



TennCare

VO- PMHP 101: Evaluation and Assessment Services

I. Introduction: ValueOptions supports a model for evaluation and assessment services that is strength-based, family friendly, culturally sensitive and clinically sound and supervised. The model is based on three (3) equally important components:

- Input from the person and family/significant others regarding their special needs, strengths and preferences;
- Input from other individuals who have integral relationships with the person; and
- Clinical expertise.

The model incorporates the concept of a “team”, established for each person receiving behavioral health services. At a minimum, the team consists of the person, family members in the case of children, and a qualified behavioral health clinician. As applicable, the team would also include representatives from other state agencies, clergy, other relevant practitioners involved with the person and any other individuals requested by the person. In addition, the model is based on a set of clinical, operative and administrative functions, which can be performed by any member of the team, as appropriate. At a minimum, these include:

- Ongoing engagement of the person, family and others who are significant in meeting the behavioral health needs of the person, including active participation in the decision-making process;
- An initial assessment performed to elicit strengths, needs and goals of the individual person and his/her family and to identify the need for further evaluations that support the development of a service plan that meets the person’s needs and results in improved health outcomes;
- Continuous evaluation of the effectiveness of treatment through the ongoing assessment of the person and input from the person and his/her team resulting in modification to the service plan, if necessary;
- Provision of all covered services as identified on the service plan that are clinically sound, including referral to community resources as appropriate;
- Ongoing collaboration, including the communication of appropriate clinical information, with other individuals and/or entities with whom delivery and coordination of covered services is important to achieving positive outcomes, (e.g., primary care providers, school, child welfare, juvenile or adult probations, other involved service providers);
- Oversight to ensure continuity of care by taking the necessary steps (e.g., clinical oversight, development of facility discharge plans, or after-care plans, transfer of relevant documents) to assist persons who are moving to a different treatment program, (e.g., inpatient to outpatient setting), changing behavioral health providers and/or transferring to another service delivery system (e.g., out-of-area, out-of-state or to a Developmental Services contractor); and
- Development and implementation of transition plans prior to discontinuation of behavioral health services.

There are six basic principles on which this section is based. Behavioral health assessments and service plans:

1. Are developed with an unconditional commitment to persons enrolled in the behavioral health system and their families;
2. Begin with empathetic relationships that foster ongoing partnerships and expect equality and respect throughout the service delivery system;
3. Are developed collaboratively with families to engage and empower their unique strengths and resources;
4. Include other individuals important to the person;
5. Are individualized, strength-based, culturally appropriate and clinically sound; and
6. Are developed with the expectation that the person is capable of positive change, growth and leading a life of value.

II. Procedures

Intake

Behavioral health providers must conduct intakes in an efficient and effective manner that is both “person friendly” and ensures the accurate collection of all the required information necessary for enrollment into the system. The intake process must:

- Be flexible in terms of when and how the intake occurs. For example, in order to best meet the needs of the person seeking services, the intake might be conducted over the telephone prior to the visit, at the initial appointment prior to the assessment and/or as part of the assessment; and
- Make use of readily available information in order to minimize any duplication in the information solicited from the person and his/her family.

Evaluations & Assessments

Behavioral health providers must conduct assessments that address the general components described in the introduction subpart of this section. ValueOptions established recommended “core” assessment components that must be completed as applicable for specific populations. The core assessment (at a minimum) must be completed at the initial appointment by a behavioral health professional or a behavioral health technician privileged and credentialed to do so.

There are possible exceptions to completing the core assessment at the initial appointment. In an emergency or crisis situation, the person’s immediate clinical needs must be initially addressed. To ensure the person’s safety, any person who shows evidence of depressed mood, anxiety, psychotic signs, or substance abuse should be specifically assessed for suicidal/homicidal risk. At other times, it may be necessary to provide needed behavioral health services before completing the core assessment (e.g., appointments with a behavioral health medical practitioner to assess the need for and/or to provide psychotropic medications). In these cases, the core assessment can be completed at the next appointment.

The following is a list of items recommended for inclusion within the core assessment for children over 5, adolescents and adults:

- Presenting concerns (must be completed at initial appointment);
- Criminal Justice (any involvement with the legal system must be reviewed at the initial appointment and an addendum can be completed at a follow-up appointment if necessary);
- Substance Related Disorders (Issues related to substance abuse or use must be addressed at initial appointment, and additional information gathered at a follow-up appointment as necessary);
- Abuse/Sexual Risk Behavior (must be reviewed at initial appointment with some questions only completed if appropriate);
- Risk Assessment (must be completed at initial appointment with some questions only completed if appropriate);
- Mental Status Exam (must be completed at initial appointment);
- Clinical Formulation and Diagnoses (must be completed at initial appointment); and
- Next Steps/Interim Service Plan (must be completed at initial appointment).

(For children ages 0-5, please see VO- PMHP criteria 104: Outpatient Mental Health Parameters for Treating Children Ages 0-5.)

III. Admission Criteria:	Any of the following are necessary: 1. An evaluation and/or assessment is necessary to determine the presence or absence of a covered mental health diagnosis; 2. An evaluation and/or assessment is necessary to determine the need for a referral to another treating agency; and/or 3. An evaluation and/or assessment is necessary to determine the type and/or frequency of covered mental health services.
IV. Exclusion Criteria:	None
V. Continuing Stay Criteria:	Does not apply
VI. Discharge Criteria:	Does not apply