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North Sound Behavioral Health Organization

Section 1500 – Clinical: Initial Assessments for Ongoing Services

Authorizing Source: DBHR Contracts, WAC 388-877-0610, 388-877A, and 388-877B

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed.

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 7/18/2017

POLICY #1504.00

SUBJECT: INITIAL ASSESSMENTS FOR ONGOING SERVICES

PURPOSE

To ensure individuals who are financially eligible for North Sound Behavioral Health Organization (North Sound BHO) services are provided with an in-person initial assessment (also referred to as an intake evaluation) by a professional appropriately credentialed or qualified as determined by Washington State to determine clinical eligibility.

POLICY

All individuals receiving outpatient or residential behavioral health services at a Behavioral Health Agency (BHA) must have an initial assessment except as allowed by the Department of Social and Health Services (DSHS) Service Encounter Reporting Instructions or contract.

Any individual with Washington Apple Health (Medicaid) behavioral health coverage or who meets state-funding criteria (see North Sound BHO Policy #1574 State and Substance Abuse Block Grant Funding Plan and North Sound BHO Policy #1503 Access to Outpatient Behavioral Health Services) shall be offered an initial assessment with a BHA within 10 working days (not to exceed 14 calendar days) of the request for service, unless the following conditions are met:

1. An intake assessment has been provided in the previous 12 months that establishes medical necessity; **and**
2. The BHA agrees to use the previous initial assessment as the basis for authorization decisions and use an assessment update to provide current information.

Or,

1. The individual has been receiving services paid via fee-for-service Medicaid from the BHA, has an open BHO authorization, and has opted back in to BHO coverage; **and**
2. The BHA completes an assessment update to provide current information.

When an individual re-enters services without completing a new intake assessment, they must be offered a first ongoing appointment within the standard timeline of 28 days (as outlined in BHO/BHA contract).

For cases in which a BHA indicates, or North Sound BHO, or Volunteers of America Access Line determine that following the standard timeframe could seriously jeopardize an individual's life or health or ability to attain, maintain, or regain maximum functioning, an expedited initial assessment appointment shall be offered within three (3) working days of the request for service. An example of such an instance may be, but is not limited to, an individual discharging from a hospital or jail. Individuals may obtain an expedited initial assessment through the Access Line or directly through a BHA.

The purpose of an initial assessment is to gather information to determine if a behavioral health disorder exists which is a covered diagnosis per Washington State's Access to Care Standards. If medically necessary, State Plan Services can address the individual's needs and the appropriate level of care, if services are to be provided.

PROCEDURE

When scheduling an initial assessment, the BHA:

1. Encourages the individual to bring a friend or family member to the initial assessment, when clinically appropriate and desired by the individual.
2. Will inquire about any special accommodations that might be needed at the time of the initial assessment.
3. Recommends the individual bring all available and relevant medical and/or legal documents to the initial assessment.

All initial assessments must:

1. Be conducted in person
2. Completed by a professional appropriately credentialed or qualified to provide substance use disorder or mental health, as determined by state law
3. Be culturally and age relevant.
4. Document sufficient information to demonstrate medical necessity as defined by the Access to Care Standards, and must include:
 - a. Identifying information
 - b. Presenting issues(s) as described by the individual, including a review of any documentation of a behavioral health disorder provided by the individual.
 - c. Be inclusive of people who provide active support to the individual, if the individual so requests, or if the individual is under 13 years of age.
 - d. A medical provider's name or medical providers' names if available
 - e. Any medical concerns presented by the individual
 - f. Current physical health status, including any current medications the individual is prescribed and/or currently taking.
 - g. A brief substance use history, including tobacco
 - h. A brief mental health history
 - i. A brief problem and pathological gambling history

- j. Sufficient clinical information to justify the diagnosis, including a provisional diagnosis, using the Diagnostic and Statistical Manual of Mental Disorders; Fifth Edition (DSM 5) criteria. Examples of sufficient information may include:
 - i. Historical factors and longitudinal course of the individual's disorder;
 - ii. Differential diagnosis rationale;
 - iii. Brief description of psychosocial stressors;
 - iv. Family History of behavioral health disorders.
- k. An identification of risk of harm to self and others, including, but not limited to, suicide and homicide.
- l. A referral for provision of emergency/crisis services, consistent with WAC 388-877-0610, must be made if indicated in the risk assessment
- m. Information that the individual is or is not court-ordered to treatment, on local probation, or under the supervision of the Department of Corrections
- n. Treatment recommendations or recommendations for referral to other programs/services.
- o. Meet additional requirements for SUD assessment per WAC 388-877B or;
- p. Meet additional requirements for mental health assessment per WAC 388-877A,
- q. If seeking information presents a barrier to service, the item may be left blank, and the reason documented.

Upon completion of the initial assessment, the BHA shall make a recommendation regarding the individual's eligibility, per Washington State's Access to Care Standards, for ongoing services and either request authorization or denial (see North Sound BHO Policy 1505 – Authorization for Ongoing Outpatient Services).

If individual requests an initial assessment for services and during or at the completion, the individual indicates they no longer wish to receive services, the BHA shall have the individual sign a document that indicates:

1. Withdrawal of his/ her request for service.
2. Information how to contact the Crisis Line
3. Information on the complaint and grievance process at the BHA and NS BHO level and how to access Ombuds services.

A copy of this document shall be given to the individual and the original retained in the individual's clinical record. Should the individual refuse to sign the document, they shall be given the information verbally and documentation of the verbal withdrawal of request for service and provision of the contact information shall be included in the clinical record.

ATTACHMENTS

None