

Children’s Health Homes of Upstate New York	
Policy/Procedure:	Comprehensive Assessment
Reviewed and Accepted by:	CHHUNY Clinical Quality Committee
Approved by:	CHHUNY Board of Directors
Date of Issue:	2/20/2018
Date Revised/Reviewed:	

Purpose:

To document policy and procedure to comply with DOH Health Home Standards that requires that each member’s medical, behavioral health (mental health and/or substance use disorders) and social service needs are identified and addressed in a comprehensive manner.

Policy:

As specified in the NYS State Plan Amendment 14-0016, Health Homes are required to provide *Comprehensive Care Management*, as part of the six Health Home Core Services. Within *Comprehensive Care Management*, a comprehensive health assessment that identifies medical, behavioral health (mental health and substance use) and social services is required.

A comprehensive assessment is both a mandatory functional approach for data collection, as well as an ongoing, dynamic process of information gathering, and an evaluation of a member’s health care and related needs. The information collected must result in a fully integrated plan of care. The CHHUNY comprehensive assessment includes all required components outlined in Appendix A as defined by NYS Department of Health.

The Health Home comprehensive assessment will identify service needs currently being addressed; service and resource needs requiring referral; gaps in care and barriers to service access; and the member’s strengths, goals, and resources available to enhance care coordination efforts and empower individual choice and decision making. The care manager will assess for risk factors that will include but not limited to HIV/AIDS; harm to self or others; persistent use of substances impacting wellness; child development milestones and growth; independent living skills/coping skills; food and/or housing instabilities.

With member/parent/guardian/legally authorized representative consent, information should be gathered from a variety of sources throughout the assessment process, for example, current service providers; family and natural supports; community based resources such as housing case managers; faith based organizations identified by the individual; and member self-report. Where information can be obtained, and transferred from other Health Home assessments or evaluations, this information can be used to populate the comprehensive assessment.

Care team members can assist the Care Manager in providing historical information, current service/program care plans, and reviewing outcomes of the assessment information. However, the Health Home care manager takes full responsibility for the assessment process and required documentation as the single point of contact for the coordination of care as outlined in this policy.

As part of the Health Homes Serving Children program, the Child and Adolescent Needs and Strengths-New York (CANS-NY) must be completed for enrolled Health Home members to determine Health Homes Serving Children acuity, as well as to guide service planning specifically for children and adolescents under the age of 21 with behavioral needs, medical needs, developmental disabilities and juvenile justice involvement. The CANS-NY does not replace the required health home comprehensive assessment.

While the CANS-NY can assist a Care Manager in identifying areas of needs and strengths, details of those needs and strengths are not included within the CANS-NY ratings.

Completion of the required comprehensive assessment for children ensures that care managers are obtaining additional details regarding a member's situation. Information as part of the comprehensive assessment assists the Care Manager in having an overall awareness of the child and family.

Procedure:

- 1) The initial comprehensive assessment must be completed concurrently with a plan of care within 60 business days of enrollment.
 - a. The CANS-NY is still required to be completed within 30 days and should be used to drive the comprehensive assessment
- 2) An assessment may be completed over the course of several days; **at least one of these encounters during the assessment period must be face to face with the child/youth.**
- 3) A response is required for every applicable query on the CHHUNY comprehensive assessment. An answer of "Not Applicable" or similar responses are not acceptable
- 4) An annual reassessment of each member is required.
- 5) If the member experiences a significant change in medical and/or behavioral health or social needs before the annual review, a CHHUNY Comprehensive Assessment Update and updated Plan of Care is required to be completed to identify the changes within 5 business days.
 - a. The CANS-NY reassessment should also be completed if the significant event meets one of the seven reasons for an early CANS-NY reassessment
- 6) The abbreviated Comprehensive Assessment Update needs to be reviewed and signed by a supervisor.
- 7) Any changes in the member's goals or service needs should be reflected in the Plan of Care and trigger a case review with a supervisor or applicable members of the care team.
- 8) Such significant changes to the member's condition and/or POC should be reflected later in the annual reassessment.

Quality Assurance and Monitoring:

CHHUNY will assure quality monitoring of this process is in place by performing audits to be completed by the HHUNY QA team and the Care Management Agency of enrolled members to include review of:

- Comprehensive assessment is administered within required timeframes
- Documentation/verification has been obtained as required in the CHHUNY Eligibility Policy
- Abbreviated Comprehensive assessment updates are completed if the member experiences significant change prior to the annual review in conjunction with the CANS-NY reassessments
- Reassessment is administered annually from the date of the most recently completed comprehensive assessment or reassessment. If a Comprehensive Update form was completed, it would not factor into the reassessment due date.
- All required components are addressed as outlined within the member's chart
- Member's care team included during assessment process
- Supervisor was engaged for high risk members/evidence of adverse event

Policy Review:

This policy and its procedures will be reviewed annually and updated as necessary to ensure that its general purposes are being effectively met.

References:

DOH Policy: Comprehensive Care Management
Effective Date: June 1, 2017

Appendix A

Required Components of the Health Home Comprehensive Assessment:

Identification Information

Member Information

- Member information is included throughout the chart, including the demographics area, Social Supports area, Emergency Plan, and Safety and Crisis Plan.

Acculturation/Language

- Ethnic/Cultural Background
- Primary language of the child/adolescent and family
- Secondary language of the child/adolescent and family
- Is a translator, interpretative services or native language speaker needed involved?
- Spirituality/Faith
- Gender Identity
- Sexual Orientation
- Gender Expression

Support System

- General health and wellbeing of caregiver
- Other relationships and social supports

Emergency Planning (included on the Emergency Plan)

- Fire, health, and safety issues.
- Natural disaster and other public emergency

HIV/AIDS

**Key relevant screening questions, motivational interviewing (HHSC Care Managers are required to complete Motivational Interviewing training as part of HHSC Care Manager training requirements)*

Current HIV status

CD4 Count: Date:

Viral Load: Date:

Verification method of CD4 and VL.

Does client/family understand meaning of VL and T-cell Count and how to read lab results? (Explain)

Does child/adolescent need referral for further HIV information/education? Yes/No

Does the child/adolescent need referral for HIV testing? Yes/No Last Time tested?

Does child/adolescent have history of STI's, injecting substances, unprotected sex?

Is there engagement in treatment plan/services?

Was the child exposed to HIV perinatally or after birth?

PrEP or Pep?

Mental and Behavioral Health Services

**Key relevant screening questions, motivational interviewing*

Psychiatric history

Psychiatric Illness history (historical timeline from age of onset of mental illness)

Psychiatric Hospitalizations and other mental health treatments

Current psychiatric status of member

- o Diagnoses
- o Dangerous behavior/suicidality
- o Frequency of mental health treatment

Is there engagement in treatment plan/services?

Strengths of member

Barriers to service

Substance Use Disorder

**Key relevant screening questions, motivational interviewing*

- Systematic screening method for identifying risky use or potential SUD using an OASAS approved tool (i.e. AUDIT and DAST);
- History of substance use and dependence (substance, route of administration, frequency, duration);
- Treatment history, including current treatment (facility/provider, dates, duration, discharge status);
- Current/recent use of alcohol and drugs (list substances, route of administration, amounts and frequency);
- Social context of substance use;
- How substance use/dependence affects daily living: (why the person takes substances, behavior problems, daily living skills, employment, relationships, finances, psychiatric symptoms, self-medication);
- Does member understand consequences of substance use?
- Motivation to change;
- Specific behavioral information on substance use & mental health disorders & how they influence each other, if applicable;
- Current Recovery Support (peers, recovery center, self/mutual help groups, Youth Clubhouse)

Referral to treatment needed?

Strengths of member

Identify barriers to service

Medical Health Care

**Key relevant screening questions, motivational interviewing*

Current medical diagnosis(es); for each (illness)

- Illness history
- Hospitalizations and/or other treatments (intensity of treatment)
- Symptoms and severity (i.e., life threatening, chronic, complex)
- Adherence to treatment
- Is illness controlled or uncontrolled?

Health Promotion (examples)

- BMI
- Diabetes/metabolic disease
- Asthma/respiratory disease
- Living with HIV/AIDS
- Adequate/ Inadequate physical activity?

Strengths of member

Is there engagement in treatment plan/services?

Identify barriers to service

Current Dental Care

- Member's last dental checkup?
- Does member have current dental care needs and if so, what are the member's dental care needs

Instrumental Activities of Daily Living

- What are child/adolescent's current strengths and needs with IADLs?
- Does the child/adolescent have supports in place? What are those supports?

Self-Care Activities of Daily Living

- What are child/adolescents current ADL strengths and needs
- Does the child/adolescents have supports in place? What are those supports?
- Does the child require use of adaptive equipment/technology? o Medical health medications
- Behavioral health medications
- Medication Assisted Treatment for SUD?
- Pain management?
- HIV/AIDS treatment? PrEP and PeP?

Allergies

Medications

**Key relevant screening questions, motivational interviewing*

Pharmacy that member uses

Contact information of previous prescribers.

Current medication treatments and doses.

Member/Family's understanding of medication and use

Indication as to why member with a chronic condition has no medication

Medication adherence

Identify barriers to taking medications (i.e.: is member/family able to afford medication)

Identify supports that would assist with medication management.

Providers

**Key relevant screening questions, motivational interviewing*

Treatment Providers Identified

- HIV and/or AIDS Institute Providers and Supports
- Mental health provider(s)
- Medical health provider(s) and specialists
- Medical Supplies/Equipment Vendor
- Substance use disorder treatment provider

HHSC Consent Forms Needed for Treatment Service Providers

- Health Home Patient Information Sharing Consent DOH (Form 5055) Or
- Health Home Consent Information Sharing DOH (Form 5201)

Child and Adolescent Needs and Strength-New York (CANS-NY)

- *Functional Assessment Consent DOH (Form 5230)* needed for assessment.
- Appropriate clinical documentation to support CANS-NY

Development Milestones

**Key relevant screening questions, motivational interviewing*

- Growth Chart
- Details of developmental delay
- Frequency of treatment
- Dates of last assessments
- Any current referrals to services
- Does child require further supports
- Input from child/adolescent and family regarding child development
- Details of any risks associated with developmental conditions

Complex Trauma

**Key relevant screening questions, motivational interviewing*

Trauma/Abuse History

- Are Complex Trauma screen, assessments, and/or determination needed?
- What are child's trauma symptoms?
- Has child/adolescent had a Complex Trauma determination? If so, name of Licensed Professional who has completed assessments and is that Licensed Professional currently the treating provider?

Risk Behaviors and Factors

**Key relevant screening questions, motivational interviewing*

Self-Harm

- Self-harm behaviors (i.e., cutting, head banging, hair pulling)
- Fire Setting (history or recent; intentional or accidental)
- Problematic social behaviors

Suicide Risk

- Current suicidal ideation or recent suicidal ideation?
- Recent suicidal gestures?
- Have self-injurious behaviors resulted in crisis/ER assessment or mental health hospitalization?

Danger to Others

- Recent or history of aggressive/assaultive behaviors
- Any recent or history of homicidal ideation/threats
- Have homicidal ideation/aggressive/assaultive behaviors resulted in crisis/ER assessment, mental health hospitalization or legal intervention?

Sexual Behavior

- Sexually aggressive behaviors
- Pregnancies
- STIs
- Unprotected Sex

Runaway

- Any recent runaway behaviors and means to run away?
- When runaway behaviors occurred and for how long
- Were authorities contacted (i.e.: police, Statewide Central Register of Child Abuse and Neglect)
- Identified reasons for runaway behaviors

Eating Disorders

- Any eating disorder diagnosis (i.e., anorexia, bulimia, obesity)?
- Any eating disorder symptoms (i.e., PICA, binge eating, hoarding food)?
- Treatment providers for eating disorders

Juvenile Justice/Legal

- Current legal situation and charges
- History of delinquent behavior
- Guardian Ad Litem/Lawyer Information
- Juvenile/Adult Court Information
- Juvenile Placement/Detention/Incarceration history

Indicators of Child Abuse and Maltreatment (Including Neglect) – **Care Managers are required to complete Mandated Reporting training as part of HHSC Care Manager training requirements*

- Behaviors by caregivers in the home that pose a risk to the child
- Indicators of physical abuse
- Indicators of sexual abuse
- Indicators of maltreatment

Bullying

- Nature and details of bullying
- History of victim or perpetrator of bullying
- Any current supports to address bullying (i.e. therapy, groups, etc.)

School/Academic Function

**Key relevant screening questions, motivational interviewing*

- Does the child have an IEP, special education, or general education?
- If learning disability, what are current services and accommodations in the school system?
- Service plan and durations
- Frequency of services
- Are medical accommodations needed?
- Grade level, school, teachers, educational attainment.
- Details of child's behavior when attending school
- Additional details from preschool/child care, educational partnership, achievement, attendance, relationship with teachers/peers, learning ability.
- Name of school/preschool/early intervention center or provider.
- Teachers and other school providers (i.e.: school counselor, social worker, psychologist)
- Skills and resources needed to achieve goals/identify strengths
- Strengths of member
- Identify barriers to service
 - Ticket to work?
 - Welfare to work?

Independent Living Skills

**Key relevant screening questions, motivational interviewing*

Employment

History of employment

Level of workforce development training and education?

Access to vocational rehabilitation and employment programs?

Skills and resources needed to achieve goals/identify strengths

Strengths of member

Identify barriers to service

Social service needs

**Key relevant screening questions, motivational interviewing*

Housing

Risk of eviction, what type of housing? How long?

How many times has the person moved in last 6-12 months?

Quality of housing, environmental conditions

Crime and Violence

Legal Status Impact on Housing (i.e. Incarceration, probation, etc.)

Financial

- Supplemental Security Income (SSI) Benefits? Y/N
- Other Financial Resources (i.e.: Employment)
- Financial resources/representative payee?
- Other insurance (y/n) and name
- Other public social service benefits

Food Security

- Member and family access to and availability of healthy foods
- Quality of diet
- Supplemental Nutrition Assistance Program (SNAP) benefits? WIC (Women, Infants, Children) Program benefits?
- Availability of healthy food resources in the community (i.e.: Just Say Yes, SNAP, local food pantry)
- Link to NYS DOH Nutrition Programs and Nutrition Related Information:

<http://www.health.ny.gov/prevention/nutrition/>

Transportation

- Access to public or private transportation? If so, what is the mode of transportation?
- Medical transportation required or needed (i.e., wheelchair, stretcher)?

Skills and resources needed to achieve goals/identify strengths

Strengths of member

Identify barriers to service