

KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY 32.01

Subject: Intake and Clinical Assessment	Section: Intake and Assessment	
Applies To: <input checked="" type="checkbox"/> KCMHSAS Staff <input checked="" type="checkbox"/> KCMHSAS Contract Providers		Page: 1 of 6
Approved: <div style="text-align: center;">----- (Jeff Patton, Chief Executive Officer) </div>		
Revised: 01/18/2019	Supersedes: 01/17/2018	First Effective: N/A

PURPOSE

To assure that persons requesting services receive a comprehensive assessment to determine level of care, support/service eligibility and clinical needs in a person centered and timely manner.

DEFINITIONS

Applicant

An individual or his/her legal representative who makes a request for services through KCMHSAS network's access system.

Assessment

Information gathered during a face-to-face comprehensive "evaluation" with a professional regarding each domain of the individual's life – the biological/medical, legal, spiritual, psychological/psychiatric, educational and social/familial. The Initial Assessment documents eligibility and medical necessity (or lack thereof) for covered services.

Intake

The welcoming process by which an eligible person receives orientation, informational material, consent forms, no show/cancellation policy, releases of information, financial eligibility determination (ability to pay), and other material to familiarize him/her with mental health and/or intellectual developmental disability care systems.

Life Domains

Areas of major life activities such as learning, receptive and expressive language, self-care, mobility, capacity for independent living, etc.

Request

The first request is the initial telephone call or walk-in request for non-emergent services by the individual, parent of a minor child, legal guardian or referral source that results in the scheduling of a face-to-face assessment with a professional.

Strength Based

Treatment or supports delivered through a plan of service, which clearly identifies the strengths of the individual or family being served and intends to maximize strength areas.

Warm Transfer

Whether in person or while on the phone with the applicant, connecting the applicant to the desired referral; if on the phone, creating a three-way call and connecting the applicant to the desired agency/provider; in person, contacting the desired provider/agency so the applicant can speak directly to the provider/agency. Both are done in an effort to assure coordination and not send the applicant away to make the connection on his/her own.

POLICY

A welcoming environment shall be provided for all persons requesting mental health and/or intellectual/developmental disability services. The access management system shall be designed to help assure that services meet medical necessity criteria and are appropriate to the conditions, needs and desires of the individual. A variety of intake and assessment activities shall be made available including inquiries, screenings, clinical assessments, and referrals and warm transfers to services when an individual is found eligible or ineligible for KCMHSAS funded services.

STANDARDS**I. INQUIRY FOR SERVICE(S)**

- A. All intake process/assessment requests begin in person or by phone for initial eligibility screening through the access management system (KCMHSAS policy [30.02 \[Access Management System\]](#)).
- B. When the person requesting services is determined ineligible for funded services, efforts will be made to refer the individual to other relevant services and available community supports.
- C. Individuals eligible for non-emergent/urgent mental health services are scheduled for an assessment within 14 calendar/10 business days of the request.

1. Should a more personalized appointment time be needed, the individual/family/guardian shall be put in contact with the treating clinician to schedule the intake process/assessment.
2. Intake process/assessment appointments shall occur at an eligible location requested by, or convenient to, the individual/family/guardian, as long as safety is assured and can be maintained.

II. INTAKE PROCESS

- A. The Intake process shall occur upon request of new episodes of care.
- B. During the intake process, the following documents/steps will be completed to assure that individuals receive the information and/or documents in a language they can understand and will obtain written consent where necessary:
 1. Explanation of Rights
 2. Financial Determination of the Ability to Pay/Insurance Information
 3. Recipient Rights Booklet (MH)
 4. Local Advocacy/Support Information
 5. Customer Services Handbook
 6. Complete Demographic Information
 7. Consent to Treatment
 8. Medicaid information/applications if appropriate
 9. Intake staff will gather all pertinent health related information on the individual
 10. HIPAA Privacy Notice
 11. Coordination of Care with Primary Care Physician and any other providers
 12. No show/cancellation acknowledgement form
- C. Following completion of the above, the individual/family/guardian and others of the individual/family/guardian's choice, will meet with an appropriately licensed qualified clinician to complete the interview/assessment. The following are required documents to complete the assessment based upon the specific needs of the individual.
 1. MIA, I/DDA, SED, DDC standardized assessment formats approved by KCMHSAS according to identified protocols/procedures, which are person/family centered and strength based. Any assessment format other than the Streamline or KCMHSAS assessment must contain all required elements and must be completed by an appropriately licensed clinician.
 2. Population specific functional assessment tool: Adult MIA - LOCUS; Youth SED - CAFAS, PECFAS, DECA. Adult I/DD - the SIS is completed after an individual is enrolled into relevant services, and is not completed as part of the initial eligibility determination. Assessments must be completed by an appropriately trained assessor.
 3. Releases of Information
 4. Demographics/Diagnostic Impressions

5. Behavioral Health TEDS
 6. Action Notice appropriate to service denial
 7. Offer to assist with completing Advanced Directives and, when applicable, Psychiatric Advanced Directives
 8. Crisis/Safety Plans
- D. Should further diagnostic assessment be necessary to determine level or type of service needs, clinical staff will assure that referral is made and authorization obtained.
- E. Records of interest (i.e., past treatment, hospital records) will be requested by the clinical staff.
- F. Emergent/immediate needs will be attended to, including assessment of immediate risk of harm to self or others.
- G. Upon completion of the above, clinical staff will make recommendations which identify level of care needed, service/supports and treatment needs. Least restrictive setting/services will be identified. Recommendations will be shared with the individual/family/guardian and efforts will be made to assist with linkage to services if needed or desired. Request for authorization for services will be completed as appropriate.
- H. Completed assessments will be included with the request for ongoing services and an authorization disposition. Copies of assessments will be stored electronically, as applicable.

III. INITIAL ASSESSMENTS

- A. After determination of initial eligibility by the Access Management System (KCMHSAS policy [30.02 \[Access Management System\]](#)), a thorough assessment will be completed using KCMHSAS approved elements and/or forms referenced in B 3, including diagnostic formulation and consideration of life domains or biopsychosocial needs.
1. All Level 1 and 2 mental health assessments will be conducted by KCMHSAS Access Management System network including providers with the delegated/contractual function.
 2. All level 3 MH acute services assessments will be completed according to KCMHSAS policy unless otherwise approved.
- B. For purposes of Psychiatric Services Only, the Psychiatric Evaluation may serve as the clinical assessment and if utilized in that manner needs to be updated according to this policy.

- C. Additional specialty assessments are available for further diagnostic formulation, including and not limited to depression screening and assessment, trauma screening and substance use disorder screening and assessment.
- D. As applicable, records from previous support(s)/treatment(s) will be requested.
- E. Applicants will be given Action Notice of their Appeal/2nd Opinion rights when services are denied or partially denied.
- F. The completed assessment is person/family centered and strength based, and will result in recommendations regarding level of care, supports and treatment referrals.
- G. As service components are developed, opportunities for orientation to services will be provided both informally and formally, whenever possible, by other persons receiving services.
- H. For outpatient and community referrals, the intake clinician should make every attempt to do a warm transfer and coordinate an appointment before the individual leaves the intake appointment.
- I. Documentation will be complete and thorough, in accordance with KCMHSAS policies and procedures and MDHHS protocols/guidelines, and address need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation and coordination of health care issues.

IV. ASSESSMENT UPDATES

- A. For persons receiving mental health services, clinical assessments shall occur annually or according to the guiding practice of the tool or more frequently as medical necessity utilizing the previously identified standards following KCMHSAS policy and MDHHS protocols/guidelines (i.e., SIS is completed every three years).
- B. Applicable BH TEDS, demographic and quality improvement data must be updated at the time of the assessment update.

REFERENCES

- Michigan Mental Health Code (MHC)
- Michigan Department of Health and Human Services (MDHHS) Plan Requirements and Technical Information
- MDHHS/CMHSP Managed Specialty Supports and Services Contract

- Southwest Michigan Behavioral Health
 - [4.1 \(Access Management Program Description\)](#)

EXHIBITS

- A. [Orientation to Services](#)
- B. [LOCUS](#)
- C. Child and Adolescent Functional Assessment Scale (CAFAS)
<http://www.fasoutcomes.com/>
- D. Preschool and Early Childhood Assessment Scale (PECFAS)
<http://www.fasoutcomes.com/>
- E. Devereux Early Childhood Assessment for Infants and Toddlers (DECA – I/T)
<http://www.centerforresilientchildren.org/infants/assessments-resources/>
- F. [KCMHSAS Annual Assessments](#)
- G. [KCMHSAS Assessment Updates](#)
- H. Consent To Treatment ([English](#), [Spanish](#))
- I. [No Show and Cancellation Policy](#)