

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

Date Issued **09/24**

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<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 0055
<b>SECTION</b> Treatment	<b>SUBJECT</b> Comprehensive Assessment		
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I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Programs
- Residential Programs
- Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall ensure that all individuals receiving services from SCCCMH or from contract providers are provided with a comprehensive assessment of need.

III. DEFINITIONS:

A. Biopsychosocial Assessment: An assessment tool utilized to identify historical and presenting issues an individual requesting services is experiencing. The information obtained by completion of this tool will be utilized to determine the appropriate level of services an individual may require.

IV. STANDARDS:

A. All individuals who are eligible for services by SCCCMH or a contract agency will have a Biopsychosocial Assessment completed at the time of intake, and this will be updated minimally on an annual basis, or when specific service needs change.

V. PROCEDURES:

**Central Intake Unit (CIU)/Contract Agency**

1. Completes Biopsychosocial and applicable screening and measurement tools with an individual who needs to be present. Also opens the individual in the correct location and authorizes needed services.
2. Assigns case via OASIS calendar if there is availability for direct operated and contract cases, or contacts supervisor/designee for an available caseholder appointment when there is no availability. In both instances, CIU staff informs the recipient receiving service, or their guardian, of the scheduled appointment, both verbally and in a follow-up letter.
3. Authorizes initial bundle of services in order to link individual with necessary treatment.

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4. Enters follow-up appointment and caseholder's name into assessment. This completes CIU's work with this case.

#### **Primary Caseholder/Designee**

5. Meets with person requesting services/family members/guardian, as appropriate, to begin the PCP process. The Pre-Plan is only completed for Waiver cases.
6. Completes necessary screenings and measurement tools and ordering of any specialty assessments utilizing [form #0024 Certification Order for Personal Assessment](#), [form #1021 Review of OT/PT Services \(Medicare Only\)](#), or [form #1023 Prescription for OT/PT Professional Assessment](#) based on CIU's initial recommendations.
7. Assures that assessments completed by professional staff are updated on a periodic basis, minimally annually, or as individual needs change, by completing a new assessment using form #0024 Certification Order of Personal Assessment.

#### **Professional Staff**

8. Completes requested and approved assessment(s) by Primary Caseholder/designee, provides information to the Primary Caseholder, and presents this at the Plan of Service meeting.

#### **VI. REFERENCES:**

- A. MDHHS and PIHP contract
- B. Medicaid Manual
- C. CCBHC Demonstration
- D. [#0024 Certification Order for Personal Assessment](#)
- E. [#1021 Review of OT/PT Services \(Medicare Only\)](#)
- F. [#1023 Prescription for OT/PT Professional Assessment](#)

#### **VII. EXHIBITS:**

N/A

#### **VIII. REVISION HISTORY:**

Dates issued 12/00, 10/02, 12/02, 11/04, 01/07, 12/08, 12/10, 09/12, 09/13, 09/14, 03/16, 03/17, 03/18, 03/19, 11/20, 11/21, 11/22, 09/23.