

Effective Date: 2/13/2007  
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## North Sound Mental Health Administration

### Section 1500 – Clinical: Intake Evaluations for Ongoing Services

Authorizing Source: Per Contract

Cancels:

See Also:

Provider must have policy “consistent with” NSMHA Policy

Responsible Staff: Quality Manager

Approved by: Executive Director

Date: 7/29/2010

Signature:

## **POLICY #1504.00**

### **SUBJECT: INTAKE EVALUATIONS FOR ONGOING SERVICES**

#### **PURPOSE**

To assure that persons who are financially eligible for North Sound Mental Health Administration (NSMHA) services are provided with a face-to-face intake evaluation by a Mental Health Professional (MHP) to determine clinical eligibility.

#### **POLICY**

All individuals receiving outpatient mental health services at a Community Mental Health Agency (CMHA), except as allowed by the Department of Social and Health Services’ Service Encounter Reporting Instructions or contract, must have an intake evaluation. Any individual with Medicaid mental health coverage or who meets state-funding criteria (see NSMHA Policy #1574 State Only Funding Plan) shall be offered an intake evaluation appointment with a CMHA Mental Health Professional (MHP) within ten (10) working days (not to exceed 14 calendar days) of the request for service.

For cases in which a provider indicates, or NSMHA or its designee determines that following the standard timeframe could seriously jeopardize the individual’s life or health or ability to attain, maintain, or regain maximum function, an expedited intake evaluation 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 may obtain an expedited intake evaluation appointment through the Access Line.

The purpose of an intake evaluation is to gather information to determine if a mental illness exists which is a covered diagnosis per Washington State’s Access to Care Standards, if there are medically necessary State Plan Services to address the individual’s needs, and the appropriate level of care.

#### **PROCEDURE**

When scheduling, the CMHA:

1. Encourages the individual to bring a friend or family member to the intake evaluation appointment, if desired,
2. Inquires about any special accommodations that might be needed at the time of the intake evaluation appointment.
3. Recommends the individual bring all available and relevant medical records to the appointment.

The intake evaluation must:

1. Be culturally and age relevant.
2. Document sufficient information to demonstrate medical necessity as defined by the State Plan, and must include:

- a. Presenting problem(s) as described by the individual, including a review of any documentation of a mental health condition provided by the individual. It must 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.
- b. Current physical health status, including any medications the individual is taking.
- c. Current substance use and abuse and treatment status (GAIN-SS).
- d. Sufficient clinical information to justify the diagnosis, including a provisional diagnosis, using Diagnostic and Statistical Manual (DSM-IV-TR or its successor) criteria. Examples of sufficient information may include:
  - i. The full DSM 5-axial diagnosis
  - ii. Historical factors and longitudinal course of the individual's disorder
  - iii. Differential diagnosis rationale
  - iv. Brief description of psychosocial stressors noted on Axis IV
  - v. Brief narrative rationale of Axis V
- e. An identification of risk of harm to self and others, including, but not limited to, suicide/homicide.
  - i. A referral for provision of emergency/crisis services, consistent with WAC 388-865-0452, must be made if indicated in the risk assessment.
- f. Whether the individual is under the supervision of the Department of Corrections (DOC).
- g. A recommendation of a course of treatment.

Upon completion of the intake evaluation, the MHP conducting the intake evaluation shall make a recommendation regarding the individual's eligibility, per Access to Care Standards, for ongoing services and either request authorization or denial (see NSMHA Policy 1505 – Authorization for Ongoing Outpatient Services for authorization and denial processes and timelines).

If an individual requests an intake evaluation for services and during or at the completion of the intake evaluation the individual indicates they no longer wish to receive services, the CMHA clinician shall have the individual sign a document that indicates:

1. Withdrawal of his or her request for service.
2. Information on contacting the Access Line if he or she wishes to request services again at a later date.
3. Information on contacting the Crisis Line
4. Information on the complaint and grievance process at the CMHA and NSMHA level and how to access Ombuds services.

A copy of this document should be given to the individual and the original retained in the individual's clinical record.

## **ATTACHMENTS**

None