Clinical Guidelines and Service Definitions

Psychosocial Assessment

Funding Stream:
This service is funded through El Paso County Core Services only.

Definition of Service:
• **Service goals are centered on promoting child and family safety and family protective capacity.**
• A Psychosocial Assessment is a foundational assessment to determine an individual’s presenting problems, history, strengths and clinical service needs. Assessments will be related to the primary presenting problem, and providers will screen for other related problems or issues. This assessment is utilized to engage individuals quickly, which then allows for problem identification and treatment planning.

• All Psychosocial Assessments include a review and documentation of an individual’s:
  ▪ Reason for Referral
  ▪ Individual’s perception of presenting problem
  ▪ Client History
    ○ Social
    ○ Family
    ○ Developmental History
    ○ Legal
    ○ Education
    ○ Life skills
    ○ Employment
    ○ History of Abuse/Neglect
  ▪ Treatment History
  ▪ Current/Past Medications
  ▪ Substance Abuse
  ▪ Domestic Violence
  ▪ Strengths
  ▪ Risks
  ▪ Collateral Contact
  ▪ Case Summary
  ▪ Treatment Plan
  ▪ Diagnostic Summary
  ▪ Recommendations
Clinical Guidelines and Service Definitions
Psychosocial Assessment
Continued

- Psychosocial Assessments are chosen to provide an initial assessment of all areas to include: Mental Health, Substance Abuse, Domestic Violence, Sexual Offense, and Developmental or Cognitive issues as listed above. If appropriate and supported through information obtained in the assessment, the Psychosocial Assessment may recommend a more in-depth evaluation for specialty areas such as: Domestic violence, family violence, sexual abuse, substance abuse and developmental disabilities.

- A diagnosis from a licensed clinician may be included in the Psychosocial Assessment if symptoms are obvious and the diagnosis is clear. Clinicians are asked, however, to consider possible adverse consequences of a diagnosis made after only one or two sessions with a client.

- The Provider is expected to obtain collateral information and document collateral contacts to insure that the information contained in the assessment is accurate.

- The written Psychosocial Assessment should contain documentation of all of the areas above. A copy of the completed assessment will be provided to the caseworker and care coordinator by the Provider. The Provider is required to complete the required Psychosocial Assessment Form to be eligible for reimbursement.

- A Staffing Meeting is held and the assessment reviewed within 30 – 45 days of receipt of Psychosocial Assessment authorization. The Staffing Meeting shall include provider, family, caseworker as well as an invitation for participation to other relevant parties (i.e. attorney, GAL).

- Provider may recommend services to be put in place prior to the Staffing Meeting, if appropriate, during the completion of the Psychosocial Assessment process. These services shall be coordinated with the caseworker.

- The collection and review of collateral information must be obtained prior to completing the report and documentation of the collateral information must be included in the final written report. If unable to obtain collateral data within one week of the referral, the provider must outreach to caseworker/supervisor/Health Network care coordinator to facilitate collection of collateral information. Reports written without obtaining collateral information will not be reimbursed without prior approval from AspenPointe Health Network.

**Estimated Length of Treatment:**
Not applicable – Providers are reimbursed per psychosocial assessment and may be reimbursed for an individual session for the Staffing Meeting.
Clinical Guidelines and Service Definitions
Psychosocial Assessment
Continued

**Frequency of Service:**
One time per year

**Provider Credentials:**
- Licensed Master’s level clinician or higher or, supervised by licensed Master’s level clinician.

**Provider Responsibilities:**
A preliminary written Psychosocial Assessment Form is required and due by the Staffing Meeting within 30-45 days of authorization of service. Both the Caseworker and Care Coordinator are to receive copies of the preliminary written Psychosocial Assessment Form.

The Provider will contact/invite/inform all parties regarding the strength-based Staffing Meeting that is to occur no later than 30-45 days of the authorization for services. Once the meeting is scheduled it is the responsibility of the parties to ensure attendance. Provider will make recommendations and discuss a proposed treatment plan and the need for any additional services.

If the Provider is unable to complete the Psychosocial Assessment due to client no-shows, the Provider will document all efforts made, including dates and times of each session, in a report to the Caseworker before the Staffing Meeting.

**Caseworker Responsibilities:**
In the case of client no-shows for the assessment, the Provider will contact the Caseworker to assist with getting the client to the Psychosocial Assessment appointments. The Caseworker will facilitate (or “lead”) each Staffing Meeting.