


## COBB COUNTY COMMUNITY SERVICES BOARD

<b>Policy # 8075</b>	<b>Changes in Level of Care and Reassessment Process</b>
<b>Origination Date: February 1998</b>	
<b>Revision Date: March 2004; March 24, 2006; June 13, 2007; February 24, 2009; August 16, 2010, September 21, 2012, October 1, 2013, October 17, 2016, December 27, 2018, January 24, 2019</b>	
<b>Reviewed Date: February 2005</b>	
<b>Approved:</b>  <b>Foster Norman, Executive Director</b>	

### **POLICY:**

It is the policy of the Cobb County Community Services Board (the Board) to reassess each individual's needs in order to determine appropriate care and response to treatment. The Board also ensures all changes in an individual's level of care will follow an established procedure.

### **PROCEDURE:**

1. All changes in level of care require the completion of the authorization process, and an update to the treatment plan. If additional problems have been identified, then these problems should be added to the treatment plan. Any problems that have been resolved should be adjusted accordingly on the treatment plan.
2. Authorization must be obtained before transition into the new program/service. Transitions to new levels of care shall follow the agency policies and procedures for Intra-agency Referrals (Policy # 8043).
3. For individuals transitioning to new agency services/programs, it will require the completion of a Level of Care Transition Summary in the individual's ECR and a Clinical Request for Information System Additions/Changes form to alert Medical Records of this change.
4. The individual is reassessed on an ongoing basis throughout the course of his/her treatment. The individual's symptoms and response to treatment are documented in progress notes.
5. Individuals go through the reassessment process at least once per year. Some services may require a reassessment every six months.
6. The individual is also reassessed and the treatment plan updated when changes in the individual's condition occur and/or upon transition of an individual to a different level of care.
7. It is important to gauge the effectiveness of services provided to individuals, determine additional goals and needs and to include individuals in the service and treatment planning process. If an individual receives multiple services, assessment data is to be coordinated among treatment providers.

All individuals will receive a Behavioral Health (Bio-Psycho-Social) Reassessment or at least once per year and every six (6) months as services require. This Reassessment should be completed **WITH** the individual and noted accordingly in the note. It should also document the individual's SNAPIs (Strengths, Needs, Abilities, Preferences and Interests),

with an emphasis on the individual's needs. The individual's individualized and person-centered goals should be in the individual's own words or individual-friendly language and be the goals he/she wants to accomplish. Goals should be included for each service the individual is receiving. It is important to include specific outcomes the individual wants to achieve and a statement(s) about the individual's hopes and recovery goals. These goals will be incorporated into the individual's individualized and person-centered treatment plan.

8. ACT will also complete a Treatment Plan review every 90 days per program guidelines.
9. When an individual receives a Reassessment, the information is incorporated into the Interpretive Summary to demonstrate individual functioning in different environments and situations and establish priorities of care for treatment planning.
10. The assessment data in the Physician/Prescriber Progress Notes will also provide updated assessment information required for continued care. If the physician/prescriber notes an increase in needs or intensity, a referral for a Behavioral Health Reassessment should be made to further define a plan of care.
11. For individuals who need an update to their plan of care prior to their scheduled reassessment date, Service Plan Development can be utilized.
  - a. Service Plan Development does not replace or supplant the required reassessment(s) mentioned above.

*Related Policies - Intra-agency Referrals Policy # 8043).*