Intensive Residential Treatment Services Admission Screening

THE RECOVERY ACADEMY

Overview

Intensive Residential Treatment Services (IRTS) are time-limited (i.e., up-to 90 days) MH services provided in a residential setting to adults in need of a more restrictive milieu and at risk of significant functional deterioration if they do not receive these services. Recovery Academy (RA) is designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live independently. Treatment is directed to a targeted discharge date with specified goals and outcomes consistent with evidence-based practices (EBPs). The services are designed to promote individual choice and active involvement of the patient in the treatment process. Admission is based on specific criteria outlined in Minn. Stat. § 245I.23, Subd. 15 for IRTS.

IRTS Admission Criteria

1. Age 18 years of age or older.
2. Diagnosed with a mental illness (MI) according to dimensions outlined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR).
3. Has the need for MH services that cannot be met with other available community-based services or is likely to experience a MH crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided as determined by the written opinion of a mental health professional (MHP).
4. Functionally impaired because of MI, in **three or more areas** of a functional assessment (FA) pursuant to Minn. Stat. § 245.462, Subd. 11a.
   - ☐ Use of drugs and alcohol.
   - ☐ Vocational and educational functioning.
   - ☐ Social functioning, including the use of leisure time.
   - ☐ Interpersonal functioning, including relationships with the adult's family.
   - ☐ Self-care and independent living capacity.
   - ☐ Medical and dental health.
   - ☐ Financial assistance needs.
   - ☐ Housing and transportation needs.
   - ☐ Other needs and problems.
5. Additionally, **one or more** of the following:
   - ☐ History of recurring or prolonged inpatient hospitalization in the past year.
   - ☐ Significant independent living instability.
   - ☐ Homelessness.
   - ☐ Frequent use of MH and related services yielding poor outcomes

Application

Individuals who are likely not appropriate for IRTS admission include: (1) substantial risk of harm to self, others, and/or property or are unable to care for their own physical health and safety in a life-endangering situation (e.g., fire), (2) believed to have used alcohol of sufficient amount and duration to create a reasonable expectation of withdrawal upon cessation of use, and (3) those who have complex medical or other serious health care conditions. Please contact admissions at Admissions@recoveryacademymn.com or 888-618-5871. Complete and submit the following for admission consideration:

1. Case manager referral form.
2. Pre-admission medical and physical requirements form by licensed provider or qualified nurse practitioner (PNP).
3. Confirmation and list of current medications prescribed.
4. Verification of funding source.
5. Program director recommendation.

Case Manager Referral Form

Please attach the most recent: (1) diagnostic assessment (DA), (2) level of care utilization system (LOCUS) assessment, and (3) functional assessment (FA).

Client Information

Client Name:		**Date of Birth (DOB):**	
Client Age:		**Ethnicity:**	
Sexual Orientation:		**Gender Identity**	
Religion:		**Spirituality:**	
Language Preference:		**Employed:**	Yes ☐ No ☐
Level of Education:		**Employment Status:**	
Financial Concerns:	Yes ☐ No ☐	**Veteran:**	Yes ☐ No ☐
Legal Status:	Voluntary ☐		Commitment ☐
	Stay of Commitment ☐		Guardianship ☐

Referent Information

Name:		**County of Responsibility:**	
Title:		**Phone Number:**	
Agency:		**Fax Number:**	
Address:		**E-Mail Address:**	

Clinical Impression and Diagnoses

Reasons for Placement

Goals for Placement

Patient Financial Information

Monthly Gross:

Reductions:

Employer:

Employer Phone:

Patient Income Source

- ☐ Employment
- ☐ Unemployment Insurance
- ☐ Veterans Affairs Disability
- ☐ Workmen's Compensation
- ☐ General Assistance
- ☐ General Assistance and Medical Care
- ☐ Retirement Survivors Disability Insurance
- ☐ Social Security Income
- ☐ Social Security Income Pending
- ☐ Retirement
- ☐ Other:

Patient Housing Source

- ☐ Section 8
- ☐ Bridges
- ☐ Crisis Housing Fund
- ☐ Other:

Patient Funding Source

- ☐ Medical Assistance
- ☐ Medical Assistance Pending
- ☐ Minnesota Care
- ☐ Private or Commercial

Patient Funding Source

Medical Assistance, Person Master Index:

Effective Date:

Insurance Name:

Insurance Number:

Insurance Group Number:

Pre-Authorization Required: Yes ☐ No ☐

Additional Consideration

The following information is required before intake:

- ☐ Copy of the court findings, if a patient is on a full commitment or stay of commitment, which indicates the type of commitment as well as a copy of the provisional discharge (PD).
- ☐ Copy of completed health and physical (H&P) within 30 days that includes: (1) medical history, (2) immunization record, and (3) statement that patient is free of communicable diseases signed by a physician or qualified NP.
- ☐ Three-day supply of current medications.

THE RECOVERY ACADEMY

Health History

Client Information

Client Name:		**Date of Birth (DOB):**	
Client Age:		**Ethnicity:**	
Sexual Orientation:		**Gender Identity**	
Religion:		**Spirituality:**	
Language Preference:		**Employed:**	Yes ☐ No ☐
Level of Education:		**Employment Status:**	
Financial Concerns:	Yes ☐ No ☐	**Veteran:**	Yes ☐ No ☐

Provider and Assessment Information

Provider Name:		**Appointment Date:**	
Provider Credentials:		**Appointment Day:**	
Admission Date:		**Appointment Time:**	
Evaluation Type:	Initial ☐		Update ☐

Primary Health Complaint

Current Medications

Medication	Diagnosis	Dose	Frequency	Last Taken

Symptom Review

☐ Constitutional	☐ Gastrointestinal	☐ Psychiatric
☐ Eyes	☐ Genitourinary	☐ Endocrine
☐ Ears, Nose, Throat (ENT)	☐ Musculoskeletal	☐ Hematological
☐ Cardiovascular	☐ Integumentary	☐ Allergies
☐ Respiratory	☐ Neurologic	☐ Other:

Comments

Mental Status Examination (MSE)

Observations

Appearance	☐ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre
Speech	☐ WNL	☐ Tangential	☐ Pressured	☐ Impoverished
Eye Contact	☐ WNL	☐ Intense	☐ Avoidant	☐ Erratic
Motor Activity	☐ WNL	☐ Restless	☐ Tics	☐ Delayed
Affect	☐ Full	☐ Constricted	☐ Flat	☐ Labile

Comments

Mood

☐ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric

Comments

Cognitive Impairment

Orientation	☐ None	☐ Person, Place, and Situation	
Memory	☐ None	☐ Short-Term	☐ Long-Term
Attention	☐ None	☐ Distracted	☐ Erratic

Comments

Thoughts

Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☐ Act
Homicidality	☐ None	☐ Aggression	☐ Intent	☐ Plan	
Delusions	☐ None	☐ Grandiose	☐ Paranoid	☐ Religious	

Comments

Behaviors

☐ Cooperative	☐ Withdrawn	☐ Paranoid
☐ Bizarre	☐ Hyperactive	☐ Aggressive
☐ Guarded	☐ Agitated	☐ Religious

Comments

Past Medical History

☐ Asthma	☐ GERD or Ulcers	☐ Neurological Disorders
☐ Bleeding Disorder	☐ Kidney Failure	☐ Seizures
☐ Cancer	☐ High Blood Pressure	☐ Sleep Disorder
☐ Cardiovascular	☐ High Cholesterol	☐ Eye Disorder
☐ Diabetes	☐ Migraines	☐ Other:

Comments

Family Medical History

☐ Asthma	☐ GERD or Ulcers	☐ Neurological Disorders
☐ Bleeding Disorder	☐ Kidney Failure	☐ Seizures
☐ Cancer	☐ High Blood Pressure	☐ Sleep Disorder
☐ Cardiovascular	☐ High Cholesterol	☐ Eye Disorder
☐ Diabetes	☐ Migraines	☐ Other:

Comments

Substance Use History

Substance	Age of First Use	Frequency	Last Use Date	Treatment	
				☐ Yes	☑ No
				☐ Yes	☐ No
				☐ Yes	☐ No

Summary and Recommendations

Attestation

Provider Signature

Date

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Release of Information

Patient Information

Patient Name | Date of Birth (DOB)
Street Address | E-Mail Address
City | State | Zip Code | Phone Number

Releasing Party

Party Name
Street Address | E-Mail Address | Fax Number
City | State | Zip Code | Phone Number

Receiving Party

Party Name
Street Address | E-Mail Address | Fax Number
City | State | Zip Code | Phone Number

Release Purpose

- ☐ Continuing Care
- ☐ Insurance
- ☐ Other:
- ☐ Personal Use
- ☐ Social Security
- ☐ Legal
- ☐ Disability

Pursuant to Minn. Stat. § 144.294 and 45 CFR § 164.524, fees may be charged for release of documentation.

Information to be Released

I want my records related to:

I want my records for the following dates:

Individual Options

- ☐ Diagnostic Assessment
- ☐ Health History
- ☐ Functional Assessment
- ☐ Everything
- ☐ Individual Encounters
- ☐ Group Encounters
- ☐ Intake Forms
- ☐ Individual Abuse Prevention Plan
- ☐ Treatment Plan
- ☐ Locus of Care Assessment
- ☐ Immediate Needs Assessment

Method of Release

Date records are needed:

Individual Options

- ☐ Secure E-Mail
- ☐ U.S. Mail
- ☐ Non-Secure E-mail (i.e., Patient Only)
- ☐ Pick-Up
- ☐ Fax

Note: I acknowledge that by electing to receive my health information via e-mail in a non-secure manner that the information is not encrypted and that it could be intercepted and viewed by a third party. Recovery Academy (RA) and Horowitz Health are not responsible for unauthorized access to your health information while in transmission to the e-mail address you designated above.

Note

By signing this authorization, you grant permission for the release of your information, which will remain valid for one year from the date of your signature, unless a different date or expiration is specified. This authorization can be revoked in writing at any time; however, any releases that occur prior to the revocation will still apply. It is important to note that declining to sign this authorization will not impede your access to treatment. Copies or faxes of this authorization hold the same weight as the original. Your records may encompass information received from other organizations, and if such records have been incorporated into your file at Recovery Academy (RA), they may also be disclosed. Keep in mind that RA cannot control the subsequent sharing of your information by the recipient, and this data may not retain the same state and federal privacy protections once it is released. By signing, you release RA from any liability stemming from the recipient's redisclosure of the information. Notably, under 42 CFR Part 2, unauthorized disclosure of substance use records is prohibited. Your signature signifies your comprehension of- and agreement with- the contents of this form, authorizing the release of your information as detailed above.

Patient or Authorized Representative Signature | Date

THE RECOVERY ACADEMY

Informed Consent

Consent for Services

This consent extends to all services and programs offered at Recovery Academy (RA) and by its providers, both current and future, for my care or that of the patient. I have been duly furnished with comprehensive and accurate information pertaining to my treatment plan. RA and its staff have afforded me adequate time to peruse the provided details and seek additional information regarding the proposed services. This includes an understanding of: (1) treatment objectives, (2) administration methods, (3) scope of services to be delivered, (4) anticipated side effects, (5) treatment-related risks, and (6) an approximate timeframe for the recommended course of treatment.

Consent for Treatment

I acknowledge that a mental health (MH) or substance use (SU) condition necessitates diagnosis and treatment for either me or the primary patient. I will have the opportunity to engage in a dialogue with TH staff responsible for my care regarding the treatment deemed necessary by RA and its staff. To facilitate this care, RA and its staff may gather health-related information about me, which may encompass details such as family health history. While RA and its staff are committed to addressing my treatment inquiries, it is important to note that specific outcomes cannot be guaranteed based on proposed treatments. My questions about treatment will be addressed by RA and its staff. Achieving desired results with Intensive Residential Treatment Services (IRTS) or Residential Crisis Stabilization (RCS) requires active involvement on my part. The success of the treatment hinges upon my active participation, encompassing involvement in treatment planning, individual and group skill enhancement, and therapy appointments. I retain the right to decline any suggested treatment by communicating my decision to the staff working with me, at any point in time.

Insurance Benefits and Release of Information (ROI) for Payment

RA is permitted to bill my insurance, and I hereby grant authorization for my insurance payments to be directed to RA for any services rendered to me or the primary patient. I provide my consent and authorization to RA to disclose information about me, which may encompass: (1) MH service documentation, (2) progress notes, (3) admission or discharge status, and (4) residential status, to my insurance provider or any other entity responsible for covering the services offered by RA to me. By granting this consent and authorization, I acknowledge and agree that this information may be shared with entities such as the: (1) Minnesota (MN) Department of Human Services (DHS), (2) Prepaid Medical Assistance Program (PMAP), (3) managed care organizations (i.e., insurance companies), (4) county social services agencies, (5) Medicare, (6) or other related entities. Furthermore, I grant the Landing the authority to contest any denial of claims for services provided by the Landing to me, appealing such denials to the Minnesota Department of Human Services or any other relevant regulatory oversight entity.

Payment Responsibility and Financial Assistance

I am aware that RA will make every effort to submit claims to my insurance for the services provided to me or the primary patient. However, I acknowledge that I hold ultimate responsibility for settling all charges associated with the services delivered by RA and its staff. This responsibility extends to: (1) covering co-payments, (2) deductibles, (3) co-insurance, (4) spend-downs, or (5) any services not encompassed by my health plan. I understand that failure to settle these charges may lead to the potential discontinuation of my access to services at RA. Should I find myself unable to meet these charges, I have the option to notify the staff at any time. They will be available to assist in identifying suitable alternatives to enable me to continue receiving services. These options may include various forms of financial assistance, contingent upon my prevailing circumstances.

Rules of Engagement

All individuals, including staff, visitors, volunteers, and patients, are expected to actively contribute to maintaining the safety of RA environment for everyone participating in its programs and utilizing its facilities. Upholding these safety standards is paramount, and failure to adhere to the established rules may result in immediate action or discharge from services. To ensure the safety and well-being of all, the following guidelines must be strictly observed:

1. Consumption, storage, or sharing of alcohol and any drugs is strictly prohibited on RA grounds or within its facilities.
2. Attending services at RA while under the influence of alcohol or drugs is strictly prohibited.
3. Engaging in sexual activity or any form of intimate physical contact between residents or staff on RA premises is strictly prohibited.
4. Deliberate acts of aggression towards staff, residents, volunteers, visitors, or property will not be tolerated. Appropriate measures will be taken to address and halt such behavior, including the possibility of program discharge.
5. Possession of any type of weapon on the premises is strictly prohibited.

Concerns and Revocation

If I have any questions or concerns regarding this consent, I have the option to address them with RA staff who presented me with this document. The authorizations I am granting through this form will be valid for a period of one year unless I choose to revoke them by submitting a written request to RA. It is important to note that any actions that were initiated while my consent or authorization was in effect will continue to be valid. **By signing below, I affirm that I have carefully read and understood the contents of this agreement, and I agree with its terms.**

Print Patient Name

Patient Signature

Date

Level of Care Utilization System Assessment

Patient and Provider Information

Patient Name:		**Appointment Date:**	
Date of Birth (DOB):		**Appointment Day:**	
Patient Gender:		**Patient Sex:**	
Provider Name:		**Appointment Time:**	
Provider Credentials:		**Appointment Location:**	
Admission Date:		**Discharge Date:**	

Primary Diagnosis:		**Secondary Diagnosis:**	

Reference the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Additionally, include the corresponding diagnostic code(s).

I. Risk of Harm

1. Minimal Risk of Harm

a. No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation.
b. No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress.
c. Clear ability to care for self now and in the past.

2. Low Risk of Harm

a. No current suicidal or homicidal ideation, plan, intentions or severe distress, but may have had transient or passive thoughts recently or in the past.
b. Occasional substance use without significant episodes of potentially harmful behaviors.
c. Periods in the past of self-neglect without current evidence of such behavior.

3. Moderate Risk of Harm

a. Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.
b. No active suicidal or homicidal ideation, but extreme distress and/or history of suicidal/homicidal behavior exists.
c. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions does not represent significant change from baseline.
d. Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior.
e. Some evidence of self-neglect and/or compromise in ability to care for oneself in current environment.

4. Serious Risk of Harm

a. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
b. History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from usual behavior.
c. Recent pattern of excessive substance use resulting in loss of self-control and clearly harmful behaviors with no demonstrated ability to abstain from use.
d. Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.

5. Extreme Risk of Harm

a. Current suicidal or homicidal behaviors or such intentions with a plan and available means to carry out this behavior:
   i. Without expressed ambivalence or significant barriers to doing so; or
   ii. With a history of serious past attempts which are not of a chronic, impulsive or consistent nature; or
   iii. In presence of command hallucinations or delusions which threaten to override usual impulse control.
b. Repeated episode of violence toward self or others, or other behaviors, resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
c. Extreme compromise in ability to care for oneself or to adequately monitor environment with evidence of deteriorating in physical condition or injury related to these deficits.

LOCUS Level Score I:

II. Functional Status

1. Minimal Impairment

a. No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation.

2. Mild Impairment

a. Experiencing some problems in interpersonal interactions, with increased irritability, hostility, or conflict, but is able to maintain some meaningful and satisfying relationships.
b. Developing minor but consistent difficulties in social role functioning and meeting obligations, such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, but maintaining ability to continue in those roles.
c. Demonstrating significant improvement in functioning following a period of deterioration.

3. Moderate Impairment

a. Becoming conflicted, withdrawn, alienated, or otherwise troubled by most significant relationship, but maintains control of any impulsive, aggressive, or abusive behaviors.
b. Appearance and hygiene may fall below usual standards on a frequent basis.
c. Significant disturbances in physical functioning such as sleep, eating habits, activity level, or sexual appetite but without serious threat to health.
d. Significant deteriorating in ability to fulfill responsibilities and obligations to job, school, self, or significant others and these may be avoided or neglected on some occasion.
e. Ongoing and/or variably severe deficits in interpersonal relationships, ability to engage in socially constructive activities, and ability to maintain responsibilities.
f. Recent gains and/or stabilization in function have been achieved while participating in treatment in a structured and/or protected setting.

4. Serious Impairment

a. Serious decrease in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abuse behaviors.
b. Significant withdrawal and avoidance of almost all social interactions.
c. Consistent failure to maintain personal hygiene, appearance, and self-care near usual standards.
d. Serious disturbances in physical functioning such as weight change, disrupted sleep, or fatigue that threaten physical well-being.
e. Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.

5. Severe Impairment

a. Extreme deterioration in social interactions which may include chaotic communication, threatening behaviors with little or no provocation, or minimal control of impulsive, aggressive or abuse behavior.
b. Development of complete withdrawal from all social interactions.
c. Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairment in physical status.
d. Extreme disruptions in physical functioning causing serious harm to health and wellbeing.
e. Complete inability to maintain any aspect of personal responsibility as a citizen, or in occupational, educational, or parental roles.

LOCUS Level Score II:

III. Medical, Addictive, and Psychiatric Co-Morbidity

1. No Co-Morbidity

a. No evidence of medical illness, substance use disorder, or psychiatric disturbances apart from the presenting disorder.
b. Any illnesses that may have occurred in the past are now stable

2. Mild Co-Morbidity

a. Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder.
b. Occasional episodes of substance misuse, but any recent episodes are self-limited, show no pattern of escalation, there is no indication that they adversely affect the course of any coexisting psychiatric disorder.
c. May occasionally experience psychiatric symptoms which are related to stress, medical illness, or substance use, but which are transient and have no discernable impact on the co-existing substance use disorder.

3. Significant Co-Morbidity

a. Medical conditions exist, or have potential to develop (e.g., diabetes or a mild physiologic withdrawal syndrome), which may require significant medical monitoring.
b. Medical conditions exist which may be adversely affected by the existence of the presenting disorder.
c. Medical conditions exist which may adversely affect the course of the presenting disorder.
d. Ongoing or episodic substance use occurring despite adverse consequences with significant or potentially significant negative impact on the course of any co-existing psychiatric disorder.

e. Recent substance use which has had clearly detrimental effects on the presenting disorder but which has temporarily arrested through use of a highly structured or protected setting or through other external means.
f. Significant psychiatric symptoms and signs are present which are themselves somewhat debilitating, and which interact with- and have an adverse effect on- the course and severity of any co-existing substance use disorder.

4. Major Co-Morbidity

a. Medical conditions exist, or have a very high likelihood of developing (e.g., moderate but uncomplicated alcohol, sedative, or opiate withdrawal syndrome, mild pneumonia, or uncontrolled hypertension), which may require intensive; although not constant, medical monitoring.
b. Medical conditions exist which are clearly made worse by the existence of the presenting disorder.
c. Medical conditions exist which clearly worsen the course and outcome of the presenting disorder.
d. Uncontrolled substance use disorder at a level, which poses a serious threat to health if unchanged, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.
e. Psychiatric symptoms exist which are clearly disabling and which interact with- and seriously impair ability to- recovery from any co-existing substance use disorder.

5. Severe Co-Morbidity

a. Significant medical conditions exist which may be poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
b. Presence and lack of control of presenting disorder places client in imminent danger from complications or existing medical problems.
c. Uncontrolled medical conditions severely worsen the presenting disorder, dramatically prolonging the course of illness and seriously impeding the ability to recover from it.
d. Severe substance dependence with inability to control use under any circumstance with intense withdrawal symptoms and/or continuing use despite clear exacerbation of any co-existing psychiatric disorder and other aspects of well-being.
e. Acute or severe psychiatric symptoms are present which seriously impair a client's ability to function and prevent recovery from any co-existing substance use disorder, or seriously exacerbate it.

LOCUS Level Score III:

IV. Recovery Environment

A) Level of Stress

1. Low Stress Environment

a. Essentially no significant or enduring difficulties in interpersonal interactions and significant life circumstances are stable.
b. No recent transitions of consequence.
c. No major losses of interpersonal relationships or material status have been experienced recently.
d. Material needs are met without significant cause for concern that they may diminish in the near future, and no significant threats to health or safety are apparent.
e. Living environment poses no significant threats or risk.
f. No pressure to perform beyond capacity in social role.

2. Mildly Stressful Environment

a. Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties.
b. A transition that requires adjustment such as change in household members or a new job or school.
c. Circumstances causing some distress such as a close friend leaving town, conflict in- or near- current residence, or concern about maintaining material wellbeing.
d. A recent onset of a transient but temporarily disabling or debilitating illness or injury.
e. Potential for exposure to alcohol and/or drug use exists.
f. Performance pressure (i.e., perceived or actual) in school or employment situations creating discomfort.

3. Moderately Stressful Environment

a. Significant discord or difficulties in family or other important relationships or alienation from social interaction.
b. Significant transition causing disruption in life circumstances such as job loss, legal difficulties, or change of residence.
c. Recent important loss or deterioration of interpersonal or material circumstances.
d. Concern related to sustained decline in health status.
e. Danger in- or near- habitat.
f. Easy exposure and success to alcohol and drugs.
g. Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner.

4. Highly Stressful Environment

a. Serious disruption of family or social milieu which may be due to illness, death, divorce or separation of parent and child, severe conflict, torment and/or physical or sexual mistreatment.
b. Severe disruption in life circumstances such as going to jail, losing housing, or living in an unfamiliar, unfriendly culture.
c. Inability to meet needs for physical and/or material well-being.
d. Recent onset of severely disabling or life-threatening illness.
e. Difficulty avoiding exposure to active users and other pressures to partake in alcohol or drug use.
f. Episodes of victimization or direct threats of violence near current home.
g. Overwhelming demands to meet immediate obligations are perceived.

5. Extremely Stressful Environment

a. An acutely traumatic level of stress or enduring and highly disturbing circumstances disrupting ability to cope with even minimal demands (e.g., ongoing injurious and abuse behaviors from family members or significant other, witnessing or being victim of extremely violent incidents perpetrated by human malice or natural disaster, perpetuation by a dominant social group, or sudden or unexpected death of a loved one).
b. Unavoidable exposure to drug use and active encouragement to participate in use.
c. Incarceration or lack of adequate shelter.
d. Severe pain and/or imminent threat of loss of life due to illness or injury.
e. Sustained inability to meet basic needs for physical and material wellbeing.

LOCUS Level Score IV(A):

B) Level of Support

1. Highly Supportive Environment

a. Plentiful sources of support with amble time and interest to provide for both material and emotional needs in all circumstances.
b. Effective involvement of Assertive Community Treatment (ACT) team or other similarly highly supportive resources.

2. Supportive Environment

a. Supportive resources are not abundant but are capable of- and willing to- provide significant aid in times of need.
b. Some elements of the support system are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.
c. Professional supports are available and effectively engaged (i.e., ICM).

3. Limited Support in Environment

a. A few supportive resources exist in current environment and may be capable of providing some help if needed.
b. Usual sources of support may be somewhat ambivalent, alienated, difficult to assess, or have a limited amount of resources they are willing or able to offer when needed.
c. Persons who have potential to provide support have incomplete ability to participate in treatment and make necessary changes.
d. Resources may be only partially utilized even when available.
e. Limited constructive engagement with any professional sources of support which are available.

4. Minimal Support in Environment

a. Very few actual or potential sources of support are available.
b. Usual supportive resources display little motivation or willingness to offer assistance, or they are dysfunctional or hostile toward client.
c. Existing supports are unable to provide sufficient resources to meet material or emotional needs.
d. Patient may be on bad terms with- and unwilling to- use supports available in a constructive manner.

5. No Support in Environment

a. No sources for assistance are available in the environment, either emotionally or materially.

LOCUS Level Score IV(B):

V. Treatment and Recovery Management

1. Fully Responsive to Treatment and Recovery Management

a. There has been no prior experience with treatment or recovery.
b. Prior experience indicates that efforts in all treatments that have been attempted have been helpful in controlling the presenting problem.
c. There has been successful management of extended recovery with few and limited periods of relapse even in instructed environments or without frequent treatment.

2. Significant Response to Treatment and Recovery Management

a. Previous or current experience in treatment has been successful in controlling most symptoms but intensive or repeated exposures may have been required.
b. Recovery has been managed for moderate periods of time with limited support or structure.

3. Moderate or Equivocal Response to Treatment and Recovery Management

a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms.
b. Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved.
c. Unclear response to treatment and ability to maintain a significant recovery.
d. At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings.

4. Poor Response to Treatment and Recovery Management

a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure.
b. Attempts to maintain whatever gains that can be attained in intensive treatment have limited success, even for limited time periods or in structured settings.

5. Negligible Response to Treatment

a. Past or current response to treatment has been quite minimal, even with intensive medically managed exposure in highly structured settings for extended periods of time.
b. Symptoms are persistent and functional ability shows no significant improvement despite this treatment exposure.

LOCUS Level Score V:

VI. Engagement

1. Optimal Engagement

a. Has complete understanding and acceptance of illness and its effect on function.
b. Actively maintains changes made in the past (i.e., maintenance stage).
c. Is enthusiastic about treatment, is trusting, and shows strong ability to utilize available resources.
d. Understands recovery process and personal role in a successful recovery plan.

2. Positive Engagement

a. Has significant understanding and acceptance of illness and its effect on function.
b. Willing to change and is actively working toward it (i.e., action stage).
c. Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.
d. Shows recognition of personal role in recovery and accepts significant responsibility for it.
e. Has limited ability to accept responsibility for recovery.

3. Limited Engagement

a. Has some variability, hesitation or uncertainty in acceptance or understanding of illness and disability.
b. Has limited desire or lacks confidence to change despite intentions to do so (i.e., preparation stage).
c. Relates to treatment with some difficulty and establishes few, if any, trusting relationships.
d. Does not use available resources independently or only in cases of extreme need.
e. Has limited ability to accept responsibility for recovery.

4. Minimal Engagement

a. Rarely, if ever, able to accept reality of illness or any disability which accompanies it but may acknowledge some difficulties in living.
b. Has no desire or is afraid to adjust behavior but may recognize the need to do so (i.e., contemplation stage).
c. Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.

d. Avoids contact with- and use of- treatment resources if left to own devices.
e. Does not accept any responsibility for recovery.

5. Unengaged and Stuck

a. Has no awareness or understanding of illness and disability (i.e., pre-contemplation stage).
b. Inability to understand recovery concept or contributions of personal behavior to disease process.
c. Unable to actively engage in treatment and has no current capacity to relate to another or develop trust.
d. Extremely avoidant, frightened, or guarded.

LOCUS Level Score VI:

Scoring

Dimension	Score
I: Risk of Harm	
II: Functional Status	
III: Medical, Addictive, and Psychiatric Co-Morbidity	
IV(A): Recovery Environment, Level of Stress	
IV(B): Recovery Environment, Level of Support	
V: Treatment and Recovery Management	
VI: Engagement	
Composite	
Placement Grid Level of Care (LOC)	
Provider Recommended LOC	

Clinical Justification

Provide clinical justification if "placement grid LOC" is different from "provider LOC."

Attestation

Provider Signature	Date

Diagnostic Assessment

Client Information

Client Name:				**Date of Birth (DOB):**			
Client Age:				**Ethnicity:**			
Sexual Orientation:				**Gender Identity**			
Religion:				**Spirituality:**			
Language Preference:				**Employed:**	Yes ☐	No ☐	
Level of Education:				**Employment Status:**			
Financial Concerns:	Yes ☐	No ☐		**Veteran:**	Yes ☐	No ☐	

Primary Diagnosis: **Secondary Diagnosis:**

Reference the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Additionally, include the corresponding current procedural terminology (CPT) code.

Provider and Assessment Information

Provider Name:		**Appointment Date:**	
Provider Credentials:		**Appointment Day:**	
Admission Date:		**Appointment Time:**	
Assessment Type:	Initial ☐	Update ☐	
Face-to-Face:	Yes ☐	No ☐	

Precipitating Event

Why did you decide to seek treatment now? Additionally, add client's description of the client's symptoms.

Risk Screening

- ☐ Cognitive Impairment
- ☐ Flight Risk
- ☐ Forensic or Legal History
- ☐ Homelessness
- ☐ Health
- ☐ Other:
- ☐ Neglect or Abuse
- ☐ Risk to Dependents
- ☐ Substance Use
- ☐ Suicide or Self-Harm

Comments

Basic Needs

Status: *(i.e., food, shelter, etc.)*	☐	Met	☐	Unmet	☐	Other:	
Immediate Risks:	☐	Yes	☐	No	☐	Other:	
Withdrawal:	☐	Yes	☐	No			

Comments

Current Medications

Medication	Dose	Frequency	Route	Purpose

Comments

Mental Status Examination (MSE)

Observations

Appearance	☐	Neat	☐	Disheveled	☐	Inappropriate	☐	Bizarre
Speech	☐	WNL	☐	Tangential	☐	Pressured	☐	Impoverished
Eye Contact	☐	WNL	☐	Intense	☐	Avoidant	☐	Erratic
Motor Activity	☐	WNL	☐	Restless	☐	Tics	☐	Delayed
Affect	☐	Full	☐	Constricted	☐	Flat	☐	Labile

Comments

Mood

☐ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric

Comments

Cognitive Impairment

Orientation	☐	None	☐	Person, Place, and Situation		
Memory	☐	None	☐	Short-Term	☐	Long-Term
Attention	☐	None	☐	Distracted	☐	Erratic

Comments

Thoughts

Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☐ Act
Homicidality	☐ None	☐ Aggression	☐ Intent	☐ Plan	
Delusions	☐ None	☐ Grandiose	☐ Paranoid	☐ Religious	

Comments

Behaviors

☐ Cooperative	☐ Withdrawn	☐ Paranoid
☐ Bizarre	☐ Hyperactive	☐ Aggressive
☐ Guarded	☐ Agitated	☐ Religious

Comments

Personal History of Mental Health Treatment

Document any previous treatments.

Substance Use Screening: CAGE-AID[1]

One or more "yes" responses is regarded as a positive screening test, indication possible substance use and need for further evaluation.

C	Have you ever felt that you ought to **cut** down on your drinking or drug use?	Yes ☐	No ☐
A	Have people **annoyed** you by criticizing your drinking or drug use?	Yes ☐	No ☐
G	Have you ever felt bad or **guilty** about your drinking or drug use?	Yes ☐	No ☐
E	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get drink of a hangover (i.e., **eye** opener)?	Yes ☐	No ☐

[1]Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wisconsin Medical Journal, 94*, 135-140.

Substance Use History

Substance	Age of First Use	Frequency	Last Use Date	Treatment	
				☐ Yes	☐ No
				☐ Yes	☐ No
				☐ Yes	☐ No
				☐ Yes	☐ No
				☐ Yes	☐ No

History of Trauma, Abuse, Neglect, or Exploitation

Have you ever encountered events that you perceive as traumatic?

Yes ☐ No ☐

Have you faced distressing or stressful situations where you felt a sense of jeopardy to your life or a lack of control? Have you observed unfortunate incidents affecting others? Have you personally endured or witnessed instances of domestic violence, physical or sexual abuse, emotional mistreatment, or neglect? Additionally, have you encountered situations of exploitation, where someone has taken advantage of you for their personal gain?

Comments

Trauma Screening: TSQ[1]

Answering "yes" to six or more questions suggests presence of a stress-related trauma disorder (e.g., post-traumatic stress disorder [PTSD]).

Over the **last two weeks**, have you experienced any of the following at least **twice**?	Yes	No
1. Upsetting thoughts or memories about the event that have come into your mind against your will.	☐	☐
2. Upsetting dreams about the event.	☐	☐
3. Acting or feeling as though the event were happening again.	☐	☐
4. Feeling upset by reminders of the event.	☐	☐
5. Bodily reactions (e.g., fast heartbeat, stomach churning, sweatiness, or dizziness) when reminded of the event.	☐	☐
6. Difficulty falling or staying sleep.	☐	☐
7. Irritability or outbursts of anger.	☐	☐
8. Difficulty concentrating.	☐	☐
9. Heightened awareness of potential dangers to yourself and others.	☐	☐
10. Being jumpy or startled at something unexpected.	☐	☐

[1]Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., Turner, S., & Foa, E. B. (2002). Brief screening instrument for posttraumatic stress disorder. *British Journal of Psychiatry, 181*(2), 158-162.

Anxiety Screening: GAD-7[1]

Scores range from "0" to "21," with higher scores indicating presence of anxiety: (1) 0-4 "Minimal," (2) 5-9 "Mild," (3)10-14 "Moderate," and (4) 15-21 "Severe."

Over the **last two weeks**, how often have you been bothered by the following problems?	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
1. Feeling nervous, anxious, or on edge.	☐	☐	☐	☐
2. Not able to stop or control worrying.	☐	☐	☐	☐
3. Worrying to much about different things.	☐	☐	☐	☐
4. Trouble relaxing.	☐	☐	☐	☐
5. Being so restless that it is hard to sit still.	☐	☐	☐	☐
6. Becoming easily annoyed or irritable.	☐	☐	☐	☐
7. Feeling afraid, as if something awful might happen.	☑	☐	☐	☐
Total Score:	1	2	3	1

If you checked **any** problems, how **difficult** have they made it for you to do your work, take care of things at home, or get along with other people?
☐ Not Difficult at All ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult
[1]Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). *Generalized Anxiety Disorder 7 (GAD-7)* [Database record]. APA PsycTests.

Depression Screening: PHQ-9[1]

Scores range from "0" to "27," with higher scores indicating presence of depression: (1) 0-4 "Minimal," (2) 5-9 "Mild," (3)10-14 "Moderate," (4) 15-19 "Moderately Severe," and (5) 20-27 "Severe."

Over the **last two weeks**, how often have you been bothered by the following?	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
1. Little interest or pleasure in doing things.	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless.	☐	☐	☐	☐
3. Trouble falling or staying asleep or sleeping too much.	☐	☐	☐	☐
4. Feeling tired or little energy.	☐	☐	☐	☐
5. Poor appetite or overeating.	☐	☐	☐	☐
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐
Total Score:				

If you checked **any** problems, how **difficult** have they made it for you to do your work, take care of things at home, or get along with other people?
☐ Not Difficult at All ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult
[1]Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals, 32*, 509-521.

Nutritional Risk Assessment

Current or Past Disordered Eating, Excessive Exercise, or Body Image Concerns

Yes ☐ No ☐

Symptom Duration: Onset:

Weight Lost or Gained: Number of Weekly Meals:

Comments

Appetite and Weight Changes

Yes ☐ No ☐

Symptom Duration: Onset:

Comments

Relationship to Mental Health and Functioning

Does the Behavior Improve or Worsen Mental Health	Yes ☐	No ☐
Does the Behavior Impact Ability to Function	Yes ☐	No ☐

Comments

Addictive or Compulsive Behaviors

Behavior	Lied to People		Increased Need		Onset	Functional Impact	
Gambling	Yes ☐	No ☐	Yes ☐	No ☐		Yes ☐	No ☐
Video Games	Yes ☐	No ☐	Yes ☐	No ☐		Yes ☐	No ☐
Spending	Yes ☐	No ☐	Yes ☐	No ☐		Yes ☐	No ☐
Pornography	Yes ☐	No ☐	Yes ☐	No ☐		Yes ☐	No ☐
Sex	Yes ☐	No ☐	Yes ☐	No ☐		Yes ☐	No ☐

Comments

Cultural Influences

Document any cultural influences that may impact lifestyle, choices or decisions, MH, create roadblocks, or could be of great benefit to the client.

Comments

Family History

Parents

Marital Status ☐ Married ☐ Never Married ☐ Separated ☐ Divorced

Relationship ☐ Biological ☐ Adopted ☐ Step

Primary Caregiver(s) Siblings

Concerns

Mental Health	Yes ☐	No ☐
Suicide	Yes ☐	No ☐
Substance Use	Yes ☐	No ☐

Comments

Social History

Relationship Status	Married ☐	Divorced ☐	Separated ☐
	Single ☐	Widowed ☐	Dating ☐

Sex Life Issues

Children Yes ☐ No ☐ Number of Children

Safe at Home Yes ☐ No ☐

Comments

Housing

Living Situation	Own ☐	Rent ☐	Homeless ☐
	Unstable ☐	Living with Friends/Family ☐	Other ☐

Household Members

Comments

Strengths, Growth Areas, and Treatment Goals

Add client's perception of condition. Also, document client's risk factors, strengths, and responsivity factors.

Strengths

Growth Areas

Treatment Goals

Family and Other Natural Supports Participation

	Yes	No
Active ROI	☐	☐
Conservator or Guardian	☐	☐
Other Support Involvement in Treatment	☐	☐

Comments

Document other parties' participation or non-participation. Include if they agree or disagree with any treatment plan(s).

Summary, Recommendations, and Plan

Treatment Recommendations

Individual Therapy	☐	Group Therapy	☐	Psychiatry	☐
Testing	☐	Nutrition	☐	Other:	

Diagnoses

Primary ______ Secondary ______

Plan (i.e., Next Steps)

Summary

Include client's baseline measurements, symptoms, behaviors, skills, abilities, resources, vulnerabilities, safety needs including client information that supports the assessors' findings after applying a recognized diagnostic framework and any differential diagnosis of the client. Explanation of how the assessor diagnosed the client using information from the interview assessment, psychological testing, and/or collateral information along with the client's needs.

Attestation

Provider Signature

Date

Functional Assessment

Client Information

Client Name:		Appointment Date:	
Date of Birth (DOB):		Appointment Day:	
Provider Name:		Appointment Time:	
Provider Credentials:		Next Assessment Date:	

Primary Diagnosis:		Secondary Diagnosis:	

The functional assessment (FA) must be completed after the Diagnostic Assessment (DA) is completed. It must be updated with the client's current functioning whenever there is a significant change or at least every 180 days, as specified by the program (see Minn. Stat. § 245.10, Subd. 9(7)).

External (i.e., Natural Supports) Collaboration

You must involve the client, their family, natural supports, referral sources, and providers. Facilitate a discussion to gather insights on how their mental illness (MI) has affected their functioning. Document the shared information and address reasons client's family and natural supports were not contacted, if necessary. (see Minn. Stat. § 245.10, Subd. 2-3).

Impairment

Strengths

Resources

Functional Domains

Domain 1: Mental Health (MH) Symptoms

Provide details about presenting signs and symptoms of the stated diagnosis or diagnoses. Assess the client's symptoms of mental illness and document the impact the symptoms have on the client's functioning and personally experiences these symptoms in unique ways.

Impairment

Strengths

Resources

Domain 2: MH Services

Assess and document how the client's symptoms of mental illness affect the client's ability to access, engage with, attend to, connect with, and participate in medically necessary services. Document the impact of how symptoms have been a barrier to accessing services. This should encompass both current and historical attempts at access.

Impairment

Strengths

Resources

Domain 3: Substance Use

Assess and document how the client's symptoms of mental illness that affects the client's current substance use (SU) or misuse and document its effects on their functioning, including impact on relationships and accessing resources. Include a chronological account of their substance use/misuse history including periods of non-use, episodes of sobriety, and attempts at recovery.

Impairment

Strengths

Resources

Domain 4: Vocation (i.e., Job or Career)

Assess and document how the client's symptoms of mental illness impact the client's ability to obtain and maintain employment. Include a history of purposeful activity, competitive/sustained employment, or meaningful work such as full-time or part-time employment, regular or occasional volunteer work, as well as engagement in structured activities that involve the creation of a product or the provision of a service.

Impairment

Strengths

Resources

Domain 5: Educational

Assess and document how the client's symptoms of mental illness impact the client's ability to experiences in educational environments such as schools (scholastic and vocational) classrooms or hands-on settings, formally or informally enrollment/auditing, aimed at acquiring skills or knowledge. This could include diagnosed learning disabilities, IEPs, or other educational supports.

Impairment

Strengths

Resources

Domain 6: Social and Leisure Time

Asses and document how the client's MI symptoms have impacted the ability to participate in social interactions, which include engagement with familiar or unfamiliar people or groups within social and community settings. Include how MI symptoms have impacted client's ability to experience leisure time, which is unrestricted periods of enjoyable activities without commitments or work-related duties.

Impairment

Strengths

Resources

Domain 7: Interpersonal (i.e., Includes Family/other natural supports)

Assess and document how client's MI symptoms impact the ability to function both current and historical involvement with family, friends, and acquaintances. This includes one-on-one and small group engagements. Provide details about the client's current capacity to comprehend and react to interpersonal signals, actively engage, respond, interact, and participate in these various relationships.

Impairment

Strengths

Resources

Domain 8: Self-Care and Independent Living Capacity

Assess and document how the client's MI symptoms impact the client's ability to successfully complete a range of tasks including but not confined to activities of daily living (ADLs) like eating and oral hygiene. Describe client's capability to ensure their own safety and avoid immediate harm.

Impairment

Strengths

Resources

Domain 9: Medical Health

Assess and document how the client's mental health symptoms impact the client's ability to understanding when and how to utilize medical services, ability to schedule and attend appointments, capacity to actively engage in healthcare management, and ability to independently initiate and adhere to medical interventions aimed at maintaining or enhancing physical well-being.

Impairment

Strengths

Resources

Domain 10: Dental Health

Assess and document how the client's MI symptoms impact the client's ability to uphold access to dental healthcare, including their ability to navigate the dental healthcare system, including accessing providers and utilizing dental health benefits.

Impairment

Strength

Resources

Domain 11: Financial Assistance Needs

Assess and document how the client's MI symptoms impact the client's ability to manage their financial resources, their capacity for self-management to ensure adequate financial means, and their ability to independently handle these resources. This should encompass budgeting skills that are distinct from those covered in the self-care or independent living domains, and any current or historical instances of being assigned a Rep Payee.

Impairment

Strength

Resources

Domain 12: Housing

Assess and document how the client's MI symptoms impact the ability to obtain and maintain housing, including any housing requirements, available resources, and preferences related to housing. Describe challenges the client faces in maintaining stable housing and clarify whether they are currently independently managing their housing resources.

Impairment

Strength

Resources

Domain 13: Transportation

Assess and document how the client's MI symptoms impact the client's ability to understand the skills concerning the overall accessibility and availability of both public and private transportation within their community. This involves their capability to identify various transportation options, acquire necessary resources to utilize transportation services, and perform the activities and skills required for effective transportation.

Impairment

Strength

Resources

Summary

Highlight high level summary of client's functional limitations.

Comment

Attestation

Provider Signature	Date