SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC042

NAME: ASSESSMENT

INITIAL APPROVAL DATE:	04/11/1996	BY: Administrative Committee
STAKEHOLDER REVIEW:	09/06/2023	BY: Consumer Advisory Board
(LAST) REVISION DATE:	06/26/2023	BY: Administrative Committee
(LAST) REVIEW DATE:	03/20/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish standards for assessing the needs, dreams, goals, wishes and desires of people receiving Sanilac CMH services.

II. APPLICATION

Populations: **ALL**
Programs: **Direct - ALL**
Contracted - ALL

III. POLICY

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) that all individuals receiving services will take part in assessments by qualified staff in appropriate disciplines/areas relative to their individual wishes and desires, needs, strengths, and abilities. Assessment will occur at intake and as needed, but at least annually for individuals being served. The assessment(s) performed will be utilized for the development or adjustment of the individual's plan of service.

IV. DEFINITIONS

None

V. STANDARDS

A. Assessment will include at a minimum, a comprehensive biopsychosocial assessment according to standard Agency formats with diagnosis by current DSM criteria and shall accommodate cultural and linguistic needs.

B. Additional assessments will be performed on an as needed basis and may include Nursing/Health, Psychiatric/Mental Status, Psychological, Occupational Therapy, Physical Therapy, Communication/Speech, Dietary, LOCUS, CAFAS, PECFAS, Vocational, and any other assessments to help determine Level of Care (LOC).

C. In the event specialized services outside the expertise of Sanilac CMH are required for purposes of screening, assessment, or diagnosis (e.g., neurological testing, developmental testing and assessment, eating disorders, etc.), Sanilac CMH must provide or refer them through formal relationships with other providers or, where necessary and appropriate, through use of telehealth/telemedicine services.

D. All assessments will include the following: identifying information, relevant diagnosis, strengths/natural supports, needs/desires, concerns/risks, natural support and recommendations for treatment, supports or services leading to the highest level of independence and community integration.

E. All assessments will be completed using a person-centered and/or family-centered planning approach as appropriate. All assessments will include and reference input from the individual served. All assessments will address the individual's needs, age and life span relevance, hopes, dreams and preferences and will incorporate these into treatment planning.

F. Assessment will be authorized by an Agency-approved physician, clinical supervisor and/or clinical coordinator via their signature on the hardcopy original, or an electronic signature in approved format. Primary case holder will have access to consult with a Clinical Supervisor and/or clinical coordinator when LOC and authorization of services are in question. Any denial of services or request for services will be approved by a clinical supervisor.

VII. PROCEDURE FOR UNIFORM ELIGIBILITY DIAGNOSIS TO LEVEL OF CARE

A. Appropriate credentialed staff will assess and diagnose the individuals served, indicating the basis or rationale via an assessment or other appropriate document.

B. Initial tentative diagnosis is entered into OASIS by Region 10 ACCESS upon receiving request for services.

C. Any diagnosis "unspecified" or "deferred" must be followed up and clarified. If this diagnosis is the qualifying diagnosis, an attempt should be made to complete this as soon as possible, but within 90 days. In other situations, the diagnosis should be reviewed and updated annually. All "rule out" diagnoses should be confirmed active or non-active within 6 months.

D. At least annually, the primary staff (therapist, care manager, etc.) will review and update the current diagnoses for appropriateness as part of the bio-psychosocial assessment process, ensure that diagnoses are changed and supported as needed. Staff are also to update diagnosis as necessary at IPOS and Periodic Reviews.

E. For psychiatric diagnoses, those attributable to the Sanilac CMH Psychiatrist will supersede diagnoses by other clinical staff, and the most recent diagnoses will take precedence.

F. Primary staff will ensure that there is documentation present in the EHR for all diagnoses that establish the person's eligibility for services and/or that are completed by staff or contract providers of Sanilac CMH.

G. Diagnoses reported from other sources will have the source identified as part of the documentation.

H. Primary staff will identify the primary diagnoses, i.e., that which is the main focus of treatment.

I. Primary staff will ensure that each diagnosis has the appropriate DSM or ICD code number attached in all documentation.

J. Primary staff will identify any diagnosis changes or additions for individuals with substantiating documentation.

VIII. ATTACHMENTS

None

IX. REFERENCES

Policy BC142 – Clinical Practice Guidelines
Policy BC149 – Clinical Documentation Guidelines