

# ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE PROCEDURE

Date Issued 09/23

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

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Programs
- ☐ Residential Programs
- ☐ Specialized Foster Care

### II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure that all individuals receiving services from SCCCMHA or 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 SCCCMHA or 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. Central Intake Staff assigns case via OASIS calendar availability for direct operated and contract cases or contacts supervisor/designee for available case holder appointment if no availability in OASIS calendar. In both instances CIU staff informs recipient of service or guardian of appointment, both verbally and in 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 case holder's name into assessment. This completes CIU's work with this case.

#### **Primary Case Holder/Designee**

5. Meets with individual to begin the PCP process with person requesting services/family members/guardian, as appropriate. The Pre Plan is only completed for Waiver cases.
6. Completes necessary screenings and measurement tools and ordering of any specialty assessments utilizing Certification Order of Personal Assessment Form #0024, Review of OT/PT Services Form #1021 (Medicare Only), or Prescription for OT/PT Professional Assessment Form #1023 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 Certification Order of Personal Assessment Form\* #0024

#### **Professional Staff**

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

**Notes: Certification Order Assessment Forms are located in the Form Index and are in the OASIS System.**

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

- A. MDHHS and PIHP contract
- B. Medicaid Manual
- C. CCBHC Demonstration

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

None Available

#### **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.