an initial assessment. All consumers will also receive reassessments anytime there is a significant change in the consumer's status, and as requested by the consumer. Additionally, reassessments of need shall occur prior to an annual review and/or revision of a consumer's Individual Plan of Service (IPOS). Using data collected during the assessment process, standardized screening and triage criteria will be used for the referral for specialized assessments such as substance use, health, dental, and nutritional evalua-

tions. Assessment information guides the development of the Individual Plan of Service (IPOS).

## V. DEFINITIONS

American Society of Addiction Medicine (ASAM): A professional organization for physicians who specialize in the treatment of addiction.

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R): This document contains the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems. It provides two sets of guidelines, one for adults and one for adolescents, and five broad levels of care for each group. Within these broad levels of service is a range of specific levels of care.

Assessment: The process for obtaining clinically relevant information about each individual seeking behavioral health care, treatment, or services. The information is used to match an individual's need with the appropriate setting, service/program, and intervention. The systematic collection and review of data specific to an individual served. Data from assessments is used in the development of the Individual Plan of Service (IPOS).

Case Manager: A designated individual, who, depending on the consumer's age and primary diagnosis, is a Child Mental Health Professional (CMHP), a Qualified Mental Health Professional (QMHP), or a Qualified Mental Retardation Professional (QMRP) and, has the responsibility to assist the consumer in accessing needed supports and services. Activities include screening, needs assessment, pre-planning, planning, development of an individual plan of service (IPOS), linking, coordinating, monitoring, and evaluating the effectiveness of needed supports and services.

Child Mental Health Professional (CMHP): Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed master's social worker, licensed professional counselor, or registered nurse; or an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or a person with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families.

Community Mental Health Partnership of Southeastern Michigan: The Affiliation of Community Mental Health Services Programs consisting of Lenawee, Livingston, Monroe, and Washtenaw Counties.

Community Mental Health Services Program (CMHSP): A program operated under Chapter 2 of the Michigan Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Credentials: Documented evidence of licensure, education, training, experience, or other qualifications.

Emergency situation: A situation where the individual can reasonably be expected within the near future to physically injure himself, herself, or another person; or is unable to attend to the need for food, clothing, shelter or basic physical activities, and this inability may lead in the near future to harm to the person or to another person; or, the individual's judgment is impaired, leading to the inability to un-

derstand the need for treatment or support which can be expected to result in physical harm to self or others. The sudden disruption of the person's system of supports may constitute an emergency if s/he is unable meet basic needs and maintain health and safety in the absence of these supports.

Individual Plan of Services (IPOS): A written individualized plan of supports and services directed by the individual as required by the Mental Health Code. This plan may include both support and treatment elements.

Mental Health Professional: A physician, psychologist, licensed master's social worker, licensed professional counselor, licensed marriage and family therapist, or registered professional nurse.

Person-Centered Planning (PCP): A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preference, choices, and abilities. The person centered planning process involves family, friends and professionals as the individual desires or requires. The process is directed by the person and focuses on his or her desires, dreams, strengths and needs for support.

Qualified Mental Health Professional (QMHP): Individual with specialized training or one year experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, or rehabilitation counselor.

Qualified Mental Retardation Professional (QMRP): Individual with specialized training or one year experience in treating or working with a person who has mental retardation; and is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech pathologist, audiologist, registered nurse, therapeutic recreation specialist, or rehabilitation counselor.

Reassessment: Ongoing data collection which begins on initial assessment, comparing the most recent data with the data collected at earlier assessments. Individuals may be reassessed for many reasons. These include: evaluation of his or her response to care, treatment or services; response to a significant change in status and/or diagnosis or conditions; request from the consumer and/or the consumer's representative for a change in the supports and services authorized in the most current IPOS; as required to satisfy regulatory requirements (i.e. for eligibility determination for a Children's Waiver, or a Home and Community Based Services (HABS) Waiver); as required for the determination of ongoing eligibility for supports and services based on a managed care authorization period. In addition, a reassessment of need shall occur during a routine periodic review or annual review prior to the revision of an existing IPOS.

Screening: The process of determining whether individuals have certain risk factors requiring further assessment. Findings from screenings may result in referrals for specific assessments in areas such as nutrition or primary health care that could be provided by the CSSN or coordinated with a community clinic or provider.

Significant Change: A Significant Change occurs when an individual experiences a change in functioning or circumstances potentially impacting service needs. The assessment update will focus on the individual's current need and may result in change to the Individual Plan of Service (IPOS) that may add new outcomes, amend existing authorizations for services or supports, or add authorizations for

new supports or services. A Significant Change may be the results of a positive change so that the individual needs less service or less restrictive care, such as mainstreaming to primary care as a medical home. Or, the individual may be at risk of, or experiencing, a decrease in functional ability or a loss of supports necessary to maintain functioning. A Significant Change in functioning may result from an acute illness or injury or as a result of a chronic condition. Additionally, environmental change may lead to the need for substantial modifications in service delivery.

Examples of Significant Change that would initiate a reassessment include:

- A sentinel event
- Change in level of care, treatment, or service need. For example transition to a less independent service (more restrictive service) or transition to a more independent services (less restrictive service)
- Legal status change (police involvement/consumer charged with a crime or victim of a crime or guardianship awarded or modified)
- Significant health, nutrition, safety change or hospitalization (new diagnosis medical diagnosis, nutritional issues including significant weight loss/gain or new mobility issues).
- Loss of parent, significant other or caretaker that effects treatment
- When introducing protective devices (including helmet, gait belts, door/be alarms, or bed rails)
- When introducing a behavior plan that includes restrictive or intrusive techniques an/or introduction of medication when prescribed solely for the purpose of behavior control not resultant of a documented diagnosis of a psychotic, mood or anxiety disorder
- Introduction of new medical equipment
- When an individual has a major change in presenting conditions or disabilities
- When an individual reaches the age of majority
- If an individual experiences abuse/neglect or other major trauma
- If a new Axis I or Axis II diagnosis is given.

Specialty Assessments: Assessments and evaluations resulting from referrals following an initial biopsychosocial assessment, a reassessment, or as authorized in an IPOS. Included are psychiatric evaluations, nursing assessments, occupational therapy assessments, physical therapy assessments, speech and language assessments, behavior treatment assessments, nutrition assessments, and psychological testing.

Stages of change: As identified by Prochaska and DiClemente, levels of readiness to modify behavior:

- 1) *Pre-contemplation:* The user is not considering change, is aware of few negative consequences, and is unlikely to take action soon.
- 2) *Contemplation:* The user is aware of some pros and cons of substance abuse but feels ambivalent about change. This user has not yet decided to commit to change.
- 3) *Preparation:* This stage begins once the user has decided to change and begins to plan steps toward recovery.
- 4) *Action:* The user tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change.
- 5) *Maintenance:* The user establishes new behaviors on a long-term basis.

Supports Coordinator: A designated individual who is a QMRP and provides support coordination services to consumers. Supports Coordination includes arranging for and monitoring of services that will assist individuals with developmental disabilities, mental illness in gaining access to needed medical, social, educational and other services.

## VI. RESPONSIBILITIES

Staff shall assure that assessments and reassessments:

- Are completed when indicated by law, standard, or clinically indicated
- Are complete in the required timeframes
- Meet the required standards both in general and according to the type of assessment being completed
- Include input from the individual and the people/supports in her/his life
- Include the coordination of care both within and outside the CMHSP system of care

## VII. STANDARDS

- A. An assessment of an individual's biopsychosocial functioning will be conducted by an appropriately credentialed clinician. Any needs for additional assessments identified during the assessment will be addressed an interim plan of service and/or in the Individual Plan of Service (IPOS) developed following person centered planning standards.
- B. Assessment/reassessments will include a review of possible co-occurring substance use disorders to assure that individuals with co-occurring disorders are provided integrated treatment with appropriate goals, objectives and referrals (if necessary) for treatment of mental illness and co-occurring substance use. Assessment of substance use shall include a level of care (LOC) determination based on an evaluation of the six assessment dimensions of the current ASAM (American Society of Addictions Medication) Patient Placement Criteria and a determination of readiness for change based on the Stages of Change.
- C. Specialty Assessments shall be conducted by appropriately credentialed clinicians.
- D. Consumers shall receive necessary screenings and assessment from qualified staff and providers to determine the support and services most suitable for treatment of their initial need(s), their changing needs, and most likely to assist them in achieving their desired outcomes.
- E. Approved screening tools and criteria (whether approved by MDCH, the PIHP, or a local CMHSP) will be used to determine if further assessment are required at a minimum in the areas of physical health, nutrition, functioning levels, and substance use.
- F. Assessments shall be completed according to established timeframes.
  - 1. Emergency assessments occur when an individual is determined to be at eminent risk of harm to themselves or others or is unable to keep themselves safe. Emergency assessment shall be completed within three (3) hours of the request.
  - 2. Urgent assessments occur when an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment or support services. Urgent assessments shall be completed within twenty-four (24) hours to forty-eight (48) hours of the initial contact.
  - 3. Routine assessments occur when there is no apparent risk of harm to self or others. Routine assessments shall be completed within fourteen (14) calendar days of the initial contact requesting services. Routine Specialty Assessments shall occur within fourteen

- (14) calendar days of the authorization for the Specialty Assessment.
4. Following initial assessment, ongoing services shall begin within fourteen (14) calendar days of the assessment. If an individual indicates they are unable or unwilling to meet with the assigned provider within the required timeframes, the reason for the delay will be clearly documented in the medical record.
- G. For initial assessments, reassessments, and specialty assessments, the assessing clinician will perform the following:
1. Analyze the data and information collected during the assessment
  2. Prioritize the individual's service needs that will assist the individual in attaining or maintaining a sufficient level of functioning in order to achieve goals of community inclusion and participation, independence, recovery, or productivity
  3. Make recommendations for supports, services, interventions, and external referrals that should be incorporated in the IPOS.
- H. At an initial assessment or a reassessment, in addition to the steps described in "E.," the assessing clinician will perform the following:
1. Determine whether or not medical necessity criteria for one or more services or supports have been met.
  2. At an initial assessment, develop an Interim Plan of Service which may include recommendations for specialty assessments
  3. At an initial assessment, assign the individual to a level of care or refer the individual to another provider/agency that can meet his/her specific needs.
  4. Submit the assessment/reassessment to the supervisor or other designated individual for approval of the recommended authorization(s) according to the locally determined process.
  5. The supervisor or other designated individual shall review the assessment/reassessment and the Interim Plan of Service or Individual Plan of Service and shall take one of the following actions:
    - a. Authorize the services and supports recommended,
    - b. Request additional information before authorizing, or
    - c. Deny the request and provide the reasons for the denial.
- I. Assessments of adults with mental illness shall include at minimum and as appropriate:
1. Histories of emotional, behavioral, and substance use problems and treatments including hospitalizations and medications
  2. Statement of the presenting problem in the individual's own words
  3. Statements of the desired outcome in the individual's own words and any preferences for care, treatment, and services
  4. Input from guardians (where applicable) family members and/or others who know the individual regarding the presenting problem and their expectations for and involvement in the treatment process.
  5. Information about the individual's:
    - a. Environment and current living situation
    - b. Leisure and recreation
    - c. Educational status
    - d. Employment status and vocational needs
    - e. Legal history
    - f. Childhood history

- g. History of abuse/trauma
- h. History of substance use/abuse
  - i. History of addictive behaviors such as use of alcohol, drugs, gambling or other addictive behaviors by the individual and/or other family members
  - ii. Age of onset for use addiction to substance, duration and patterns of use
  - iii. Consequences of the addiction (divorce, legal troubles, financial issues, job loss)
  - iv. Family history of use
  - v. History of previous treatment and relapse
- i. Current emotional and behavioral functioning
- j. Maladaptive or problem behaviors
- k. Financial status
- l. Usual social, peer group, and environmental setting, and community resources used by the individual
- m. Family circumstances and the need/desire for the family's participation
- 6. Assessment of imminent risk of harm to self, other, and/or property; vulnerability to abuse and neglect; and ability to keep self safe and healthy
- 7. Assessment of needs for supportive services
- 8. Cultural considerations including religion and spiritual beliefs
- 9. An analysis of strengths that will assist the individual in achieving his/her desired outcomes
- 10. An analysis of barriers that will need to be addressed so that the individual may achieve his/her desired outcomes
- 11. A Mental Status Exam
- 12. A physical Health Review that shall include the following:
  - a. Medical history and identification of current medical concerns
  - b. Length of time since last physical exam
  - c. Assessment of pain
  - d. Nutritional assessment
  - e. List of current medications
  - f. Assessment of understanding of disease prevention and health promotion
- 13. Diagnoses on Axis I—V using the DSM—IV Manual
- 14. Diagnostic Summary
- 15. Disposition including recommendations for additional assessment, treatment goals, program assignment OR referrals to community resources if the individual is not eligible for services.

- J. Assessments of children and adolescents shall at minimum include the following:
- 1. Input from youth and family members or guardians and/or others who know the child/youth regarding the presenting problem and their expectations for and involvement in the treatment process
  - 2. Reports on the family history and current living situation
  - 3. Cultural considerations including religion and spiritual orientation
  - 4. Evaluation of the family dynamics and their impact on the child/youth's current needs as well as their impact on discharge planning
    - a. Family substance use/abuse both current and by history
    - b. History of abuse/trauma
  - 5. Use of a developmental perspective in evaluating the child/youth's physical, emotional, cognitive, educational, and social functioning

6. Substance use
  7. Evaluation of the child/youth's play and daily activities needs
  8. Evaluation of health status and immunization record
- K. Assessments of person with developmental disabilities shall include at a minimum the following:
1. Input from family members or legal representative and/or others who know the individual regarding the presenting problem and their expectations for and involvement in the treatment process
  2. Psychosocial assessment addressing:
    - a. Comprehensive social history
    - b. Adaptive behavior
    - c. Social functioning
    - d. Independent living skills
    - e. Skills, talents, aptitudes
    - f. Interest
    - g. Leisure activities
  3. Educational and vocational functioning assessment addressing:
    - a. Education and training history
    - b. Work history
    - c. Work interests
    - d. Work skills
    - e. Work-related behavior
  4. Cognitive functioning assessments conducted by a qualified licensed professional within their scope of practice addressing:
    - a. Intelligence testing when needed to establish eligibility for services and results from previous testing are not available
    - b. Conceptual skills
    - c. Current level of concrete and abstract reasoning
    - d. Screening tools will be use to determine if further assessment are required in the areas of physical development, health, and nutrition
- L. Approved screening and triage criteria for specialized assessment shall be included in the Community Mental Health Service Program (CMHSP) Utilization Review Manual.
- M. Assessments will include the identification of other health care or service providers with whom coordination of care will be needed. When possible and appropriate, information from the individual's primary care physician or other health care professionals will be used in the assessment process to determine services and supports that are medically necessary.
- N. Written assessments, reassessments, specialized assessments, and screening tools will be included in the individual's clinical record.
- O. Informed consent will be obtained in writing for the release of information from relevant previous and current physical and behavioral health care providers, schools, agencies, and others.
- P. Documentation shall be completed in accordance with CMHSP and Michigan Department of Community Health (MDCH) standards.

## **VIII. EXHIBITS**

None

## **IX. REFERENCES**

MDCH Medicaid Provider Manual (current version)

Michigan Mental Health Code

The Joint Commission Standards

WCHO/CMHPSM Timeliness of Service Provision and Documentation Policy

WCHO/CMHPSM Person Centered Planning Policy

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