

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	Policy Assessment and Reassessment
Department: Clinical Performance Team	Local Policy Number (if used)
Regional Operations Committee Approval Date 9/28/2020	Implementation Date 9/28/20

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

DATE	REV. NO.	MODIFICATION
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
7/26/2013	2	Review and update language for new PIHP
12/19/2016	3	Review and update language for recent changes in names and procedures and ICD-10 implementation
9/29/20	4	Updated to include language re: the LOCUS tool

III. APPLICATION

This policy applies to all staff, students, volunteers and/or contractual agencies within the regional provider network of the regional entity, Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHSPM that all consumers will receive comprehensive assessments that ensures their need for care, the type of care needed, and the need for further assessments or evaluations are determined. All consumers will also receive reassessments anytime there is a significant change in the consumer’s status, and as requested by the consumer. Additionally, a full biopsychosocial 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 evaluations. 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 Intellectual Disability Professional (QIDP) 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.

Consumer: A person that has requested a behavioral health service from a CMHSP or

other Core Provider within the CMHPSM Provider Network, been determined to be meet the eligibility standards for services, and has been admitted.

Core Substance Use Disorder Provider: Provider designated to deliver access management system functions for substance use disorder services. The Core Substance use provider has the delegated ability to contract directly with approved external providers for the purpose of providing comprehensive and coordinated services.

Core Mental Health Provider: Provider designated to deliver access management services for Mental Health and Developmental Disabilities. This provider may contract with external providers for adjunct clinical and supportive services defined within the person centered plan.

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

Emergency situation: A situation where the consumer 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 consumer's judgment is impaired, leading to the inability to understand the need for treatment or support which can be expected to result in physical harm to self or others. The sudden disruption of the consumer'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 consumer as required by the Mental Health Code. This plan may include both support and treatment elements.

Level of Care Utilization System (LOCUS) – an assessment tool required by MDHHS to be used for adults with a mental illness served in the CMH system, which supports level of care recommendations. developed by members of the American Association of Community Psychiatrists (AACP) and transformed into electronic versions by Deerfield Solutions. Deerfield Solutions is the exclusive software developer of the LOCUS instrument for the AACP.

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 consumer receiving services that builds upon the consumer's capacity to engage in activities that promote community life and that honor the consumer's preference, choices, and abilities. The person centered planning process involves family, friends and professionals as the consumer desires or requires. The process is directed by the consumer 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 Intellectual Disability Professional (QIDP): Individual with specialized training or one year experience in treating or working with a person who has intellectual or developmental disability; 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 at initial assessment, comparing the most recent data with the data collected at earlier assessments. Consumer 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 Habilitation Support Wavier (HSW); 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 consumers 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 CMHSP, a Network Provider, or coordinated with a community clinic or provider.

Significant Change: A Significant Change occurs when a consumer experiences a change in functioning or circumstances potentially impacting service needs. The assessment update will focus on the consumer'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 result of a positive change so that the consumer needs less service or less restrictive care, such as mainstreaming to primary care as a medical home. Or, consumer 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 (involvement with the law enforcement/court action, being charged with a crime or the 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
- Introduction of protective devices (including a helmet, gait belts, door/bell alarms, or bed rails)
- Introduction of a behavior plan that includes restrictive or intrusive techniques and/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 a consumer has a major change in presenting conditions or disabilities
- When a consumer reaches the age of majority
- If a consumer experiences abuse/neglect or other major trauma
- If a new 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. Autism related screens and assessments also are considered Specialty Assessments.

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 QIDP and provides support coordination services to consumers. Supports Coordination includes arranging for and monitoring of services that will assist consumers with developmental disabilities, mental illness in gaining access to needed medical, social, educational and other services.

VI. STANDARDS

- A. An assessment of a consumer's biopsychosocial functioning will be conducted by an appropriately credentialed clinician. Any needs for additional assessments identified during the initial assessment will be addressed in an interim plan of service and/or in the Individual Plan of Service (IPOS) developed following person centered planning standards.
- B. Assessments/reassessments will include a review of possible co-occurring

substance use disorders to assure that consumers 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 MDHHS, the CMHPSM, 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.
 - 4. Following an initial assessment that results in an authorization for one or more services, any one ongoing service shall begin within fourteen (14) calendar days of the authorization. If a consumer 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.
 - 5. Annual Reassessments shall occur prior to the development of the annual IPOS which must be completed within 365 days of the prior IPOS.
 - 6. Periodic Reassessments must be completed within six (6) months of the most recent IPOS.
 - 7. Significant Change Assessments shall be completed within 30 days of the occurrence of a qualifying significant event.
 - 8. Specialty Assessments shall be completed with forty-five days of the authorization of the specialty assessment.
- G. For Initial Assessments, Annual Reassessments, Periodic or Significant Change Reassessments, and Specialty Assessments, the assessing clinician will perform the following:
 - 1. Analyze the data and information collected during the assessment

2. Prioritize the consumer's service needs that will assist the consumer 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 an Annual 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. Identify an appropriate level of intensity and the type(s) of service necessary for the consumer to meet her/his specific needs. If there are needs that are not to be addressed, a referral to another provider/agency shall be made that can meet those 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. Initial Assessments and Annual Reassessments of adults with mental illness or substance use disorders 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 consumer's own words
 3. Statements of the desired outcome in the consumer'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 consumer regarding the presenting problem and their expectations for and involvement in the treatment process.
 5. Information about the consumer'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 consumer 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 consumer in achieving his/her desired outcomes
- 10. An analysis of barriers that will need to be addressed so that the consumer 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. Identify diagnosis using the most recent editions of the DSM and ICD as required by MDHHS.
- 14. Diagnostic Summary: The diagnostic formulation shall include a brief statement of the presenting problem; the signs and symptoms observed and reported by the consumer as well as their intensity and severity, clinical history, and reports from other sources; mental status; reasons why, if any, that a diagnosis is not met; and areas to monitor. The diagnostic summary shall support the Clinical Formulation and Disposition.
- 15. Disposition: The Clinical Formulation and Disposition shall include
 - a. Conclusions or impressions drawn from historical and ongoing information related to consumer's physical status, behavioral health needs, substance use history, and trauma status.
 - b. A description of the consumer's level of functioning that meets the Mental Health Code eligibility criteria for either an Intellectual/Developmental Disability, a Serious Mental Illness, or a Serious Emotional Disturbance.
 - c. Recommendation for the most suitable type and intensity of care needed to address the consumer's needs and recommendations for the services, supports,
 - d. Identification of the focus of treatment that is needed.
 - e. Recommendations for additional assessments, treatment goals, program assignment OR referrals to community resources if the consumer is not eligible for services.
- 16. All individuals 18 and older seeking supports and services for a severe mental illness will have LOCUS completed as part of the initial assessment process. Staff completing this initial assessment will ensure the LOCUS is completed within the electronic health record and the score is accurately reflected in BH-TEDS data

reporting. The level of care recommended by the LOCUS will be incorporated in any treatment recommendations, and any exceptions and/or overrides to the LOCUS recommendations will be documented in the record.

17. All individuals 18 years and older with a severe mental illness, receiving services on or after October 1, 2016, are to have a LOCUS completed as part of any re-assessment process during that and subsequent fiscal years. Staff completing this initial assessment will ensure the LOCUS is completed within the electronic health record and the score is accurately reflected in BH-TEDS data reporting. The level of care recommended by the LOCUS will be incorporated in any treatment recommendations, and any exceptions and/or overrides to the LOCUS recommendations will be documented in the record.

- 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 persons with intellectual and developmental disabilities shall include at a minimum the following:
1. Input from family members or legal representative and/or others who know the consumer 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
 - h. Trauma history
 - i. Substance use history
 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 used to determine if further assessment are required in the areas of physical development, health, and nutrition
- L. 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 consumer'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.
- M. Written assessments, reassessments, specialized assessments, and screening tools will be included in the consumer's clinical record.
- N. 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.
- O. Documentation shall be completed in accordance with CMHSP and Michigan Department of Health and Human Services (MDHHS).

VIII. EXHIBITS

None

IX. REFERENCES

MDHHS Medicaid Provider Manual (current version)
Michigan Mental Health Code
The Joint Commission Standards
CMHPSM Timeliness of Service Provision and Documentation Policy
CMHPSM Diagnosis and Clinical Formulation Policy (new 2016)
CMHPSM Person Centered Planning Policy
