



County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 12-03

Date July 24, 2012

To Department of Behavioral Health Staff
Contract Agency Staff

From CaSonya Thomas, Director 

Subject Clinical Re-Assessment

Purpose To provide a guide for use by clinicians to determine the medical necessity and clinical need to conduct and document a re-assessment.

DMH Review Finding During the last Department of Mental Health (DMH) review, it was noted that three of the seventeen charts reviewed lacked evidence that a re-assessment was completed for at least five years following the initial assessment. The charts were for beneficiaries who had been in continuous care during this time period. DMH commented that it was unclear how the clinician could develop a current care plan without completing an updated clinical assessment.

Plan of Correction The DBH Plan of Correction was to include the development of a written criteria or set of guidelines, to be distributed to all clinical staff and contract providers, which would define the principal conditions or clinical status changes that are to trigger the completion of a written re-assessment. This is viewed as preferable to a mandated standardized time period at which a re-assessment would become due because DBH strives to accommodate clients based on their individual needs. Some clients may need assessment updates more frequently than, for example, every two years, and others may not. Due to the many important changes that often occur within a client's life during an extended course of treatment, it would be viewed as highly improbable, to not see the need for a re-assessment several years after the initial assessment. This view is consistent with the DMH review findings.

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Guidelines

In order to ensure a high standard of effective treatment based on a complete, accurate, and current assessment, it is mandatory that all DBH clinical staff and contract agency staff review the following criteria and utilize it as a guide to determine the medical necessity and clinical need to conduct and document a re-assessment. The following list is only an abbreviated list which illustrates the status changes that would potentially trigger a re-assessment. Ultimately, sound clinical judgment must be used by clinicians to determine the need to re-assess their clients.

Triggers for a re-assessment include but are not limited to:

1. Hospitalizations (especially if the hospitalization was for symptoms not previously identified).
2. An unexplained significant change in the global assessment of functioning.
3. Occurrence of significant clinical features of another diagnosis (not previously identified, considered, and ruled-out), or considered upon initial assessment and ruled out.
4. Ongoing ineffectiveness of an engaged treatment plan (client recovery plan) to an expected degree of progress or stabilization.
5. Significant psychosocial stressors (e.g., arrest, lost housing, physical disability, job loss, etc.), impacting the current level of functioning or impairing the progress towards treatment goals.
6. Loss of significant other, or primary support person (s), through death, divorce, or other separation (other instances that potentially increase the degree of personal isolation, may be included here as well).
7. Significant healthcare changes/medical conditions. This would include an unexplained weight gain or loss, an unexplained change in sleep pattern or the appearance of previously non-identified sleep disturbances, and/or unexplained significant deterioration of cognitive functioning.
8. Occurrences of "danger to others" incidences (such as those which require a determination of the issuance of a "Tarasoff" warning).
9. An unscheduled/unexplained gap in services and no contact with the clinic for 90 days or more.

Please note the emphasis on "unexplained", as many of these items occur as symptomatic of various mental disorders. As stated, clinical judgment should ultimately determine the necessity to document a fresh clinical update, and the occurrence of one item alone, that is explored, explained and documented in progress notes would not necessarily dictate a fresh update, but the occurrence of one or several of these items, simply mentioned in progress notes, within a chart, that has an assessment several years old, will draw necessary scrutiny.

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**Additional
Criteria/Status
Changes**

Additional criteria and status changes that would potentially trigger an update in our population of children and youth served include, but are not limited to:

- Changes due to maturation (e.g., puberty & related impact upon interpersonal relationships)
 - Changes in school setting (e.g., onset of middle school, increased percentage of mainstreaming)
 - Changes in family relations (e.g., divorce, change in family structure)
 - Changes in residence (e.g., move or foster placement changes)
 - Anticipation of Life Milestones (e.g., 6 months prior to reaching age of majority, 3 months before graduation from high school)
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Questions

Questions regarding this Information Notice may be directed to Quality Management at 909-421-9456.
