

DHS/Division of Mental Health FY12 Provider Manual

Functional Standardized Assessments of Consumers Overview

Providers under contract shall utilize the reporting of Functional Standardized Assessments based on the guidelines in the Provider Manual.

- 1) For all consumers age 18 and older that are not in the DHS/DMH Non-Medicaid Eligible Population Group the Provider shall ensure the completion of the Level of Care Utilization System (LOCUS) scale within 30 days of the first date of service, followed by a re-assessment every six months there after with this scale following each of these assessments, and at treatment completion or termination. Explanations for failure to complete these scales are to be documented in the consumer's clinical record. This information shall be entered in the consumer's registration record in the DHS/DMH management information system.
- 2) For all youth consumers ages 5 through 17, the Provider shall ensure the completion of the Ohio Scale (worker version) and the Columbia Impairment Scale (parent version; youth version is required only on youth age 10 and above) within 30 days of the first date of service, followed by quarterly re-assessments with these scales (i.e. within every 92 days) following each of these assessments, and at treatment completion or termination. The Provider will ensure that these assessment results and other required information are entered into the web-based outcomes analysis system maintained by DHS/DMH. Explanations for failure to complete these scales are to be documented in the consumer's clinical record. This information shall be entered in the consumer's registration record in the DHS/DMH management information system.
- 3) For all youth consumers age 1 month up to age 5 years, the Provider shall ensure the completion of the Devereux Early Childhood Assessment within 30 days of then first date of service, followed by quarterly re-assessments with these scales (i.e. within every 92 days) following each of these assessments, and at treatment completion or termination. The Provider will ensure that the assessment results and other required information are entered into the web-based outcomes analysis system maintained by DHS/DMH. Explanations for failure to complete these scales are to be documented in the consumer's clinical record. This information shall be entered in the consumer's registration record in the DHS/DMH management information system.
- 4) For all active ICG (Individual Care Grant) Program-involved youth, including those youth older than 17 years, the Provider shall ensure the completion of the Ohio Scale (worker version; youth version is required only on youth age 10 and above) and the Columbia Impairment Scale (parent and youth version) within 30 days of the first date of service, followed by quarterly re-assessments with these scales (i.e. within every 92 days) following each of these assessments, and at treatment completion or termination. The Provider will ensure that these assessment results and other required information are

entered into the web-based outcomes analysis system maintained by DHS/DMH. Explanations for failure to complete these scales are to be documented in the consumer's clinical record. This information shall be entered in the consumer's registration record in the DHS/DMH management information system.