Diagnostic Assessment Clinical Training

Clinical training on the components of the assessment

1

Diagnostic Assessments (DA)

- Billing
- DA Basics
- Report/Assessment Expectations
- Types
  - *Brief* (9505.0372 subpart 1, item D)
  - *Standard* (9505.0372 subpart 1, item B)
  - *Extended* (9505.0372 subpart 1, item C)
  - *Adult Update* (9505. 0372 subpart 1, item E)

2

Billing and Reimbursement

- CPT codes: 90801 or 90802
  - Modifiers
    - 52: **Brief**
    - *None:* **Standard**
    - TG: **Extended**
    - TS: **Adult Update**
    - HN: added when conducted by **clinical trainee**

3

Billing and Reimbursement

- Reimbursement is for a "Session"
  - A session could include multiple appointments to complete diagnostic work
  - The billing claim is submitted once the report is complete
  - Date of DA is the date of the signature

4

Billing and Reimbursement

- Each individual client is allowed two (2) DA's, within a calendar year, before an authorization is needed (only four [4] total in year)
  - All DA types count towards the four
  - Hint: Use MN-ITS prior to starting services with an individual to see what they have already received in the calendar year

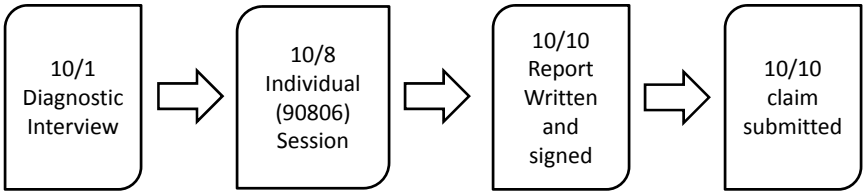
5

Billing and Reimbursement

- As was true previously, for a new client you can complete the following prior to the completion of a DA **(9505.0371, subp2, item 1, subitems a,b,c)**:
  - One (1) individual, family or group psychotherapy session
  - One (1) explanation of findings
  - One (1) psychological testing

6

MHCP is paying for the product



Example time trame for completing the DA

7

What is a diagnostic assessment?

- ***9505.0370 DEFINITIONS subpart 11:*** *a* "**written** assessment that documents a clinical and functional **face-to-face** evaluation of the client's mental health including the nature, severity, impact of behavioral difficulties, functional impairment, and subjective distress of the client, and identifies strengths and resources."

8

What is the purpose of a diagnostic assessment?

- Determine if your client meets diagnostic criteria for a mental health disorder
- Develop a shared understanding of your client and her situation
- Determine if and which mental health services are medically necessary for the client

9

Who may be the audience for a diagnostic assessment report?

- The client
- The client's family
- The referral source
- An insurance carrier/payer
- Other provider(s)
- Auditor
- Legal

10

What is the diagnostic assessment process?

- Face-to-face interview the client (including observation)
- Review of records and conversations with collateral contacts
- Consultation with other providers (psychological testing, primary care physician, CD assessor, etc.)
- Create a synthesized report

11

Report/Assessment Expectations

- **Must include Clinical Summary**
  - Clinical formulation of cause of client's mental health symptoms, prognosis, and likely consequences of the symptoms
  - How client meets criteria for the diagnosis (including symptoms, duration and functional impairment)
  - Analysis of strengths, cultural influences, life situations, relationships, health concerns and how the diagnosis interacts/impacts with client's life
  - Explain rule outs, other provisional diagnoses and why alternative diagnoses that were considered and ruled out

12

Report/Assessment Expectations (cont.)

Cultural influences MUST be addressed:

- Racial or ethnic self-identification
- Experience of cultural bias as a stressor
- Immigration history and status
- Level of acculturation
- Time orientation
- Social orientation
- Verbal communication style
- Locus of control
- Spiritual beliefs
- Health beliefs and engagement in culturally specific healing practices

13

Medical Necessity

- Description of why further services are medically necessary involves:
  - Description of how the symptoms impact functioning
  - How detrimental NOT receiving services would be for the client
  - What harmful repercussions could happen to the client if not treated in this manner

14

Clinical Judgment

- Determine which assessment is appropriate and needed for the client
- For adults determine if the Adult Update is appropriate or if a standard/extended is needed within the 3 year time frame

Base decision on diagnostic assessment type on:

- Client's clinical need
- Client's consent
- Need for external sources
- Rapport and need for immediate intervention

15

Diagnostic Assessment

BRIEF

16

Brief

- Allows up to 10 sessions of clinical outpatient MH Services (includes psychotherapy and med management)
  - For a new client
  - For an existing client who should not need more than 10 sessions during the year
  - Crisis Assessment by a certified crisis team can also be used to authorize 10 sessions

17

Brief

- Creates a provisional clinical hypothesis
- After 10 sessions (or if initially determine more than 10 sessions) one of the following must be done:
  - Standard Diagnostic Assessment
  - Extended Diagnostic Assessment

18

Brief DA Components

- **The Client's current life situation including the client's**:
  - Age;
  - Current living situation, including household membership and housing status;
  - Basic needs status including economic status;
  - Education level and employment status;
  - Significant personal relationships, including the client's evaluation of relationship quality;
  - Strengths and resources, including the extent and quality of social networks;
  - Belief systems;
  - Contextual nonpersonal factors contributing to the client's presenting concerns
  - General physical health and relationship to client's culture; and
  - Current medications;

19

Brief DA Components (cont.)

- The reason for the assessment, including the client's:
  - Description of symptoms, including reason for referral;
- The client's mental status examination;
- The screenings used to determine the client's substance use, abuse or dependency and other standardized screening instruments determined by the commissioner;
- Provisional diagnostic hypothesis
- Axis 5

20

Provisional hypothesis

- A provisional diagnostic hypothesis should include aspects of the following that are known at this time:
  - The clinician's formulation of the cause of the client's mental health symptoms, the client's prognosis, and the likely consequences of the symptoms;
  - How the client meets criteria for the diagnosis by describing the client's symptoms, the duration of symptoms, and functional impairment;
  - An analysis of the client's other symptoms, strengths, relationships, life situations, cultural influences, and health concerns and their potential interaction with the diagnosis and formulation of the client's mental health condition; and
  - Alternative diagnoses that were considered and ruled out.

21

Diagnostic Assessment

STANDARD

22

Standard

- Most similar to current diagnostic assessment process
- Used in order to maintain client eligibility for outpatient services
  - Annually for a child
  - Every 3 years for an adult (if Adult Updates are done in between)
  - When the mental health condition has changed markedly and re-evaluation is necessary

23

Standard

Client's Current Life Situation, including the client's:

- Age;
  - Age is meant to be actual stated age, but can also include developmental age, especially as it pertains to children and adults with cognitive disabilities.
    - *Rick is 18 years old who recently graduated from high school.*
    - *Etta is 10 years old but speaks like an adult with her focus on adult concerns such as bills, housing, and her mother's job.*

24

Standard

- **Current living situation including household membership and housing status**
  - Describe who is in the house, what type of living situation (i.e. stability, multiple moves, potential eviction)
    - *Rick lives in his parent's basement; he intends to move out when he gets a full time job and can afford rent with his girlfriend.*
    - *Etta lives with her mother and 2 younger siblings (Jason 8 and Bree 6). They have moved 3 times in the past 2 years since her parents divorced. She has every other weekend visitation with her father when he is in the country.*

25

Standard

- **Basic needs status including economic status**
  - Describe the client/family fiscal situation including whether the client receives economic assistance, whether basic needs like housing, food, and clothing are being met
    - *Rick is struggling financially as he cannot find full time work; he has several bills which he cannot pay and consistently relies on his parents to subsidize his income. He currently is on MNCare.*
    - *Etta's mother, Ms. Jones, reports that they are struggling with her ex-husband being in Afghanistan. His National Guard wages are not what he was making as a plumber and her child support payments are not what they were. Ms. Jones is utilizing the food shelf to feed her family and is concerned about the copays to bring her daughter to therapy.*

26

Standard

- **Education and employment status**
  - Level of education or placement in school, current employment status and/or engagement with the workforce.
    - *While Rick graduated from high school, he has not been able to find full time employment and relies on his parents to help him pay his bills.*
    - *Etta attends West Elementary and is in the 4th grade; she gets straight A's and excels in all of her classes.*

27

Standard

- **Significant personal relationships, including the client's evaluation of relationship quality;**
  - Describe who is important in the client's life and how they relate to each other
    - *Rick prioritizes his relationship with his girlfriend of 4 months. He only spends time with her and states that he rarely sees anyone else. His parents are very involved in his life as well but he voiced anger at their "always being in his business."*
    - *Etta has trouble making friends at school and gets along better with the adults around her. She spends most of her time with her mother (to whom she reports being very close) and rarely sees her father (who is currently in Afghanistan).*

28

Standard

- **Strengths and resources, including the extent and quality of social networks;**
  - What does the client do well? What is going well in his or her life? Who does the client consider supportive?
    - *When in high school, Rick had many friends but he hasn't maintained contact since he left; he says that he "tried" Facebook but didn't like it. Most of his interactions with people (other than his girlfriend) are through on-line gaming that he plays all night long. He is very connected with his girlfriend and his on-line community.*
    - *Etta has trouble making friends at school and gets along better with the adults around her. She lacks playmates in the neighborhood and at school. Etta is doing well in all of her classes but she particularly likes English and Math class. Etta is involved in church activities. She attends Sunday School on a regular basis and helps with child care when needed.*

29

Standard

- **Belief systems**
  - Describe religious affiliation or spiritual belief system.
    - *Rick grew up going to an ELCA Lutheran church and used to be quite active. For the past year, he hasn't wanted to attend and he refuses to explain what changed.*
    - *The family attends St. Mary's Catholic Church and has a good relationship with Father Jim Albert. She reported that God looks out for her and that her future was in God's hands.*

30

Standard

- **Contextual non-personal factors contributing to the client's presenting concerns**
  - Describe what are the other factors that help create the client's current issues—divorce in the family, a recent death, natural disaster, economic downturn
    - *Rick reports that news reports describing the status of unemployment in the country make him more anxious about trying to find a job and contribute to his feelings of being overwhelmed.*
    - *Etta's parents divorced 2 years ago and her father was shipped to Afghanistan with the National Guard 6 months ago. Etta has trouble watching the news.*

31

Standard

- **General physical health and relationship to client's culture**
  - Describe the client's physical health symptoms/diagnosis and use of traditional rather than Western medical practices to treat illness.
    - *Rick reports no medical issues except a history of asthma which can be exacerbated when stressed. He has routinely received standard medical care over the years.*
    - *Etta and her mother report no physical illness issues and that she has regularly gone to the doctor for necessary shots and school physicals. Her mother reports that the family feels more comfortable seeking emotional counsel from the church but come to therapy from a priest's recommendation for her child.*

32

Standard

- **Current medications**
  - Listing of current medications—herbal or prescription
    - *Rick reports that he has a steroid inhaler that he keeps with him (but often forgets at home) to treat his asthma on an as needed basis.*
    - *Etta is not currently taking any prescription medication but her mother gives her a multivitamin each day, she prefers the gummy type.*

33

Standard

The reason for the assessment, including the client's:

- Perception of his or her condition;
  - How the client sees her situation in comparison with others around her
    - *Rick states that he thinks his parents are making a mountain out of a mole hill; he does get anxious when filling out job applications, but "doesn't everyone?"*
    - *Etta admits that she's nervous about her dad and says that she knows that other kids don't worry about how their moms will pay the bills, but she can't help herself.*

34

Standard

- **Description of symptoms; include reason for referral**
  - Report all the symptoms the client is having, not just those that match the end diagnosis
    - *Rick states that he has trouble getting up in the morning and can't go to sleep at night because his thoughts are racing about all the social interactions of the day. He says that he came to therapy because he just starts shaking when he's filling out job applications and he feels overwhelmed.*
    - *Etta was brought in by her mother because her mom is worried about her lack of friends and her consistent asking about bills and finances as well as questions about her father. Etta has been expressing a large amount of worry for the past year or so; she has trouble sleeping and concentrating in school.*

35

Standard

- **History of mental health and treatment including review of records**
  - Other providers, historical diagnoses, symptoms they used to have and documentation of looking at previous historical records.
    - *Rick saw a therapist when he was in junior high and his mom reports that he was depressed and took Zoloft but it didn't help. He refused to sign a release of information to talk to the previous provider.*
    - *Etta has never received mental health services before. She has been to see the priest to talk about her worries but there was nothing formal.*

36

Standard

- **Important developmental incidents;**
  - Developmental milestones, accidents, issues that impeded meeting milestones, etc.
    - *Rick reported that he doesn't remember when he walked and talked and can't remember his mother talking about it. He reports that he had trouble learning how to drive because the thought of taking the test with someone he didn't know watching him drive has kept him from getting his license.*
    - *Etta's developmental milestones were on time or ahead of schedule, per her mother. The biggest issue she has had developmentally is her inability to make and maintain friendships.*

37

Standard

- **Maltreatment or abuse issues**
  - Discuss if there has ever been child protection involvement, a documented abuse history or client self report
    - *Rick denies anything "really bad" ever happening to him. Rick denies that anyone in his family ever beat him or hit him. He does think that the kids in his school were really mean to him and made changing in the locker room and trying out for basketball impossible.*
    - *Etta reports that one time she saw her parents argue, her dad was drunk and he shoved her mom. She was really worried when that happened. Etta and her mother confirm that child protection has never been involved with the family and she reported that no one in her family has ever hit her.*

38

Standard

- **History of alcohol and drug usage and treatment**
  - Discuss self report of use and reports by others, if available
    - *Rick reports that he doesn't drink but he has smoked pot. He says that he smokes a few times a week because it helps calm his nerves when he thinks about applying for jobs. His mother reports that she smells weed daily and is worried about his use.*
    - *Etta is ten years old and has not tried alcohol or drugs.*

39

Standard

- **Health history and family health history, both to include physical, chemical, and mental health history**
  - All history of note should be mentioned that impacts client's genetic predisposition to potential physical and mental health issues
    - *Rick reports that his mom and dad both have high blood pressure and take medication. He says that his uncle has PTSD from the Gulf War and that he thinks 2 of his paternal aunts have been through chemical dependency treatment for alcohol.*
    - *Etta's mother reports that her father had trouble with alcoholism, and that there is a history of depression that runs in the family. Etta's grandmother, Becky, died about a year ago from the effects of lung cancer.*

40

Standard

- **Cultural influences and their impact on the client**
  - Discuss issues of race, class, socio-economic and geographical aspects of the client's life and how they impact current functioning.
    - *Rick is an European American male who has lived most of his life in a first ring suburb outside of St. Paul. He considers himself to be from the working class and says that his parents always boasted that he would be the first one to go to college. He admitted that he feels shame that he couldn't take the ACT last year and couldn't fill out the applications because he was so worried he would fail.*
    - *Etta is a biracial 10 year old girl who says that its been difficult for her living in a small town because no one looks like her and she gets teased by the other kids at school because of her hair. The only time she felt like she fit in is with her family because they all look like her. She hates school cause she feels different. Her mother tries to connect Etta with her Grandma Iris often and make sure she spends time with her African American relatives in the cities, but it is difficult with her father gone.*

41

Standard

- **The client's mental status examination**
  - General Observations:
    - Appearance
    - Build
    - Demeanor/response to interviewer
    - Eye contact
    - Activity level
    - Speech

42

Standard

- **The client's mental status examination: (continued)**
  - Thought Content and Perception
    - Delusions
    - Hallucinations
  - Self-Danger
    - Self-Abuse
    - Violence to Others
    - Destruction of Property

43

Standard

- **The client's mental status examination: (continued)**
  - Cognition
    - Orientation
    - Memory Issues
    - Attention/Concentration
    - Judgment/Insight
  - Thought and Perceptual Process

44

Standard

- **The client's mental status examination: (continued)**
  - Mood
  - Affect
  - Behavior
  - Anxiety
  - Intelligence Estimate

45

Mental Health Status Exam
Rick Example

- *Rick looks like an average 18 year old European American male, he is of average height and weight. He maintained low level of eye contact and spent most of the time looking at the floor and mumbling. He appeared nervous and scared of engaging with the interviewer. He demonstrated no issues with thought content or process; he voiced no issues of harm to self or others. He was oriented to person, place and time. He indicated no memory issues. He voiced concerns about being able to sustain attention and concentration but managed appropriately during the interview. He seemed to have insight into his knowing that his fears of failure and public humiliation were unrealistic but could not stop the worry anyway. His affect was flat, his mood was anxious, and he seems to be well within the normal range of intelligence.*

46

Mental Health Status Exam Etta Example

Mental Status Exam

NOTE: These are areas that should be considered for a sound assessment. However, some areas may not be appropriate for all individual cases.

GENERAL OBSERVATIONS

Appearance	◉ Well groomed	○ Unkempt	○ Dishevelled	○ Other		
Build	◉ Average	○ Thin	○ Overweight			
Demeanor/Response to Inverviewer	☒ Open/Cooperative ☐ Demanding	☐ Hostile ☐ Anxious	☐ Guarded or suspicious ☐ Shy	☐ Manipulative ☐ Unaware	☐ Withdrawn	☐ Preoccupied
Eye Contact	◉ Average	○ Avoidant	○ Intense	○ Intermittant		
Activity Level	◉ Developmentally appropriate	○ High	○ Reactive	○ Low/Lethargic/Slow	○ Variable	
Speech	☐ Clear Is there a need for a speech specialist?	☐ Slurred ○ No	☒ Rapid ○ Yes	☐ Pressured	☐ Developmentally appropriate	

COMMENTS:
Etta presents as a friendly 10 year old girl who wore her "favorite" dress to the appointment even though it was out of season. She is of average height and weight for a 10 year old. She seemed self-conscious of her hair and repeatedly tried to flatten down the curls. She maintained appropriate eye contact and fidgeted throughout the interview.

THOUGHT CONTENT AND PERCEPTION

Delusions	☒ None reported	☐ Grandiose	☐ Persecutory	☐ Somatic	☐ Nihilistic	☐ Religious
Other	☒ None reported	☐ Autistic ☐ Other	☐ Peculiar verbalization	☐ Guarded	☐ Ideas of reference	☐ Preoccupied
Hallucinations	☒ None reported	☐ Auditory	☐ Visual	☐ Olfactory	☐ Gustatory	☐ Tactile
Other	☒ None reported	☐ Illusions	☐ Depersonalization	☐ Derealization		

COMMENTS:
She reported that she often talks to her father as if he were present because her priest told her God would transport the message for her; there are no concerns about thought process or content

SELF-DANGER

Self-Abuse	☒ None reported	☐ Suicidal (assess lethality, if present)	☐ Intent	☐ Plan	☐ Self-mutilation
Violence to Others	☒ None reported	☐ Assaultive	☐ Intent	☐ Plan	☐ Requires notification of specified victims or authorities
Destruction of Property	☒ None reported	☐ History of destruction of property			

COMMENTS:
She did not voice any concerns for self-harm or danger to others.

Mental Health Status Exam Etta Example

COGNITION

Orientation	☒ Time	☐ Person	☐ Place			
Memory Issues	☒ No concerns noted	☐ Working memory problems	☐ Short-term memory problems	☐ Long-term memory problems		
Attention/ Concentration	☐ Selective ☐ Developmentally appropriate	☐ Restless ☐ Rapidly shifting	☒ Distractible	☐ Lethargic	☐ Agitated	
Judgment/Insight	☒ Developmentally appropriate ☐ Awareness of self/deficits	☐ Delayed ☐ Lacks perspective taking	☐ Doesn't understand consequences ☐ Ability for social abstractions	☐ Impulsive decision-making		

COMMENTS:
She sometimes had trouble focusing on the questions and asked lots of questions about the artwork on the walls. Her mood was upbeat and cheerful; she had appropriate range of affect. She appeared anxious and blurted responses often. She seems to have an appropriate level of insight and intelligence for a girl of her age.

THOUGHT AND PERCEPTUAL PROCESSES

☒ Logical/Coherent ☐ Obsessional	☐ Circumstantial ☐ Guilty	☐ Tangential ☐ Disordered	☐ Loose ☐ Rigid problem-solving	☐ Racing	☐ Blocked ☐ Fears/Phobias/Other anxieties	☐ Incoherent	☐ Concrete ☒ Problems of self-contempt/body image	☐ Flight of ideas

COMMENTS:
She seemed self-conscious of her hair and repeatedly tried to flatten down the curls.

MOOD

☒ Euthymic	☐ Depressed	☐ Excited	☐ Angry	☐ Euphoric	☐ Irritable

COMMENTS

AFFECT

☐ Full	☒ Appropriate	☐ Constricted	☐ Flat	☐ Inappropriate	☐ Labile	☐ Incongruent

COMMENTS

BEHAVIOR

☒ Cooperative ☐ Withdrawn	☐ Resistant ☐ Anhedonia	☐ Agitated ☐ Oppositional	☐ Impulsive	☐ Unusual movements	☐ Aggressive	☐ Hyperactive	☐ Restless

COMMENTS

Mental Health Status Exam Etta Example

REGULATORY STYLE (Greenspan)

☐ Sensitive/Fearful ☐ Defiant ☐ Self-absorbed ☐ Active craving ☐ Inattentive ☒ N/A

COMMENTS

ANXIETY

☐ None reported ☐ Panic ☐ Obsessive/Compulsive thinking ☐ School anxiety ☐ Symptoms of trauma (dreams/flashbacks)
☒ Social anxiety - difficulty performing in public ☐ Agoraphobia ☒ Generalized anxiety

COMMENTS
She reported worrying about "everything." She was fidgety throughout the interview and had nervous habits (like playing with her hair).

INTELLIGENCE ESTIMATE

☐ MR ☐ Borderline ☒ Average ☐ Above average

COMMENTS

Standard

- **The assessment of client's needs based on the client's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities and safety needs**
  - Discussion of clinical significance, functional impairment and the baseline of need at the start of treatment.
  - Safety needs can include vulnerabilities, suicidal thoughts/actions, SIB

50

Assessment of Needs
Etta Example

1. *Problem areas identified by assessment*	
A.	Constant feelings of anxiety and worry
B.	Trouble making friends and interacting with peers
C.	Sleep disturbance caused by anxious racing thoughts

2. *Target symptoms/behaviors to be addressed by treatment*	
A.	Reduce frequency and intensity of daily anxiety response so that functioning is not impaired
B.	Decrease rumination, over-analyzing and misinterpretation to increase sleep
C.	Replace maladaptive social skills to increase social interactions with peers.

3. *Treatment strategies to be used to address target symptoms*	
A.	Cognitive Behavioral Therapy (including exposure therapy, cognitive restructuring and desensitization)
B.	Psycho-education for Etta and her family about normal development and age appropriate anxieties
C.	Peer interaction skills training

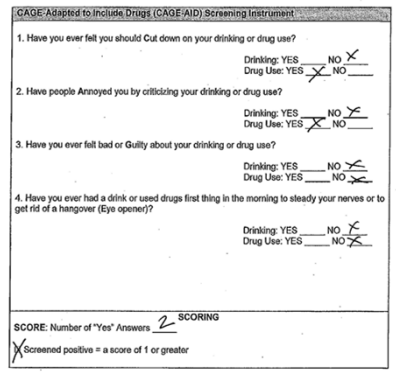
Standard

- **The screenings used to determine the client's substance use, abuse or dependency for, and other standardized screenings instruments determined by the commissioner**
  - Information on which screening instruments are currently recommended can be found here: ***http://www.dhs.state.mn.us/dhs16_145318***
  - The CAGE-AID has been validated for ages 12+
  - The GAIN-SS has been validated for ages 10+

52

Standard

- **Screenings for Substance Abuse: CAGE-AID or GAIN-SS)**
- Rick's CAGE indicates he needs further CD assessment



CAGE Adapted to Include Drugs (CAGE-AID) Screening Instrument

1. Have you ever felt you should Cut down on your drinking or drug use?
Drinking: YES ____ NO X
Drug Use: YES X NO ____

2. Have people Annoyed you by criticizing your drinking or drug use?
Drinking: YES ____ NO X
Drug Use: YES X NO ____

3. Have you ever felt bad or Guilty about your drinking or drug use?
Drinking: YES ____ NO X
Drug Use: YES ____ NO X

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?
Drinking: YES ____ NO X
Drug Use: YES ____ NO X

SCORE: Number of "Yes" Answers 2 SCORING

X Screened positive = a score of 1 or greater

CAGE Adapted to Include Drugs
Brown, R., and Rounds, L. Conjoint screening questionnaires for alcohol and drug abuse: two pilot studies. Unpublished study, 1991.

CAGE
Ewing, J.A. Detecting alcoholism: The CAGE questionnaire. Journal of the American Medical Association 252:1905–1907, 1984.

53

Standard

Etta's Gain-SS demonstrates no concern for further CD assessment

GAIN-Short Screener (GAIN-SS)
Version [GVER] GSS 2.0.1

What is your name? a. Etta (first name) b. R. (2.0.1) Jones (last name)

What is today's date? (MM/DD/YYYY) 10/26/2010

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).

	Past month	2 to 12 months ago	1+ years ago	Never
IDSer 1. When was the last time that you had significant problems...				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. with sleeping, such as bad dreams, sleeping restlessly, or falling asleep during the day?	3	2	1	0
c. with feeling very anxious, nervous, tense, fearful, scared, panicked, or like something bad was going to happen?	3	2	1	0
d. with becoming very distressed and upset when something reminded you of the past?	3	2	1	0
e. with thinking about ending your life or committing suicide?	3	2	1	0
EDSer 2. When was the last time that you did the following things two or more times?				
a. Lied or cheated to get things you wanted or to avoid having to do something?	3	2	1	0
b. Had a hard time paying attention at school, work, or home?	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home?	3	2	1	0
d. Were a bully or threatened other people?	3	2	1	0
e. Started fights with other people?	3	2	1	0
SDSer 3. When was the last time that...				
a. you used alcohol or drugs weekly?	3	2	1	0
b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs?	3	2	1	0
c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	3	2	1	0

GSS 2.0.1.doc 1 12/7/05

(Continued)

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).

	Past month	2 to 12 months ago	1+ years ago	Never
CVSer 4. When was the last time that you...				
a. had a disagreement in which you pushed, grabbed, or shoved someone?	3	2	1	0
b. took something from a store without paying for it?	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	3	2	1	0

5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (If yes, please describe below) Yes (1) No 0

v1. want parents to get along
v2. want family home
v3.

6. What is your gender? (If other, please describe below) 1-Male 2-Female 99-Other

v1.

7. How old are you today? 16 years

For Staff Use Only

8. Site ID: Site Name v.
9. Staff ID: Staff Name v.
10. Client ID: Comment v.
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-administered
12. Number of 2s and 3s: IDSer: 4 EDSer: 2 SDSer: 2 CVSer: 2 TDSer: ___
13. Referral: MH ✓ SA ___ ANG ___ Other ___ 14. Referral Code: ___
15. Referral comments:

v1.
v2.
v3.

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GSS 2.0.1.doc 2 12/7/05

54

Standard

- **Assessment methods and use of standardized assessment tools by the provider as determined and periodically updated by the commissioner**
  - CASII for children 6 to 18
  - ECSII for children birth to 6
  - SDQ for children 3 to 18

- Note: For Adults the level of care tool the LOCUS is not required, at this time, to be a part of the diagnostic assessment.

55

Standard

- Etta's CASII indicates that she is a Level 2 needing Outpatient Psychotherapy Services

56

Standard

- The client's clinical summary and recommendations and prioritization of needed mental health, ancillary, or other services; and client and family participation in assessment and service preferences; and referrals to services required by statute or rule.

57

Standard

- **Rick's Clinical Summary**:

Rick states that he has had difficulty in social situations for the past year or more. He reports having a persistent fear of taking his driving test, filling out job applications, and talking to new people because he is worried he will behave in an embarrassing manner. Before having social contact he states that his stomach is upset, he has a flight of ideas, and feels an unbearable amount of anxiety. He states that he knows his fear is excessive. He wants to not be scared so that he can move out of his parents home to an apartment with his girlfriend. Because of his fear he smokes marijuana, isolates in the basement, cannot get a new job and limits his mobility (lack of drivers license).

58

Standard

- **Rick's summary continued**:

As he had these symptoms before his marijuana habit, they are not due to his substance use. Rick does, though, also meet the criteria for Cannabis Abuse as he has been using the substance in a recurrent manner which keeps him from engaging in social activity because he prefers to get high while playing video games and he has difficulty getting to work the next day due to the previous day's use.

59

Standard

- **Rick's summary continued:**

Rick currently does not meet criteria for panic attacks although he should be monitored for further symptom development. He denies symptoms that match cannabis dependence at this time but further evaluation by a chemical dependency counselor should occur to confirm. Due to Rick's anxiety and substance abuse disorder, he needs intensive community based services which, if he participates fully, should keep him from needing more intensive services such as inpatient chemical dependency or mental health treatment

60

Standard

- **Etta's Clinical Summary:**

Etta and her mother state that she has been experiencing an excessive amount of anxiety and worry for more days than not for the past year; she has been worried about school, her hair, her peers, her parent's bills and her father's safety. She states that she cannot control the worry. She also is fidgety or restless, has difficulty concentrating and has trouble getting to sleep at night because she cannot turn off her mind.

61

Standard

- **Etta's summary continued:**

Because of Etta's worries she has trouble making friends, completing her homework, and being able to play as a child. She has no medical conditions and is not taking any substances. Etta is a 10 year old girl who often acts like she is 35 because of her anxiety and worries which causes a significant rift in her ability to bond and make friends with children in her age group.

62

Standard

- **Etta's summary continued**:

As Etta is biracial in a small town, she is having trouble feeling like she fits in because she has different hair, different skin tone and has a different favorite foods than the other children in her class. If Etta does not receive outpatient psychotherapy at this time she runs the risk of needing medication management and possibly day treatment services in the future to help monitor her anxiety and help her build new skills with other children her own age. Etta's condition indicates a medical need for individual intervention as well as family therapy so that her parents can learn more about her struggles and come up with alternate modes of interaction with her to shield her from adult concerns while she is learning alternate coping and thinking behaviors.

63

Standard

- The client's diagnosis on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association; and any differential diagnosis

64

Standard

- **Rick's 5 Axis:**

  Axis I: 300.23 Social Phobia, generalized

  305.20 Cannabis Abuse

  Axis II: None

  Axis III: Asthma

  Axis IV: underemployment, limited friends

  Axis V: GAF: 51

65

Standard

- **Etta's 5 Axis:**

  Axis I: 300.02 Generalized Anxiety Disorder

  Axis II: V71.09

  Axis III: None

  Axis IV: peer problems, father in Afghanistan, parents' divorce

  Axis V: GAF: 55

66

Standard

- **Rick's Recommendations:**
  - Individual Psychotherapy to work on anxiety reduction in combination with rehabilitative services (ARMHS) to increase skills around: social, educational and vocational functioning, which skills he did not obtain due to his symptoms of anxiety.
  - Group psychotherapy or group ARMHS in order to increase skills he did not obtain due to his symptoms of anxiety, in real life social situations that are in a therapeutic environment.
  - Chemical Dependency evaluation as it relates to Rick's marijuana use.
  - Rick is eligible for Vocational Rehabilitative services as he has limited experience and skills in this area as well as anxiety symptoms. A referral to this program for an assessment will be made.

67

Standard Recommendations--Etta

Specific services recommendations

Addressed	Treatment Recommendation (Box 2 A, B, C)
☐ Medication Management	
☐ Case Management	
☒ Individual Psychotherapy	2 to 3 times a month
☐ Group Psychotherapy	
☒ Family Psychotherapy	1 to 2 times a month
☒ Individual Skills Training	4 times a month
☐ Group Skills Training	
☐ Family Skills Training	
☐ Day Treatment	
☐ Residential Treatment	
☐ Respite	
☐ Other	

Further Evaluations Needed (check all that apply)

☐ None Indicated ☐ Psychiatric ☐ Psychological ☐ Neurological ☒ Medical ☐ Educational ☐ Vocational
☐ Visual ☐ Auditory ☐ Nutritional ☐ Substance abuse ☐ Other

NOTE TO CLINICIAN: Checked box indicates a referral should and/will be made.

PLEASE INDICATE PLANS TO COMPLETE FURTHER EVALUATION

Etta is past due for an annual medical exam.

68

Diagnostic Assessment

EXTENDED

69

Extended

- Not just an "extension" of a previously completed standard
  - If relevant information is found after a standard is complete, determination needs to be made as to whether an adult update needs to be completed versus doing a full extended
- Needs to include relevant information as defined in **9505.0372 subpart 1, item B, 1-8.**

70

Extended

- **Client has complex needs due to (9505.0372, subpart 1)**
  - psychosis, cognitive or neurocognitive impairment,
  - need to consider past diagnoses and determine their current applicability,
  - co-occurring substance abuse disorder
  - disruptive or changing environments
  - Communication barriers (language or age)
  - Cultural considerations
  - DC: 0-3R

71

Extended

- At least 3 or more appointments needed
  - Each appointment needs to be a separate event
    - Example: 1 with child; 1 with parents; 1 observing at school
    - Example: 3 appointments over 3 weeks individually with an adult

72

Extended

- **Location and make up of appointments for children:**
  - Appointments may be conducted outside of the clinician's office
  - Children's appointments may include face-to-face consultation and information gathering with family members, doctors, caregivers, teachers, and other providers with or without the child present.
  - Children's appointments may involve directly observing the child in various settings that the child frequents (home, school, care settings)

73

Extended

- **Location and make up of appointments for adults:**
  - Appointments may be conducted outside of the clinician's office
  - Appointments may involve directly observing the adult client in various settings that the adult frequents, such as home, school, job, service settings or community settings.
  - Adult appointments may include face to face meetings with the client and the client's family members, doctors, caregivers, teachers, social support network members, recovery support resource representatives, and other providers for consultation and informational gathering

74

Extended

- **Recommended for children under age 5:**
  - Utilize the DC:0-3R diagnostic system for young children
  - Early childhood mental status exam that assesses the child's developmental, social, and emotional functioning and style both within the family and with the examiner and includes:
    - Physical appearance including dysmorphic features
    - Reaction to new setting and people and adaptation during evaluation
    - Self-regulation, including sensory regulation, unusual behaviors, activity level, attention span, frustration tolerance
    - Physical aspects including motor function, muscle tone, coordination, tics, abnormal movements, seizure activity
    - Vocalization and speech production including expressive and receptive language
    - Thought including fears, nightmares, dissociative states, hallucinations
    - Affect and mood including modes of expression, range, responsiveness, duration, intensity
    - Play including structure, content, symbolic functioning, modulation of aggression
    - Cognitive functioning
    - Relatedness to parents, other caregivers, examiner

75

Extended Example

Resources for Integrated Assessment of mental illness and substance use

- Integrated Treatment for Dual Disorders: A Guide to Effective Practice (Mueser, Noordsy, and Drake)
- "Integrated Treatment for Co-occurring Disorders" SAMHSA toolkit, http://store.samhsa.gov/product/SMA08-4367
- DHS Co-occurring Disorders webpage http://www.dhs.state.mn.us/iddt

76

Diagnostic Assessment

ADULT UPDATE

77

Adult Update

- Face to Face review of a Standard or Extended DA
  - Adult Update can be completed between the Standard or Extended (standard/extended need to be completed at a minimum of every 3 years)
- Update on current issues and needs
- Written Report

78

Adult Update

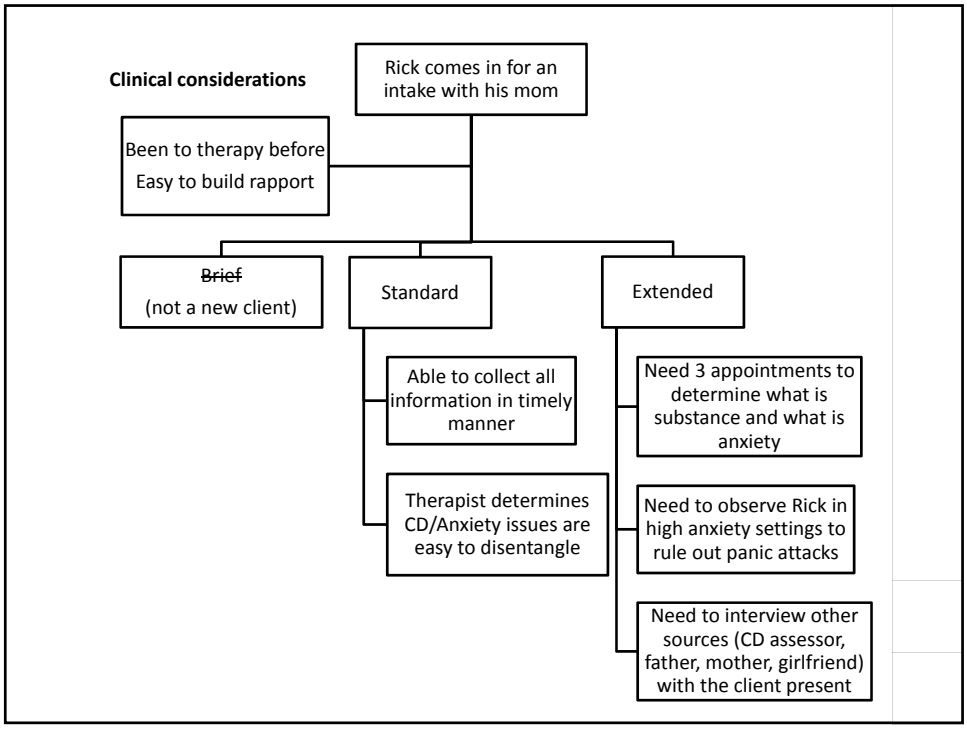
- **Areas to be addressed in an update (9505.0372 subpart 1, Item E, sub items 1-7):**
  - Review of client's life situation
  - Review of presenting problem
  - Screenings for substance use/abuse/dependency
  - Mental health status examination
  - Assessment of client's needs based on the baseline measurements
  - Clinical summary, recommendations and prioritization of services
  - 5 axis diagnosis

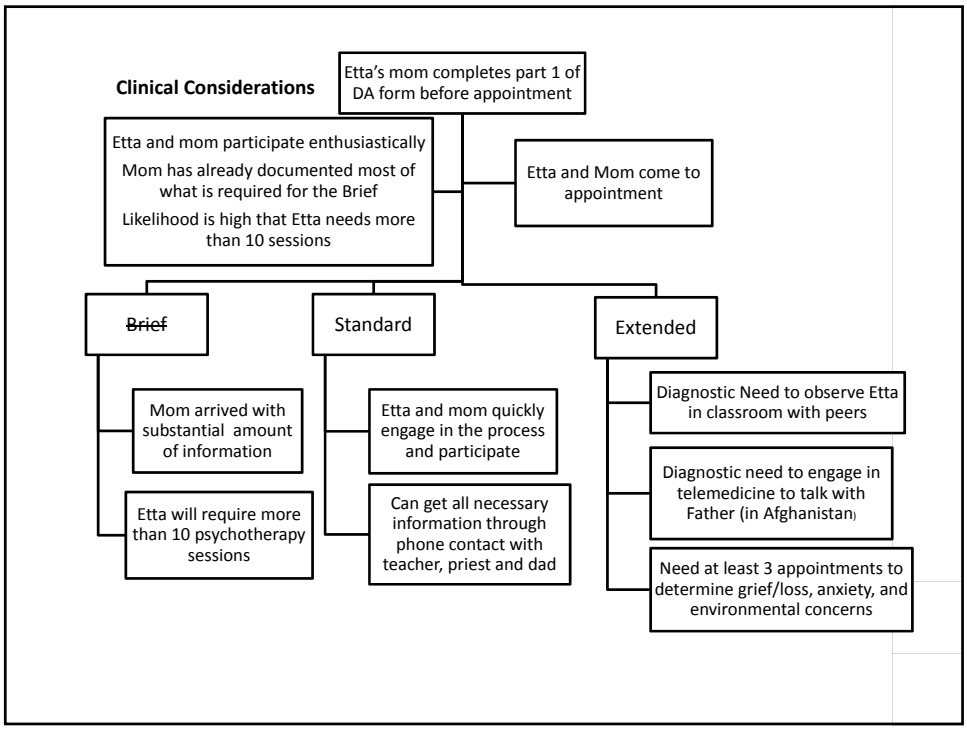
79

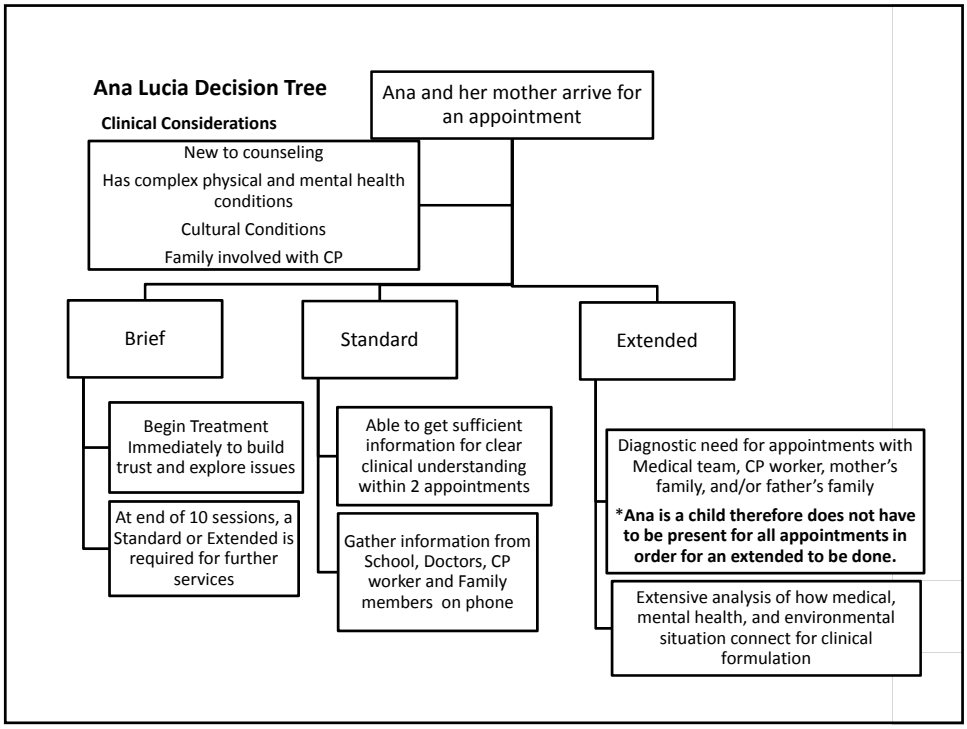
Decision Trees

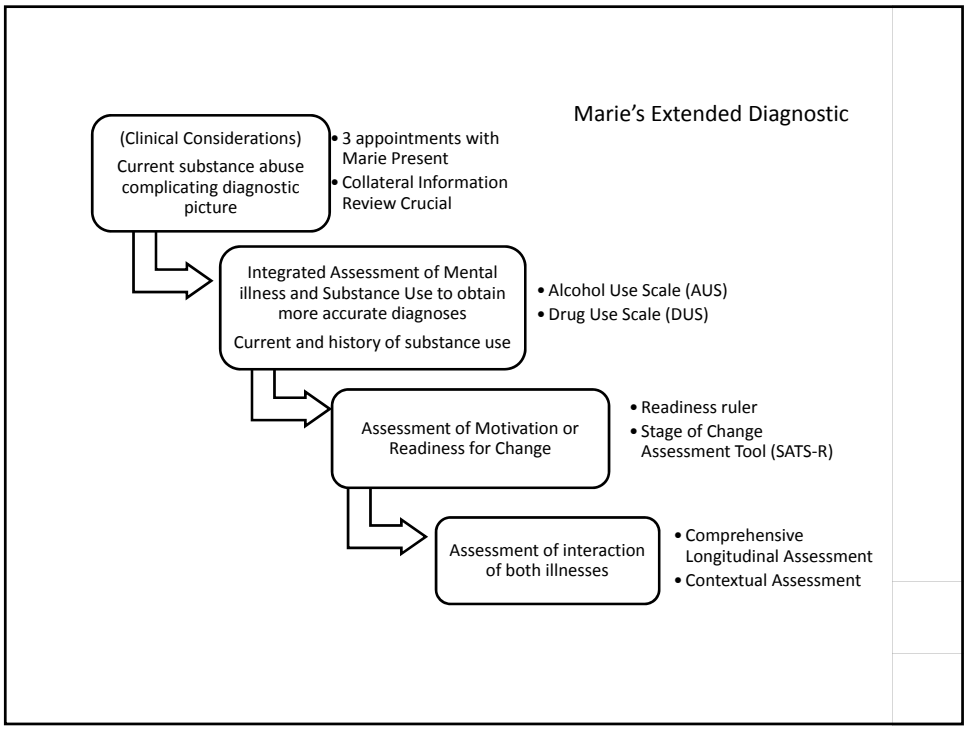
- Utilizing case examples to analyze clinical judgment on which diagnostic assessment type to choose:
  - Rick
  - Etta
  - Ana Lucia
  - Marie

80


Clinical considerations
Rick comes in for an intake with his mom
Been to therapy before
Easy to build rapport
~~Brief~~
(not a new client)
Standard
Extended
Able to collect all information in timely manner
Therapist determines CD/Anxiety issues are easy to disentangle
Need 3 appointments to determine what is substance and what is anxiety
Need to observe Rick in high anxiety settings to rule out panic attacks
Need to interview other sources (CD assessor, father, mother, girlfriend) with the client present


Clinical Considerations
Etta's mom completes part 1 of DA form before appointment
Etta and mom participate enthusiastically
Mom has already documented most of what is required for the Brief
Likelihood is high that Etta needs more than 10 sessions
Etta and Mom come to appointment
~~Brief~~
Standard
Extended
Mom arrived with substantial amount of information
Etta will require more than 10 psychotherapy sessions
Etta and mom quickly engage in the process and participate
Can get all necessary information through phone contact with teacher, priest and dad
Diagnostic Need to observe Etta in classroom with peers
Diagnostic need to engage in telemedicine to talk with Father (in Afghanistan)
Need at least 3 appointments to determine grief/loss, anxiety, and environmental concerns


Ana Lucia Decision Tree
Clinical Considerations
Ana and her mother arrive for an appointment
New to counseling
Has complex physical and mental health conditions
Cultural Conditions
Family involved with CP
Brief
Standard
Extended
Begin Treatment Immediately to build trust and explore issues
At end of 10 sessions, a Standard or Extended is required for further services
Able to get sufficient information for clear clinical understanding within 2 appointments
Gather information from School, Doctors, CP worker and Family members on phone
Diagnostic need for appointments with Medical team, CP worker, mother's family, and/or father's family
*Ana is a child therefore does not have to be present for all appointments in order for an extended to be done.
Extensive analysis of how medical, mental health, and environmental situation connect for clinical formulation


Marie's Extended Diagnostic
(Clinical Considerations)
Current substance abuse complicating diagnostic picture
• 3 appointments with Marie Present
• Collateral Information Review Crucial
Integrated Assessment of Mental illness and Substance Use to obtain more accurate diagnoses
Current and history of substance use
• Alcohol Use Scale (AUS)
• Drug Use Scale (DUS)
Assessment of Motivation or Readiness for Change
• Readiness ruler
• Stage of Change Assessment Tool (SATS-R)
Assessment of interaction of both illnesses
• Comprehensive Longitudinal Assessment
• Contextual Assessment

Additional Resources

- Bulletin
  - Q&A
- MHCP Manual
  - Deals with questions around billing
- DHS Website
  - http://www.dhs.state.mn.us/dhs16_160315
- DHS Contacts
  - Send Questions to:
    - DHS.AdultMHFunding@state.mn.us

85

Thank you!

86