

1a. Access Screening: Demographics

Date Screening Started

Time Screening Started

 PM

[Use Current Date](#)

Consumer Information

This consumer is for testing and demonstration purposes only

This Consumer is for testing and demonstration purposes only

Case #

Date Of Birth

Gender

Female Male

First Name

MI

Last Name

SSN 

Aliases and Other Identifying Information

characters left: 256

Medicaid ID # [lookup](#)

MI Child ID # [lookup](#)

Group Home/Residential Facility

Yes No

Home Address

Address

City

State

Zip

 [lookup](#)

Home Phone

 () - x

Cell Phone

 () - x

Alternate Phone

 () - x

Primary Phone

Home Cell Alternate None

Email

County Of Residence

Primary Spoken Language

Religion

Place Of Birth

City and State if born in the USA, City and Country if born in a foreign country

Contact/Mailing Information

Contact Person


Consumer Guardian Other
 Parent(s) Spouse Do Not Mail

Other Demographics Information

Marital Status

Maiden Name

Veteran Status

Race / Ethnic Origin 1 * Select Race / Ethnic Origin 1 ▼	Race / Ethnic Origin 2 * Select Race / Ethnic Origin 2 ▼
Race / Ethnic Origin 3 * Select Race / Ethnic Origin 3 ▼	Hispanic or Latino Ethnicity * Select Hispanic or Latino Ethnicity ▼
	Ethnicity Arab American / Chaldean <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Parental Status (Has Child Under 18) <input checked="" type="radio"/> Yes <input type="radio"/> No	
Child Protective Services Child Currently served by CPS for abuse and neglect <input type="radio"/> Yes <input type="radio"/> No	
If under age 6 was the referral made by a physician? <input type="radio"/> Yes <input type="radio"/> No	
Will cultural considerations be a barrier to service? <input type="radio"/> Yes <input type="radio"/> No	
Comments <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	
characters left: 1024 	

1b. Access Screening: Contacts

Other Contacts

[+ Add Other Contact](#)

Contact

Type of Contact

- Emergency
 Additional

Relationship

* Relationship ▼



First Name

Last Name

Phone

Cell Phone

Alt Phone

Primary Phone

- Alternate Cell Home None

Comments

characters left: 2000



Type of Contact

- Emergency
 Additional

Relationship

* Relationship ▼



First Name

Last Name

Phone

Cell Phone

Alt Phone

Primary Phone

- Alternate Cell Home None

Comments

characters left: 2000



1c. Access Screening: Guardians

Legal Guardian

- No Guardianship in Place Parent(s) of Minor Child Court Appointed Guardian

Court Appointment Guardian

Clear Information

First Name

Last Name

- Check if address is Same as Consumer

Court Appointed Guardian Address

Address

Home

Cell

City

State

Zip

lookup

Email

- Not a US Address

Type of Guardianship

- Plenary of Person Plenary of Estate Plenary of Person and Estate
 Guardian Ad Litem DHS Ward - Permanent DHS Ward - Temporary
 Partial

If Partial, Describe Powers:

Guardian's Relationship to Consumer

- Mother Father Child
 Spouse Sibling Public Guardian
 Unrelated Other

If Other, describe:

Date of Court Order

Expiration Date

Copy of Guardianships Papers Scanned into eCare?

- Yes No See Hybrid (Paper) Record

Parent(s) of Minor Child Authorized to Consent to Treatment

Clear Information

Mother

Clear Information

Biological Mother Adoptive Mother

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Mother Address

Address

Home

Cell

City

State

Zip

lookup

Email

Not a US Address

Father

Clear Information

Biological Father Adoptive Father

First Name

Last Name

Check if address is same as consumer - provide address if not the same

Father Address

Address

Home

Cell

City

State

Zip

lookup

Email

Not a US Address

Divorce Information

Clear Information

If Parents are Divorced, Indicate Child Custody Status

Legal Custody: Sole-Mother Sole-Father Joint Unknown

Physical Custody: Sole-Mother Sole-Father Joint Unknown

Copy of Divorce Papers Scanned into eCare?

Yes No See Hybrid (Paper) Record

Additional Information Related to Parent Consent

characters left: 1024



Co/Standby Guardian Information

Clear Information

- Guardian None Standby Guardian

First Name

Last Name

- Check if address is Same as Consumer

Co-Guardian Address

Address

Home

Cell

City

State

Zip

lookup

Email

- Not a US Address

Type of Guardianship

- Plenary of Person Plenary of Estate Plenary of Person and Estate
 Guardian Ad Litem DHS Ward - Permanent DHS Ward - Temporary
 Partial

If Partial, Describe Powers:

Guardian's Relationship to Consumer

- Mother Father Child
 Spouse Sibling Public Guardian
 Unrelated Other

If Other, describe:

Date of Court Order


 

Expiration Date

Copy of Guardianship Papers Scanned into eCare?

- Yes No See Hybrid (Paper) Record

Additional Guardianship Information 

2. Access Screening: Reason For Call / Risk Assessment

Reason For Call

characters left: 8000



Consumer requesting SUD services

Current & Historical Symptoms and Functioning

Include how symptoms are impacting daily life, the frequency and duration of symptoms. Psychosis, Verbal/Visual Hallucinations, Lack of Judgment, Delusions, Paranoia, etc.

characters left: 8000



MH Treatment History

	Number Of Episodes	Last Year Used
<input type="checkbox"/> State Hospital	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Acute Community Hospital/ Intensive Crisis Residential/ Intensive Crisis Stabilization	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ACT/Home Based	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Outpatient / Community Services	<input type="text"/>	<input type="text"/>

Trauma Abuse, neglect, house fire, car accident, loss of loved one, etc.

Experienced

Yes No

Witnessed

Yes No

Comments

characters left: 8000



Is Consumer Pregnant?

Yes No N/A

If yes, due date

Current Psychiatric Medications and Compliance With Medications

[Empty text area for Current Psychiatric Medications and Compliance With Medications]

characters left: 8000



Current Medical Concerns And Diagnosis

[Empty text area for Current Medical Concerns And Diagnosis]

characters left: 8000



Comments

[Empty text area for Comments]

characters left: 8000



Risk Assessment

Harm To Self

- Suicidal ideation present / Previous history of self harm
 - Denied
- Suicide Plan / Intentionality
 - Denied
- Suicide Attempt / Degree of Lethality
 - Denied

Harm To Others

- Expressed Intention to Harm
 - Intention
 - Plan
 - Means
 - Denied
- Assaultive Behavior / Property Destruction

Acuity Level

- Emergent Urgent Routine

Involve

- Supervisor Hospital Police Protective Services (APS/CPS) Other N/A

Describe Emergent or Urgent Action Taken

characters left: 8000



LOCUS Completed

- Yes No

3. Access Screening: DD Eligibility

Preliminary Service Eligibility for I/SS only completed?

- Yes No

Does consumer have a substantial limitation in and of the following areas. For DD screen 3 or more need to be indicated as a substantial limitation.

Preliminary Service Eligibility

[Clear Information](#)

Service Eligibility for Individuals with Developmental Disabilities

Strict adherence to the Mental Health Code definition of developmental disability:

- A. If applied to an individual older than 5 years, a severe, chronic condition that meets ALL of the following requirements:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

Because disabilities that have not traditionally been considered developmental disabilities, e.g., muscular dystrophy, multiple sclerosis, can be consistent with the code definition, and though the DCH has not provided funding for them, applicants cannot be denied CMH services on the basis of having these disabilities. Most frequently, however, other special community agencies and supports will provide better service alternatives and should be pursued.

2. Is manifested before the individual is 22 years old

3. Is likely to continue indefinitely

4. Results in SUBSTANTIAL FUNCTIONAL LIMITATIONS in 3 or more of the following areas of major life activity:

- a. Self-care
- b. Receptive and expressive language
- c. Learning
- d. Mobility
- e. Self-Direction
- f. Capacity for independent living
- g. Economic self-sufficiency

Unable to define "substantial functional limitation" concretely, MCCMH prefers using three other means by which to make service eligibility decisions when the degree of functional limitation is far from clear. The individual can be considered to have a disability that results in "substantial functional impairment" if:

1) the individual has obtained SSI or SSD on the basis of a disability

- OR -

2) school testing establishes that the individual is EMI or SMI and has an IQ of 69 or lower

- OR -

3) a CMH psychologist confirms it through psychological testing

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of a lifelong or extended duration and are individually planned and coordinated

B. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above if services are not provided

4. Access Screening: Substance Use

UNCOPE

Section not applicable

Norman H. Hoffman, Ph.D.

U	In the past year, have you ever drank or <u>used</u> drugs more than you meant to? OR Have you spent more time drinking or using that you intended? <input type="radio"/> Yes <input type="radio"/> No
N	Have you ever <u>neglected</u> some of your usual responsibilities because of using last year? <input type="radio"/> Yes <input type="radio"/> No
C	Have you ever wanted or need to <u>cut down</u> on your drinking or drug use in the last year? <input type="radio"/> Yes <input type="radio"/> No
O	Has anyone <u>objected</u> to your drinking or drug use? OR Has your family, a friend, or anyone else ever told you they have objected to your alcohol or drug use? <input type="radio"/> Yes <input type="radio"/> No
P	Have you ever found yourself <u>preoccupied</u> with wanting to use alcohol or drugs? OR Have you found yourself thinking a lot about drinking or using? <input type="radio"/> Yes <input type="radio"/> No
E	Have you ever used alcohol or drugs to relieve <u>emotional discomfort</u> such as sadness, anger, or boredom? <input type="radio"/> Yes <input type="radio"/> No

Total YES

0

Scoring

- Two (2) or more positive responses indicates possible abuse or dependence. Consider completing Substance Use Assessment.

- Four (4) or more positive responses indicates dependence. Complete Substance Use Assessment.

Substance Use Chart

[+ Add Substance](#)

Substance of Choice	Substance	Route of Administration	Frequency of Use	Age At First Use	
<input type="text"/>	* Select Substance Type	* Select Route	* Select Frequency of Use	<input type="text"/>	

Priority Status Check all that apply

Injecting drugs in the past 30 days

Yes No

Pregnant?

Yes No N/A

If yes, specify due date

On Rx Medication Assisted Opioid Therapy **If Yes, Specify type/dose**

Yes No

Provider Program

Parent at risk of losing child(ren) due to substance use?

Yes No


ASAM

Dimension 1: Acute Intoxication and/or Withdrawal Potential

<input type="checkbox"/> No signs or symptoms of intoxication or withdrawal present <input type="checkbox"/> No alcohol/drug use in past 72 hours <input type="checkbox"/> Well stabilized on MAT dose <input type="checkbox"/> Adequate ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Minimal risk of severe withdrawal (no history of complications/no current issues causing risk concerns) <input type="checkbox"/> Physically dependent on opioids and requires MAT to prevent withdrawal <input type="checkbox"/> Stable on current MAT dose or experiencing mild symptoms	<input type="radio"/> Low
<input type="checkbox"/> Some difficulty tolerating and coping with withdrawal discomfort <input type="checkbox"/> Current intoxication does not pose an imminent danger to self or others as individual responds to supports <input type="checkbox"/> MAT dose is not stable as evidenced by moderate symptoms	<input type="radio"/> Moderate
<input type="checkbox"/> Significant signs and symptoms of intoxication that pose an imminent danger to self/others <input type="checkbox"/> Significant signs and symptoms of withdrawal - shakes, sweats, nausea/vomiting, nervousness, tremors requiring sub-acute detoxification <input type="checkbox"/> History of significant withdrawal complications - i.e., seizures, DTs, and individual currently using <input type="checkbox"/> Poor ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Unstable on MAT dose with significant symptoms present <input type="checkbox"/> Intoxicated to the point of incapacitated, with severe signs and symptoms requiring hospitalization <input type="checkbox"/> Severe continued use or withdrawal issues present requiring hospitalization (i.e., seizures, liver failure, GI bleeding)	<input type="radio"/> High

*MAT - Medication Assisted Treatment

Dimension 1 Comments

Dimension 2: Biomedical Conditions and Complications - (exclude symptoms due to withdrawal or intoxication)	
<input type="checkbox"/> No biomedical signs or symptoms <input type="checkbox"/> Medical problems, if any, are stable <input type="checkbox"/> Adequate ability to tolerate and cope with physical discomfort <input type="checkbox"/> Mild signs or symptoms (mild pain) effecting daily functioning	<input type="radio"/> Low
<input type="checkbox"/> Some difficulty tolerating and coping with physical problems that may interfere with recovery treatment <input type="checkbox"/> Medical issues, if any, are stable or are being addressed concurrently <input type="checkbox"/> Pregnancy related health risks require monitoring but will not prevent individual from engaging in services <input type="checkbox"/> Individual neglects to care for serious biomedical problems	<input type="radio"/> Moderate
<input type="checkbox"/> Poor ability to tolerate and cope with physical problems <input type="checkbox"/> General/overall health condition is poor <input type="checkbox"/> Severe medical problems (i.e., extreme pain, uncontrolled diabetes, GI bleeding) needing inpatient hospital services	<input type="radio"/> High
Dimension 2 Comments Include current mental health diagnosis and/or prescribed psychiatric medication that need to be considered for placement decisions	
<div style="border: 1px solid #ccc; padding: 5px;"> <!-- Empty text area for comments --> </div>	
characters left: 8000 	

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

<input type="checkbox"/> No mental health problem <input type="checkbox"/> Stable mental health disorder <input type="checkbox"/> Emotional concerns are related to negative consequences of SUD <input type="checkbox"/> None or mild social impairment <input type="checkbox"/> Adequate resources and skills to cope with emotional or behavioral problems <input type="checkbox"/> Diagnosed mental disorder that requires intervention but does not significantly interfere with SUD treatment	<input type="radio"/> Low
<input type="checkbox"/> Emotional, behavioral, or cognitive problems distract from recovery efforts <input type="checkbox"/> Poor resources or skills to cope with emotional or behavioral problems <input type="checkbox"/> Unstable mental health but not in imminent danger	<input type="radio"/> Moderate
<input type="checkbox"/> Frequent impulses to harm self or others <input type="checkbox"/> Emotional, behavioral or cognitive problems are significant enough to negatively impact recovery efforts <input type="checkbox"/> Inadequate ability to manage activities of daily living <input type="checkbox"/> Demonstrating severe psychiatric symptoms requiring hospitalization <input type="checkbox"/> Severely at risk of harming self or others requiring	<input type="radio"/> High

Dimension 3 Comments

characters left: 8000



Dimension 4

- Committed to changing substance use
- Willingly engaged in recovery/taking action steps towards recovery
- Willing to enter treatment to explore strategies for changing substance use but is ambivalent about the need for change
- Willing to explore the need for treatment to reduce/stop substance use problems
- Willing to change substance use but believes it will not be difficult to do or does not accept a full recovery

Low

- Reluctant to agree to SUD treatment
- Recognizes negative consequences of substance use but has low commitment to change use
- Ambivalent about change
- Ready to change negative effects of opioid use but is not ready for abstinence from other substances, therefore needing OTP services

Moderate

- Exhibits inconsistent follow through with recovery attempts and continues to use
- Minimal awareness of personal SUD and need for treatment
- Unaware of need for change
- Has little or no awareness of substance use problems and related negative consequences
- Knows very little about addiction
- Sees no connection between current problems and substance use
- Attributes SUD problems to other persons or external events

High

Dimension 4 Comments

characters left: 8000



Dimension 5

<input type="checkbox"/> No potential for further SUD problems <input type="checkbox"/> Low relapse potential/able to maintain abstinence with minimal support <input type="checkbox"/> Fair relapse prevention skills	<input type="radio"/> Low
<input type="checkbox"/> Impaired recognition and understanding of relapse issues but able to manage with prompting/support of treatment <input type="checkbox"/> Intensification of symptoms indicate a high likelihood of relapse without close monitoring/support <input type="checkbox"/> At high risk of continued opioid use without OTP services	<input type="radio"/> Moderate
<input type="checkbox"/> Little recognition and understanding of relapse issues <input type="checkbox"/> Poor skills to cope with addiction problems <input type="checkbox"/> Unable to control use despite active participation in less intense level of care <input type="checkbox"/> Lacks skills to abstain from use/lacks recovery plan <input type="checkbox"/> Unable to obtain/maintain abstinence	<input type="radio"/> High

Dimension 5 Comments

characters left: 8000



Dimension 6

<input type="checkbox"/> No problem in this area <input type="checkbox"/> Family/social network is supportive of recovery <input type="checkbox"/> Family/environment will not interfere with recovery efforts	<input type="radio"/> Low
<input type="checkbox"/> Living environment is not actively supportive but not drastically impacting recovery <input type="checkbox"/> Few social supports but not adequate for recovery efforts <input type="checkbox"/> Struggles to cope with substance use in family/environment	<input type="radio"/> Moderate
<input type="checkbox"/> Environment is not supportive of recovery <input type="checkbox"/> Active substance use in family/environment impacting on recovery <input type="checkbox"/> Family/support is hostile/toxic towards recovery efforts <input type="checkbox"/> Unable to cope with negative living environment <input type="checkbox"/> Living environment poses immediate threat to the individual's safety and well-being	<input type="radio"/> High

Dimension 6 Comments

characters left: 8000



Level Of Care Comments 

characters left: 8000



SUD Treatment History Enter number of prior SUD treatment episodes

Outpatient / IOP <input type="text"/>	Residential <input type="text"/>	Detox <input type="text"/>	Case Management <input type="text"/>
Methadone <input type="text"/>	Peer Recovery Coach <input type="text"/>	Recovery Home <input type="text"/>	
Medication Assisted Opioid Therapy <input type="text"/>	Type <input type="text"/>		

Last Treatment

Date of Last Treatment <input type="text"/>	LOC of Last Treatment <input type="text"/>
Provider Name <input type="text"/>	

Self Help

Past Self Help attendance?
 Yes No

Currently Attending Self Help?
 Yes No

Current Self Help Sponsor?
 Yes No

History of Abstinence? Yes No
If Yes, last period of recovery

What assisted in maintaining recovery?

characters left: 8000



What contributed to relapse?

characters left: 8000



Medication Assisted Treatment Referral

Is consumer opioid dependent?

- Yes No

Co-Occurring?

- None Mild/Moderate Severe

Substance Use Readiness To Change

- Pre-Contemplation Contemplation Action Maintenance

Specialty Case Management Needs That cannot otherwise be addressed in treatment

- N/A

Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Transportation | <input type="checkbox"/> Activities of Daily Living |
| <input type="checkbox"/> Social Support | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Leisure/Recreation |
| <input type="checkbox"/> Educational/Financial | <input type="checkbox"/> Other | |

Women's Specialty Case Management

Pregnant?

- Yes No N/A

Child Protective Services involvement/at-risk of losing child due to SUD?

- Yes No

Current or past history of domestic violence or abuse issues?

- Yes No

Parenting/attempting to regain custody of dependent children?

- Yes No

Willing to work with Women's Case Manager?

- Yes No

Medication Assisted Treatment Case Management

Enrolled at medication assisted treatment program?

- Yes No

On waiting list for methadone assisted treatment?

- Yes No

Receiving other medication assisted treatment for an opioid addiction?

- Yes No

Willing to work with a case manager?

- Yes No

Peer Recovery Coaching

Multiple prior treatment attempts?

- Yes No

Waiting for placement in intensive level of care (i.e., residential, methadone)?

- Yes No

Engaged in treatment and at the action stage of change?

- Yes No

Lacking recovery supports?

- Yes No

Willing to work with Peer Recovery Coach to further recovery efforts?

- Yes No

Recovery Home Services For individual actively engaged in MCOSA funded services

In need of highly structured and monitored living environment where recovery support is available?

- Yes No

History of unsuccessful recovery attempts, which have resulted in a return to chronic use?

- Yes No

Significant negative factors in the areas of family, social, work, or environment that places individual at-risk for relapse?

- Yes No

Recently completed or not in need of medical or sub-acute detoxification or residential treatment?

- Yes No

Stable medical and psychiatric conditions that will not interfere in ability to function in a supervised supportive living environment?

- Yes No

Demonstrates active motivation for recovery and a desire to work towards self-sufficiency?

- Yes No

Comments

characters left: 8000



5. Access Screening: Disposition / Designation

Diagnostic Impressions

NOTE: The diagnosis is only valid for 90 days

characters left: 8000



Summary of Findings and Recommendations

An interpretive summary of findings that includes diagnostic formulation (sxs, functioning, hx), and summary of clinical and/or supports needs to be addressed by MCCMH services.

characters left: 8000



Ancillary Services

characters left: 4000



Use for MH/DD or Co-occurring funding (Not MCOSA)

Designations

I/DD Designation

Yes No Not Evaluated

MI or SED Designation

Yes No Not Evaluated

Detailed SMI or SED Status

SMI SED Neither SMI nor SED Not Evaluated

Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment

- Yes, client with co-occurring SU and MH problems is being treated with an integrated Tx plan by an integrated team
- No, client does NOT have a co-occurring SU and MH problem and is NOT being treated with integrated Tx plan by integrated team
- Client with co-occurring SU and MH problems is NOT currently receiving integrated treatment

Consumer provided with a choice of Providers?

Yes No N/A

Consumer informed of Confidentiality and Recipient Rights Information?

Yes No N/A

Consumer informed of Grievance and Appeals procedures?

Yes No N/A

Permission to contact consumer/conduct follow-up services?

Yes No

Disposition

- Refused Service
- Not Eligible for service
- Refer out to Other Agency
- Refer to QHP
- Referred for CMHSP Service
- Referred for SUD Service

For appointments scheduled outside of FOCUS:

Provider

Address

City State Zip

Staff

Date Offered

Time Offered

 AM ▼

Date Accepted

Time Accepted

 AM ▼

Consumer requested an appointment outside of 14 days of this Intake

Date Screening Ended

[Use Current Date](#)

Time Screening Ended

 AM ▼

[Use Current Time](#)