

**LAKESHORE REGIONAL ENTITY**  
**Assessments**

*This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:*

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

**1. Definition or Description of Service**

- a. **Health Assessment** - A health assessment includes activities provided by a registered nurse, physician assistant, nurse practitioner, or dietitian to determine the Individual's need for medical services and to recommend a course of treatment within the scope of practice of the nurse or dietitian.
- b. **Psychiatric Evaluation** - A comprehensive evaluation, performed face-to-face by a psychiatrist or psychiatric mental health nurse practitioner, that investigates a beneficiary's clinical status, including the presenting problem; the history of the present illness; previous psychiatric, physical, and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination. This examination concludes with a written summary based on a recovery model of positive findings, a biopsychosocial formulation and diagnostic statement, an estimate of risk factors, initial treatment recommendations, estimate of length of stay when indicated, and criteria for discharge
- c. **Psychological Testing** - Standardized psychological tests and measures rendered by full, limited-licensed, or temporary-limited-licensed psychologists. The Individual's clinical record must indicate the name of the person who administered the tests, the results of the tests, the actual tests administered, and any recommendations. The protocols for testing must be available for review.
- d. **All Other Assessments and Testing** – Generally Standardized psychological tests and measures rendered by full, limited-licensed, or temporary-limited-licensed psychologists. The Individual's clinical record must indicate the name of the person who administered the tests, the results of the tests, the actual tests administered, and any recommendations. The protocols for testing must be available for review. Such assessments and tests include, but are not limited to the following:
  - i. Intake/Assessment Tools:
    - (1) Pre-School and Early Childhood Functional Assessment Scale (PECFAS) is used to determine day-to-day functioning across critical life domains, and whether functioning improves over time. It is widely used to inform decisions about the need for services or additional specialized assessments, type and intensity of treatment, readiness for school, and specialized services needed for educational success.
    - (2) The Child and Adolescent Functional Assessment Scale (CAFAS) is used for assessing a youth's day-to-day functioning, and for tracking changes in functioning and detecting changes in behaviors over time. It is widely used to inform decisions about the type and intensity of treatment, level of care, placement, and need for additional services and supports.
    - (3) The Supports Intensity Scale (SIS) is a strength-based, comprehensive assessment tool that measures an Individual's support needs in personal, work-related and social activities in order to identify and describe the types and intensity of supports an Individual requires. The SIS includes background information on health, medical conditions, activities of daily living, and cognitive, social and emotional skills. The SIS is designed to be a part of the person-centered planning process to help Individuals identify their unique preferences, skills, and life goals.

**2. Practice Principles**

- a. Providers are encouraged to offer evidence-based and promising practices as part of the Medicaid covered specialty services where applicable. Providers shall assure that these practices are provided by staff who have been appropriately trained in the model(s) and are provided to the population for which the model was intended.
- b. Provider will be in compliance with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.

**3. Credentialing Requirements**

- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
  - i. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor. Licensed professional staff shall meet the Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes document when performing assessments.
- b. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.

**4. Service Requirements**

- a. Provider shall assure upon referral a face-to-face assessment is initiated within 14 calendar days.
- b. Provider shall assure assessment is completed and the written report is submitted to the authorizing agency within 28 calendar days of the initial referral.
- c. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.
- d. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.

**5. Training Requirements**

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.

**6. Eligibility Criteria/Access Requirements/Authorization Procedures**

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Region Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. This document is located on the Lakeshore Regional Entity website at [www.lsre.org](http://www.lsre.org). Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.