CSC Assessment and Admission Policy: Template

Instructions: How to Use This Template

This template is a starting point for providers, not a finished policy. Read each section, then:

- Replace every *bracketed prompt* with your own agency's information. Keep the required regulatory statements as written; they are the minimum the policy must contain. Your agency may add to them, but do not remove them. The light blue shaded boxes indicate which sections your agency is responsible for completing.
- Any section shaded light blue is intended for your agency to complete or modify as needed. Anything not shaded is either an instruction or a regulatory statement that must remain as written.
- Delete the *italicized guidance notes* in the shaded light blue boxes before submitting. They are instructions/prompts, not part of the policy.

Coordinated Specialty Care (CSC) Assessment and Admission Policy

Meets 12VAC35-105-650 A through F and 12VAC35-105-1426 A and B

Provider Name	*[Enter the licensed legal name]*
License #	
Policy Effective Date	*[MM/DD/YYYY]*
Population served	Individual is between 15 and 30 years of age at admission (12VAC35-105-1426 B.3.a)

Purpose

The language below is sample language. Keep it or write your own, but the regulatory statements must remain.

[Provider name] has developed and will implement this written assessment and admission policy to govern how assessments are conducted and documented and how admission decisions are made for individuals seeking or receiving Coordinated Specialty Care (CSC). This policy meets the requirements of 12VAC35-105-650 A through F and the CSC admission criteria in 12VAC35-105-1426 A and B.

Admission to CSC

12VAC35-105-1426 A

Before a CSC provider may admit an individual to the service, the individual shall meet the criteria for admission as defined by this chapter and the provider's policies.

12VAC35-105-1426 B

The policy regarding admission to CSC shall, at a minimum, meet the requirements of 12VAC35-105-650 and the assessment required by that section shall:

Each of the three requirements in 12VAC35-105-1426 B is quoted and addressed in its own section below: who conducts the assessment (B.1), where it is conducted (B.2), and what it must document (B.3).

How Assessments Are Conducted and Documented

12VAC35-105-650 A *requires the policy to define how assessments are conducted and documented. Describe your own process below.*

Assessments are conducted and documented as follows:

Assessment tool(s) used	*[Name the standardized tool(s)/format your program uses, including any tool used to establish the onset and duration of psychotic symptoms]*
Timeframe in which the assessment must be completed (must comply with regulations)	*[State when the initial assessment is completed (prior to or at admission) and when the comprehensive assessment is completed: no later than 30 days after admission.]*
Comprehensive psychiatric evaluation	*[State when the comprehensive psychiatric evaluation is completed and by whom. See 12VAC35-105-1428 A.2 below.]*
Where assessments are kept	*[e.g., the electronic health record / individual's record]*
What prompts a reassessment/How often are reassessments completed	*[e.g., every xx days and upon significant change]*

12VAC35-105-1428 A.2 *requires CSC psychiatric services to include "a comprehensive psychiatric evaluation, medication prescription monitoring, and contact with the individual. The psychiatric evaluation shall be completed as soon as possible but no later than 30 days after admission. Psychiatric services shall be provided by a psychiatrist, psychiatric nurse practitioner, or nurse practitioner or physician assistant working under the supervision of a psychiatrist."*

Compliance with 12VAC35-105-650

12VAC35-105-650 A through F sets the requirements for a provider's assessment policy, and 12VAC35-105-1426 B requires the CSC admission policy to meet them. This policy must state that the provider complies with all of 12VAC35-105-650 A through F. It does not need to reproduce the individual elements listed in 650 E and 650 F. Complete the statements below in your own wording. The regulatory statements must remain.

[Provider name] complies with 12VAC35-105-650 A through F.

Assessment is an ongoing activity, and [Provider name] makes reasonable attempts to obtain previous assessments or relevant history (12VAC35-105-650 D).

An initial assessment is initiated prior to or at admission to the service, is detailed enough to determine whether the individual qualifies for admission and to initiate an ISP, and includes each element required by 12VAC35-105-650 E.

A comprehensive assessment updates and finalizes the initial assessment, addresses each element required by 12VAC35-105-650 F, and is completed no later than 30 days after admission.

Reassessments are completed at least annually and any time there is a need based on changes in the medical, psychiatric, behavioral, or other status of the individual (12VAC35-105-675 A).

How these requirements are met in our assessment:

[Name the form or forms used and state where the elements required by 12VAC35-105-650 E and 650 F are captured in them.]

[State how you confirm the comprehensive assessment is completed within 30 days of admission, and how attempts to obtain previous assessments or relevant history are documented.]

Who Conducts Assessments

12VAC35-105-650 C *requires the provider to designate an employee or contractor who conducts assessments, and those staff must have experience with (1) the needs of the individuals being assessed, (2) the assessment tools used, and (3) the services individuals may require.* **12VAC35-105-1426 B.1** *requires the CSC assessment to "Be conducted by an LMHP, LMHP-R, LMHP-RP or LMHP-S. Assessments completed by an LMHP-R, LMHP-RP, or LMHP-S shall be signed by an LMHP;"* **12VAC35-105-1428 A.1** *provides: "Treatment planning may be developed through a team approach, but the ISP shall be signed and overseen by a LMHP."*

[Provider name] **has designated the following positions to conduct CSC assessments:**

[List the position titles that will conduct assessments: LMHP, LMHP-R, LMHP-RP, or LMHP-S. Describe how designated staff meet the experience requirements of 12VAC35-105-650 C.].

Assessments completed by an LMHP-R, LMHP-RP, or LMHP-S are signed by an LMHP. The ISP is signed and overseen by an LMHP.

Where the Assessment Is Conducted

12VAC35-105-1426 B.2 *requires the CSC assessment to "Be conducted in person in the individual's home or another location of the individual's choice;"*

The CSC assessment is conducted in person in the individual's home or another location of the individual's choice.

[Describe how the individual is offered the choice of location, how the location is documented, and how staff arrange an in-person assessment when the individual chooses a location other than the home.]

Involving the Individual

12VAC35-105-650 B *requires the provider to ensure that the individual and the individual's authorized representative, if applicable, will be actively involved in initial and comprehensive assessments and in reassessments, and that the provider considers the individual's needs, strengths, goals, preferences, and abilities within their cultural context.*

Complete the statement below in your own wording.

[Provider name] actively involves the individual, and the individual's authorized representative when applicable, in preparing initial and comprehensive assessments and all reassessments. In every assessment and reassessment, staff consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

How we do this in practice:

[Describe how your agency involves the individual and their authorized representative, for example through a person-centered interview, sharing draft findings, and obtaining input on goals. Describe how family members or other supports are included when the individual agrees, and how cultural context is reflected in the assessment.]

Admission Criteria: What the Assessment Must Document

Under **12VAC35-105-1426 B.3***, the CSC assessment must document all four of the findings below. An individual who does not meet all four does not qualify for admission to CSC.*

Admission Criteria: 12VAC35-105-1426 B.3

For admission to CSC, the assessment documents that the individual:

a. Is between 15 and 30 years of age at admission;

b. Exhibited psychotic symptoms for less than five years at admission;

c. *Has a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform disorder, other specified schizophrenia spectrum, affective disorder with psychosis, bipolar disorder with psychotic features, major depression with psychotic features, or other psychotic disorder. Individuals may also have a co-occurring diagnosis of a substance use disorder or developmental disability; and*

d. *Is experiencing symptoms of a mental, behavioral, or emotional illness that results in functional impairments in major life activities. Such symptoms may include auditory or visual hallucinations, delusions, or a thought disorder that causes significant disruptions in at least one of the following areas: (i) educational functioning, (ii) occupational functioning, (iii) relationships with family members, or (iv) building a social support network.*

A co-occurring substance use disorder or developmental disability does not by itself exclude an individual from CSC.

Where our assessment captures each criterion:

Age at admission (15 to 30)	*[Where the date of birth and age at admission are recorded and verified]*
Onset of psychotic symptoms (less than five years)	*[How the onset date or duration of psychotic symptoms is established, from what sources, and where it is recorded]*
Qualifying diagnosis	*[Where the diagnosis is recorded, and where any co-occurring substance use disorder or developmental disability is recorded]*
Symptoms and functional impairment	*[Where the symptoms are described and which of the four areas of significant disruption is documented]*

Policy Review and Approval

Reviewed / approved by	*[Name & title: Jane Doe, the LMHP team leader]*
Date approved	*[MM/DD/YYYY]*
Review cycle	*[e.g., annually and upon regulatory change]*

Responsible Provider signature

Date