

FAMILY SUPPORT SERVICES OF NORTH IDAHO

REVIEW OF NEW CASES FOR ACCEPTANCE INTO TREATMENT PROGRAMS

Policy and Procedures

Responsible Parties: Jodi Smith, Executive Director
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Policy:

All participants seeking mental health treatment with Family Support Services of North Idaho, LLC, will be thoroughly evaluated for acceptance into the program(s) that best fits their individual needs, in order to assist each participant in obtaining their stated treatment goals.

Procedure:

Initial Intake:

All clients seeking mental health services from Family Support Services of North Idaho are involved in an intake process, during which time, specific questions are asked regarding the reason for seeking services; past and current mental health diagnoses, treatment providers and services, including both outpatient and inpatient treatment history. Also addressed during the initial intake is the source of the referral, the type of service the participant is seeking, including what they believe to be their treatment needs and goals.

Participants who have not received prior mental health treatment and whom have not received an Axis I DSM-IV (TR) diagnosis, but are eligible for the Medicaid Basic Plan, will receive mental health clinic services to address their needs and concerns, if it is deemed this program will assist them to improve their ability to function. If mental health treatment is not necessary, the participant will be referred to other community programs that are more suitable to their needs.

Those who meet initial criteria; i.e., have received inpatient treatment within the past 10 days, have a current Axis I DSM-IV (TR) diagnosis, and/or are reportedly experiencing significant impairment in at least two domains of their life, are then scheduled for a Comprehensive Assessment to be performed by one of our licensed clinical staff.

Assessment for Adult Participants:

Adult participants will take part in a comprehensive mental health assessment, according to IDAPA 16.03.10.113. This assessment will help determine which of the Medicaid Enhanced Plan Benefits for mental health services will best meet the needs of the participant.

Assessment for Child Participants:

Child participants and their parent/legal guardian will provide information necessary for the licensed clinician to complete the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for child participants younger than school age; or the

Childhood and Adolescent Functional Assessment Scale (CAFAS) for children from school age

to eighteen years of age. Child participants who qualify for Enhanced Plan Benefits according to IDAPA 16.03.10.02, will proceed to the comprehensive assessment, which will help determine which of the Enhanced Plan Benefits is best suited to the needs of the participant and their parent(s)/legal guardian.

Determining Placement Into Appropriate Treatment Program

Upon intake, it is indicated what type of service is initially being requested. The assessment process helps determine the level of service the participant qualifies for. In the event the participant is requesting clinic services, but also qualifies for PSR, the program will be introduced and explained to the participant and/or legal guardian, and if they wish to proceed with that service, that process will begin. In the event a participant is assessed as in need of services to address issues not related to their mental health, i.e., a developmental disability issue, they are then referred to an appropriate program either in our agency or with another agency delivering these services.

In any event, the assessment helps determine what type or level of service is appropriate. The participant is explained this and given choices and options regarding programs they qualify for and referrals are made at the request of the participant. Our clinicians do their best to advocate for the best service for the participant and assist in any way possible to facilitate entrance into the best-suited program.

Treatment Planning:

All participants receiving mental health services will take part in individualized treatment planning, in accordance with IDAPA 16.03.10.114 for Medicaid Enhanced services, and IDAPA 16.03.10.713.02 for Medicaid Basic services.

Basic vs. Enhanced Medicaid:

Medicaid eligibility is determined prior to the inception of treatment. *If a participant is eligible for Basic Medicaid, they enter into the assessment process. If it is determined the participant is in need of more clinical services than allowed by Basic Medicaid, and if the participant or legal guardian is requesting additional service support, then a complete Comprehensive Clinical Assessment (and CAFAS or PECFAS for children) is completed identifying and outlining the medical necessity of such services and a request is made to*

Family Medicaid for the participant to be transitioned to the Enhanced Medicaid Program. (Reference: IDAPA 16.03.10.112. It must be determined and documented that other services have been tried and failed, that the participant can reasonably be expected to improve with the enhanced services, or to prevent further regression so that the current level of care is no longer necessary or can be reduced. Once notice is received of this transition, the participant is then eligible to receive more intensive services by way of either clinic or PSR.

We recognize that some participants may be eligible for Enhanced Medicaid for reasons other than mental health issues. In the event that a participant is eligible for Enhanced Medicaid, but is assessed as needing only Basic Medicaid services, a comprehensive clinical assessment is completed, in accordance with IDAPA 16.03.10.112, however, this document will not support enhanced level services and the participant will receive the level of services that are individually appropriate.