Title: Intake Assessment Procedure

Prepared By: Clinical Director

Purpose:

To define the practices for intake assessment, diagnosis, and referrals for new consumers.

Scope:

This procedure applies to all employees (including full-time and part-time employees), contract clinical providers, and/or interns of Huron Behavioral Health (HBH) and all consumers served.

Information:

1. Huron Behavioral Health is obligated by contract with the Mid-State Health Network (MSHN) who serves as the Pre-paid Inpatient Health Plan (PIHP) to complete non-emergent intake assessments on new consumers within fourteen (14) calendar days of the first request for service. (For emergent situations, see "Emergency Services Policy" ER.1.01 and "Emergency Services Intervention Procedure" ER.2.02.). This performance indicator requirement is tracked by HBH and submitted quarterly to the Pre-paid Inpatient Health Plan (PIHP) for submission to the Michigan Department of Health and Human Services (MDHHS). HBH makes every effort to comply with this requirement (see also **"**Michigan Mission Based Performance Improvement System (MMBPIS) Reporting Procedure" QI.2.38).

2. In accordance with the Children's Diagnostic and Treatment Services (CDTS) Interpretive Guidelines, the intake assessment process accommodates minors and takes into account the family's strengths and needs for services in relationship to the child.

Children's diagnostic and treatment services

3. The intake assessment shall be individualized, integrated, strength-based, family-driven, youth-guided, and culturally sensitive to the consumer/family and ensure equitable treatment and the timely initiation of services. Assessments are conducted in a culturally sensitive, non-threatening manner to determine ways that increase participation in services and support the achievement of agreed-upon goals. The assessment also identifies any issues of special relevance to various groups, such as women, older adults, young children, or adolescents, as appropriate. Only the information needed to determine the medical necessity of the treatment/services is sought during the assessment process. In all cases, the assessment worker will show respect and dignity towards the individual served and will honor the recipient's rights and Health Insurance Portability and Accountability Act (HIPAA) privacy, security, and confidentiality requirements. (See also "Confidentiality and Disclosure of Information Procedure" RR.2.07 and "Employee Code of Conduct "ORI.1.18").

4. Intake assessments are conducted in a welcoming non-judgmental manner by staff that are qualified by education, training, skill, and experience and are able to recognize individuals and families with special needs.

5. HBH attempts to be as flexible as possible when scheduling assessments and has the philosophy of same-day access for individuals who are seeking services and strives to arrange the intake appointment on the same day requested or within the next several business days dependent upon the individual's availability. The clinical assessment gathers information to determine level of care, appropriate services, and assesses for mental health disorders, substance use disorders, and co-occurring disorders. HBH strives to conduct these prompt, responsive intake practices:

   - ensuring equitable treatment;
   - giving priority to urgent needs and emergency situations;
   - facilitating the identification of individuals and families with co-occurring conditions and multiple needs;
   - enabling access to a comprehensive assessment process;

- supporting the timely initiation of services.

Procedure:

1. Upon request for services, new consumers are referred to the contracted access center for to complete a telephone screening to determine eligibility for services. Upon approval from the screening process, the consumer is referred back to HBH for an initial assessment to determine the level of care needs and ongoing services.
2. Prior to any therapeutic interventions, HBH:
   - explains any benefits, risks, side effects, and alternatives to the consumer or his/her parent/legal guardian
   - obtains written, informed consent from the consumer or his/her parent/legal guardian
3. When a new consumer arrives at HBH, Admissions/Intake staff follow the guidelines established in the "Customer Services – New Consumer Procedure (ISP.2.05) including determining the financial ability to pay with the "Sliding Fee Discount Application Form" (90-759) and provides a "Health Screening Form" (100-009) to the individual to complete.
4. The Intake Assessment Specialist then meets with individual and reviews the MIDAS (Mental Illness Drug and Alcohol Screening). For children, youth, and emerging adults, the clinician conducts a MichiCANS (Michigan Child and Adolescent Needs and Strengths) Comprehensive assessment, which rates the individual's strengths and prioritizes needs.
5. The Intake Assessment Specialist also completes a Level Of Care Utilization System (LOCUS) for all adult consumers with a primary mental illness (MI) diagnosis (see also "Level Of Care Utilization System (LOCUS) Procedure" SD.2.16) in the Electronic Medical Record (EMR) system to determine the appropriate treatment/services to be provided. The state-required data reporting requirements for DD Proxy measures and Health Conditions are also collected at this point for consumers diagnosed with an Intellectual/Developmental Disability (I/DD) and the information is entered in the EMR system.
6. Individuals are also assessed for risk of suicide, self-injury, neglect, exploitation, and violence towards others.
7. The Intake Assessment Specialist conducts a thorough evaluation of the consumer's mental health status using the Clinical Assessment Form in the EMR system, as well as any other relevant information gathered from screening tools and the consumer's input during the clinical assessment. (Note – to the degree possible, the consumer is to be the primary source of information about the need for service.) The clinician will determine any particular language, cultural, religious, racial, ethnic needs and/or Limited English Proficiency (LEP) needs, and other individual considerations at the time of the intake assessment and if language assistance is needed, the clinician will obtain the necessary assistance in order to complete the assessment (see Limited English Proficiency (LEP) Accommodation Policy RR.1.02 and Limited English Proficiency (LEP) Procedure RR.2.46).
8. The clinician utilizes several standardized tools, including a seventeen (17) question MIDAS (Mental Illness Drug and Alcohol Screening) form (90-408) which the consumer completes. The clinician will score the MIDAS responses and determines if a co-occurring mental health/substance use disorder is present.

   NOTE: The MIDAS Tool is to be given to consumers thirteen (13) years of age and older. If the consumer is under thirteen (13) years of age, the MIDAS will be used at the discretion of the Intake Assessment Specialist when deemed appropriate. The parent/guardian should complete this on younger children when appropriate.
9. The Intake Assessment Specialist will gather information relating to:
   - concerns identified in the initial screening
   - referral and background information
   - education and employment Information
   - developmental history
   - individual and family strengths, risks, protective factors
   - financial, housing, and transportation information

- legal information
- safety concerns
- meaningful activities, social relationships, and personal activities information
- natural supports and other helping networks
- health information
- trauma history and recent incidents of trauma
- mental status exam
- substance use disorders/co-occurring disorders
- diagnosis
- functional needs assessment
- DD Proxy Measures (for Intellectual/Developmental Disability consumers only)
- BH-TEDS (Behavioral Health – Treatment Episode Data Set)
- justification for mental health services (medical necessity)
- consumer expectations/goals
- consumer's willingness to be engaged in treatment
- medical needs, including medical detoxification, medication monitoring/management, other physical health services, exams, laboratory testing, and/or other diagnostic procedures

10. The information obtained in the initial/intake assessment shall be used to determine any unmet needs and service and program needs that are appropriate for the individual and which services are available and referrals are made to programs as appropriate (see also "Program Transfer and Referral Policy" (SD.1.08). Identified unmet needs are addressed directly or through referrals and can include such things as:
    - medication management and/or monitoring
    - physical examinations or other healthcare services
    - detoxification
    - laboratory testing and/or toxicology screens
    - other diagnostic procedures, as needed

11. Findings of the initial/intake assessment are interpreted by the clinician and shared with the consumer (and parents or guardian). The initial clinical assessment forms the basis for the consumer's Individual Plan of Service (IPOS). (See also "Person-Centered Planning Policy" QI.1.05 and "Person-Centered Planning Process and Individual Plan of Service (IPOS) Procedure" QI.2.18).

Definitions/Acronyms:

BH-TEDS – Behavioral Health – Treatment Episode Data Set
CDTS - Children's Diagnostic and Treatment Services
COA – Council on Accreditation
DD – Developmental Disability
EMR – Electronic Medical Record
HBH – Huron Behavioral Health
I/DD – Intellectual/Developmental Disability
IPOS – Individual Plan of Service
LEP – Limited English Proficiency
LOCUS – Level of Care Utilization System
MDHHS – Michigan Department of Health and Human Services
MI – Mental Illness
MichiCANS – Michigan Child and Adolescent Needs and Strengths
MIDAS – Mental Illness Drug and Alcohol Screening
MMBPIS – Michigan Mission Based Performance Improvement System
PIHP – Pre-paid Inpatient Health Plan

Forms:

90-408 MIDAS (Mentally Ill Drug and Alcohol Screening) Tool (used with written permission of Ken Minkoff, MD on

06/19/07)
90-759 Sliding Fee Discount Program Application Form
Clinical Assessment Form (in EMR)
MichiCANS Comprehensive Assessment Tool (in EMR)
LOCUS form (in EMR)
DD Proxy Form (in EMR)
100-009 Health Screening Form

Records:

Completed intake assessments are retained permanently in the consumer's case record in accordance with the HBH Record Retention and Storage of Consumer Records Policy (QI.1.23).

Reference(s) and/or Legal Authority

COA standards
Children's Diagnostic and Treatment Services Certification Interpretive Guidelines (Administrative Rules 330.2105) @ http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33002005&Dpt=&RngHigh=33923405
ER.1.01 Emergency Services Policy
ER.2.02 Emergency Services Intervention Procedure
ISP.2.05 Customer Services – New Consumer Procedure
RR.1.02 Limited English Proficiency (LEP) Accommodations Policy
RR.2.46 Limited English Proficiency (LEP) Procedure
ORI.1.18 Employee Code of Conduct Policy
QI.1.05 Person-Centered Planning Policy
QI.1.23 Record Retention and Storage of Consumer Records Policy
QI.2.18 Person-Centered Planning Process and Individual Plan of Service (IPOS) Procedure
QI.2.38 Michigan Mission Based Performance Improvement System (MMBPIS) Reporting Procedure
RR.2.07 Confidentiality and Disclosure of Information Procedure
SD.1.08 Program Transfer and Referral Policy

Change History:

Change Letter	Date of Change(s)	Changes
None		Old procedure brought into new Controlled Documentation format with minimal content changes.
A	11/21/05	Added references, added second bullet in "Information" section, added #7 in "Procedure" section to further comply to the Childrens Diagnostic and Treatment Services Certification Guidelines,
B	03/10/06	In #2 & #3 added "or Basis-24 Assessment", added second sentence in #4 to more fully comply with the MCO Review Template and MDCH template D.9.3, added reference to RR.1.02 and RR.2.46 two places, added hyperlinks, changed titles in "Prepared By" (header)
C	06/25/07	Revised for regional intake assessment form. Added 90-1002 to Forms section, Deleted all bullets in #6 and replaced with headings from new regional form, made minor wording changes for clarification, removed TOP form from Forms section, added #5 in "Procedure" section for MIDAS Tool.
D	08/23/07	Added "NOTE" in item #5 of "Procedure" section to clarify ages for MIDAS tool
E	09/11/07	Added "EMR" to "Acronym" section and "Records" section.
F	06/17/08	Changed "TOP" Assessment to "OQ-45.2" Assessment, changed Health Screen Form number from 90-007 to 100-009 to comply with regional form directive, added hyperlinks,
G	01/28/09	Reviewed and revised to comply with COA 8th Edition Standards and present practices – removed COA chapter-specific reference (S1 & S2), added "and cultural" & "and other relevant…." & "or other cultural considerations" to #4, added 1st bullet in #6, added "shall be pertinent…" to #7, added last bullet in "Information" section, added last bullet #6
H	03/28/13	Reviewed and revised to comply with 8th edition COA standards - added the last 2 sentences in the 3rd bullet in "Information" section, added third from bottom bullet in #6, in #7 reworded first sentence, removed last 2 sentences in 1st bullet "Information" section relative to state reporting as it was not pertinent to this procedure, in "Procedure" section #2 removed last two sentences regarding OQ-045, Basis-24, and Substance Abuse consumers), made numerous other small content changes.
I	03/18/15	Removed references to "AAM" and "Access Alliance of Michigan" throughout document (5 places) and replaced with "PIHP" where appropriate, in "Acronym" section added "PIHP", "MIDAS", & "LEP" and removed "AAM" & "TOP", in "References" section removed "ISP.2.06 TOP Procedure", in "Forms" section removed references to form numbers and regional forms, in #6 combined health and safety bullets and removed "case assignment information", made numerous wording/grammatical changes/corrections without changing sentence content.
J	11/15/16	In "Information" section 3rd bullet added 3r4d sentence, added 5th bullet, in "Procedure" section added #2, #6, & #6, in #9 added 4th, 5th, 10th, 12th, & 14th bullets, in #10 added last sentence and 5 bullets, in "Acronyms section removed "MDCH" and added "MDHHS" & "LOCUS", in #8 changed "fourteen (14) years of age" to "thirteen (13) years of age" (2 places), changed "worker" to "Intake Assessment Specialist" (6 places), made several additional wording/grammatical changes/corrections without changing sentence content.

K	11/07/17	In "Procedure" section #5 added last sentence, in #9 added 2 bullets (DD Proxy & BH-TEDS), in "Acronyms" section added "BH-TEDS" & "DD", in "Forms" section added "DD Proxy Form (in EMR)".
L	05/16/19	In "Information" section 1st bullet changed "Michigan Department of Health and Human Services (MDHHS)" to "Mid-State Health Network (MSHN), in "Procedure" section #1 added "Upon request for services" and "to complete a telephone screening to determine eligibility" and "an initial assessment to determine level of care needs and ongoing", #4 added "or PECFAS", #5 added "for all adult consumers….diagnosis" and "for all developmentally….consumers" in "Acronyms" section added "IPOS", "MI", & PECFAS", in "References" section added QI.1.05 & QI.2.18, corrected hyperlinks.
M	02/13/21	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
N	06/26/21	In "Procedure" section #7 added "(NOTE….)" to define current process in accordance with COA PA-IDDS 3.02.
O	06/14/23	In "Information" section 1st bullet added QI.2.38, in "Procedure" section #3 changed form number from 90-090 to 90-759, in "Forms" section added 90-759, in "References" section added QI.2.38, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
P	09/24/24	In "Procedure" section #4 removed "CAFAS or PECFAS" and added "MichiCANS", in "Acronyms" section removed "CAFAS" & "PECFAS" and added "MichiCANS", in "Forms" section added "MichiCANS".
Q	07/10/26	In "Scope" section changed "contract providers" to "contract clinical providers", in "Information" section #1 added "who serves as the Pre-paid Inpatient Health Plan (PIHP), in "Acronyms" section added "I/DD" & "MMBPIS", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.