CORNERSTONE BEHAVIORAL HEALTHCARE

QM.7 ELIGIBILITY SCREENING WITHIN 30 DAYS OF APPLICATION

A prospective client will be assessed within 30 days of receipt of application. If the client is eligible for services and services are available, services will commence as soon as possible.

A comprehensive assessment will minimally address the following:

The client strengths and weakness; the client's perception of his or her needs; the family/guardian's input and perception of the client's needs when appropriate, and with the client's consent; a personal, family, and social history; the client's emotional, psychiatric, and psychological strengths and needs; a physical health status and history, including current prescription and over-the-counter medication use; past and current drug/alcohol use; a developmental history; possible sources of assistance and support in meeting the needs expressed by the client or legally responsible party, including state and federal entitlement programs; physical and environmental barriers that may impede the client and family's ability to obtain services; history of physical and/or sexual abuse; the vocational, educational, social, living, leisure/recreation and medical domains; potential need for crisis intervention services; housing and financial needs; and the status of the Individual Support Plan (ISP).

Clinicians will document eligibility screening by their signature on the appropriate Cornerstone Initial Assessment form developed for this purpose.

The client's record will contain a summary evaluation of the data collected in the comprehensive assessment.

If the prospective client is not eligible for service provided by this Agency, he/she will be referred to an appropriate agency.

If the prospective client is eligible for services provided by this Agency, but services are not available, the client will be put on a waiting list and will receive services as soon as possible.

Summaries will be performed formally at least annually and informally on a continual basis. Updates may need to be performed if there is deterioration in the client's functioning or a crisis situation warrants a new assessment.

ADDITIONAL ASSESSMENT CRITERIA

In addition to the comprehensive assessment that is done by a licensed employee, the assessor might feel that additional assessments are necessary.

The agency employee doing the assessment will exercise their professional judgment to determine if a client should be referred for additional assessment. Some key indicators would be:

- Weight loss/gain; concerns about eating habits, etc Nutritional Assessment
- Questioning the mental functioning of a client and his/her ability to process information, etc.
 Cognitive Functioning Assessment -- A cognitive functioning assessment should include assessment of the following functions: problem solving, decision making, organization, self-direction, system negotiation skills, concentration, and abstract reasoning. For individuals over 60 years of age, this assessment should also include memory, language, orientation, and visio-spatial abilities.
- Seizures, chronic headaches, tremors, etc. -- Neurological Assessment
- An assessment of the client's capacity.

In instances in which the client receives community support services and/or has an Individualized Support Plan, Cornerstone will, subject to the client or legally responsible party's consent, attempt to coordinate the assessment and subsequent service planning with the community support provider. Services provided to these clients will be consistent with the targets and objectives of the Individualized Support Plan. Services provided to these clients will be delivered pursuant to a service agreement negotiated with the community support worker.

All recommendations for assessments will be included in the Client's Individualized Service Plan. All assessment reports will be kept confidential in the client's clinical record.

The costs for all assessments shall be borne by the client or the client's legally responsible party, unless otherwise authorized by the Executive Director or his or her designee.

Executive Director/Date /2-23-10

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