# CORNERSTONE BEHAVIORAL HEALTHCARE

QM.7 PRELIMINARY SCREENING AT CORNERSTONE

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REFERRAL PROCESSES

#### PRELIMINARY SCREENING AT CORNERSTONE

Cornerstone Behavioral Healthcare will receive and review all referrals. The person taking the call will complete the Referral Form. During the process of completing the Referral Form, the Cornerstone staff person will assess the referral for appropriateness to a Cornerstone program and the level of need. Included in the discussion will be the agency fee structure, the client's ability to pay (including any third party payers requiring prior approval before delivering services), the waiting list, the nature of the problem, and the outcome desired by the referred. Clients determined to be in crisis will be referred to a local emergency room immediately, for those calls whose needs appear to be a priority (to be determined by the executive director or designee) will be seen as soon as possible (usually within 24 hours) by a qualified provider and may, if necessary, be transferred at a later date to a permanent provider. Once the decision is made that the referral is appropriate, the Cornerstone staff person will document the date and time the referral was received and forward it to be scheduled for an initial assessment and insurance verification. Within 24 hours of the initial assessment, the client will be registered with APS.

Clients who present treatment issues exceeding the expertise of Cornerstone or its clinical staff will be referred to other agencies or professionals who may provide them the assistance they seek. Cornerstone will offer those clients assistance to secure appropriate services. Cornerstone will seek consultation, if necessary, with the DHHS to locate appropriate services.

All documentation received on denied referrals will be retained in confidential files for a minimum of five (5) years. All clients' referral documentation will be kept in confidential care in the client's clinical record.

The waiting list for all Cornerstone programs will be reviewed, at minimum, on a weekly basis.

Cornerstone will keep statistical data on the intake process that include the length of time from referral to intake and final disposition. The program manager will review all referrals for assignment to program, provider or other service.

## **EVALUATING THE APPROPRIATENESS OF INTAKE**

A prospective client will be assessed within 30 days of being scheduled with a provider. 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 Individualized Service Plan (ISP) and/or the Individual Treatment Plan (ITP).

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 clinician or supervised intern, 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 ISP, 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 ISP. 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.

# ADMISSION/INTAKE EVALUATES ELIGIBILITY WITHIN 30 DAYS OF APPLICATION

The Agency is providing the following services:

- Out-Patient Therapy
- Substance Abuse
- Medication Management
- Psychological Testing
- Adult Case Management
- Child Case Management
- Behavioral Health Home

This agency will provide the services listed above to clients who are requesting therapeutic modalities and/or have been referred to the agency.

In order to meet the criteria for behavioral services, the client will have either a mental, behavioral, or emotional disorder that results in functional impairment which interferes with or limits the individual's ability to function effectively in the community.

Medication management will be provided by a medication management clinician practicing within the scope of their State of Maine License(s). An Initial Assessment shall be done, and then the medication provider shall determine whether the client will benefit from psychotropic medications. If it is determined that the client would not benefit from psychotropic medications, the client might be referred to other providers, i.e., therapists.

#### ACCEPTING REFERRALS FROM AGENCIES

All referrals, regardless of source, will be subject to the same screening process to determine whether they meet the criteria for services. If no services are available at the time of referral, the client will be put on a waiting list and will be contacted as soon as services are available. The

clients on the waiting list will receive services on a first-come-first-served basis. If there is an emergency referral from another agency, the Executive Director will make the final decision regarding whether the client will receive priority.

Clients receiving services from another agency that are referred to Cornerstone or from one Cornerstone program to another Cornerstone program will be assessed for a smooth transition. Any complaint from clients, their parents and/or guardian, other agencies or providers and Cornerstone staff regarding a transition to a Cornerstone program will be reported to the Executive Director. All substantiated complaints regarding transition from one service to another will be assessed for the seriousness of the violation and action taken to achieve compliance.

## REFERRAL FOR INELIGIBLE CLIENTS

If an applicant for services is not eligible for services that this Agency provides, the Agency will refer the client to other services that are available and for which they might be eligible.

Daving M. Kuble Vepe 1-8-15
Executive Director/Date

Reviewed and revised: 12/13/10; 12/31/14