Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Diagnosis and Clinical Formulation***
Committee/Department: **Clinical Performance Team**	**Local Policy Number (if used)**
Implementation Date **12/06/2024**	**Regional Approval Date** **10/31/2024**

Reviewed by:	**Recommendation Date:**
ROC	09/11/2024
CMH Board:	**Approval Date:**
Lenawee	10/31/2024
Livingston	10/29/2024
Monroe	10/23/2024
Washtenaw	10/24/2024

I. PURPOSE

A. Establish the requirements for documenting diagnoses using the DSM and ICD diagnostic guidelines required by MDHHS in the most recent version of the Medicaid Provider Manual and the current MDHHS/PIHP Medicaid contract.

B. Establish the requirements for inclusion of a clinical formulation in assessments and re-assessments that documents medical necessity, the existence of a moderate to severe behavioral health condition, level of care recommendations, and descriptions of services/supports likely to address the conditions for which the consumer/individual served is seeking services.

II. REVISION HISTORY

DATE	MODIFICATION
11/23/2020	3-year review
10/31/2024	3-year review

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Assessment: The process for obtaining clinically relevant information about each individual seeking behavioral health care, treatment, or services, including the systematic collection and review of data specific to consumer/individual served. The information is

used to match an individual's need with the appropriate setting, service/program, and intervention. Data from assessments is used in the development of the Individual Plan of Service (IPOS).

Client Services Manager/Supports Coordinator: A designated individual responsible for assisting the individual in accessing needed supports and services. Activities include needs assessment, pre-planning, planning, coordinating, monitoring and evaluating the effectiveness of needed supports and services.

Community Mental Health Partnership of Southeast Michigan: The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program: A program operated under Chapter 2 of the Michigan Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

DSM: The Diagnostic and Statistical Manual of Mental Disorders compiled by the American Psychiatric Association is a classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of this disorders. DSM is intended to serve as a practical, functional, and flexible guide for organizing information that can aid in the accurate diagnosis and treatment of mental disorders. (Preface DSM 5th Edition, 2013)

ICD: The International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

Individual Plan of Services (IPOS): A written individualized plan of supports and services directed by the individual as required by the Michigan Mental Health Code. This plan may include both support and treatment elements.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preference, choices, and abilities. The person-centered planning process involves family, friends and professionals as the individual desires or requires. The process is directed by the person and focuses on their desires, dreams, strengths and needs for support.

Reassessment: Ongoing data collection which begins on initial assessment, comparing the most recent data with the data collected at earlier assessments. Individuals may be reassessed for many reasons. These include: evaluation of his or her response to care, treatment or services; response to a significant change in status and/or diagnosis or conditions; request from the consumer/individual served and/or the consumer/individual's representative for a change in the supports and services authorized in the most current IPOS; as required to satisfy regulatory requirements (i.e. for eligibility determination for a Children's Waiver, or a Home and Community Based Services (HCBS) Waiver); as required for the determination of ongoing eligibility for supports and services, based on a

managed care authorization period. In addition, a reassessment of need shall occur during a routine periodic review or annual review prior to the revision of an existing IPOS.

Significant Change: A Significant Change occurs when an individual experiences a change in functioning or circumstances potentially impacting service needs. The assessment update will focus on the individual's current need and may result in change to the Individual Plan of Service (IPOS) that may add new outcomes, amend existing authorizations for services or supports, or add authorizations for new supports or services.

V. POLICY

It is the policy of the CMHPSM that diagnoses entered in the EHR by staff/contractors from each CMHSP Partner shall be justified according to DSM and ICD diagnostic guidelines based on direct observation of the signs and symptoms, clinical history, and reports from other sources.

VI. STANDARDS

A. According to the Michigan Department of Health and Human Services (MDHHS), only healthcare professionals with the required credentials may enter or make changes to diagnoses in the Electronic Health Record (EHR).
B. Diagnoses shall be made at the time of the initial Biopsychosocial Assessment, Psychiatric Evaluation, and Psychiatric Inpatient Pre-Admission Screen. Diagnoses maybe added or changed as appropriate such as following a medication review or any other face to face contact when new or additional information regarding the consumer/individual's symptoms or functioning indicates an adjustment to the diagnosis is indicated. The diagnostic formulation shall include a brief statement of the presenting problem; the signs and symptoms observed and reported by the consumer/individual served as well as their intensity and severity, clinical history, and reports from other sources; mental status; reasons why, if any, that a diagnosis is not met; and areas to monitor.
C. Diagnoses entered into the record that are based on reports from external sources such as hospitals or primary care providers, shall be noted as such, dated, and identified by the sources.
D. Diagnoses made by staff/contractors from each CMHSP Partner shall be reviewed at least every six months.
E. When a diagnostic review results in modifications to the recorded diagnoses, the signs/symptoms and reason for the modification shall be documented in the EHR. If there is no change, the review or assessment documentation shall note the current status of the signs and symptoms regarding the existing diagnosis.
F. Changes in diagnosis shall be communicated with other members of the consumer/individual's treatment team. Questions or disputes about diagnosis shall be resolved expeditiously.
G. When full criteria for a specific diagnosis are not met, clinicians should consider whether the symptom presentation meets criteria for an "other specified" or an "unspecified" designation. An "other specified" category is used in situations in which the consumer/individual's clinical presentation does not meet the full set of criteria for a diagnostic category and the clinician describes the specific reason. The "unspecified" category is used in situations in which the consumer/individual's clinical presentation does not meet the full set of criteria for a diagnostic category and the clinician chooses not to describe the reason.

H. Within nine months of making a diagnosis of “Provisional”, “Rule Out” or “Unspecified” the diagnostic review should indicate a more specific diagnosis or reasons it is not possible to resolve the diagnosis. When possible, there should be a plan to collect the data that remains incomplete. In initial and annual Biopsychosocial Assessments and Progress Reviews, the diagnostic summary shall support the Clinical Formulation and Disposition.

I. The Clinical Formulation and Disposition shall include conclusions or impressions drawn from historical and ongoing information related to consumer/individual’s physical status, behavioral health needs, substance use history, and trauma needs identified. It shall include a description of the consumer/individual’s level of functioning that meets the Michigan Mental Health Code eligibility criteria for either an Intellectual/Developmental Disability, a Serious Mental Illness, or a Serious Emotional Disturbance. The Disposition shall indicate the most suitable level of care needed to address the consumer/individual’s needs and recommendations for the services, supports, and focus of treatment that are needed.

VII. EXHIBITS

None

VIII. REFERENCES

A. CMHPSM Assessment and Reassessment Policy
B. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition- TR
C. International Statistical Classification of Diseases and Related Health Problems, Vers. 11
D. Medicaid Provider Manual
E. Michigan Mental Health Code
F. Michigan Department of Health and Human Services-PIHP Master Contract
G. PIHP—Community Mental Health Services Program Master Contract