Strengths Assessment and Service Planning

Module 5

Overview

The purpose of a strengths based assessment is to help the individual use his/her own resources and skills to accomplish personal goals.

Some counties have gotten permission to utilize the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths (CANS) in place of the strengths assessment.

Strengths Assessment Approach

The Strengths Assessment approach considers all areas of community living, not just "behavioral health" issues and is both pragmatic and consistent with CSP principles. The Strengths Assessment outlines background information, individuals' needs, and strengths.

This is also the case with the ANSA and the CANS.

Service Planning

- Based on the outcome of the strengths assessment, a plan of action is developed called a service plan.

- This section will also provide a practical approach to service planning, monitoring implementation of the service plan and providing adequate documentation of goals and progress.

- The strengths assessment will be used to develop a service plan.

Objectives

Upon completion of this session, participants will be able to:

- Define what is meant by "strengths assessments"

- Complete a strengths assessment and evaluate information provided by the assessment

- Develop a service plan and outline methods of implementing the plan

Case Manager's Role

- To determine what goals are feasible or obtainable for the individual

- To develop a relationship with the individual

- To do a continuous assessment on the client

Case Manager's Role (Continued)

- To help with problem solving

- To offer encouragement and growth

- Not to enable, but to enhance strengths and encourage independence

The Guided Process

- Strengths assessment is a guided process and should be done informally. It should cover aspects of life that the individual considers relevant

- The strengths assessment should be seen as a working document which can be revised as the individual's situation and priorities change

Phases of Strengths Based Process

- Introduction and explanation of services

- How you are willing to help, and what you are willing to do

- Offer support and ideas of how to reach their goals

Phases of Strengths Based Process (Continued)

- Reinforce that they should be involved in their treatment and that these are their goals

- Anticipate initial resistance or testing of limits

- Start where the individual is

Purpose of Strengths Based Assessment

- Goal is to help the individual identify strengths

- Assist the individual in recognizing what positive resources are in their lives

- Help him/her to utilize strengths

Important Things for Case Managers to Remember

- The person is valued

- Strengths and needs defined by self and others

- Identify barriers in treatment and progress

Important Things (Continued)

- Resources are made available to enhance ordinary services

- Relationships are nurtured

- Diversity is welcomed, not forced.

Skills and Attitudes Required for Case Management

- Be open and friendly

- Help the individual to feel valued and comfortable

- Show respect

- Be aware of body language and expressions

- Do not try to "parent" the individual or impose your judgments

- Be honest, but do not cross personal boundaries

A Few Tips…

Documents that you may find helpful:
https://www.dhs.pa.gov/docs/For-Providers/Pages/Behavioral-Health-Services.aspx

Completing the Assessment: Finding out the Individual's Strengths

- Start and understand where the individual is

- Assess all domains in a relaxed fashion

- Find out about coping skills

- Find out about successes in life. This is important!

- Find out about what they do daily

- The domains on the Strengths Assessment may differ than those on the ANSA and CANS, but all these tools ultimately collect the same information.

Domains: Living/Housing

Strengths

- Where do you live?

- Are you happy with current situation?

- What does your home/neighborhood look like?

- What do you like about your home/neighborhood?

- How is transportation for you?

- How long have you lived there?

Living/Housing

Needs

- What are you able to do?

- Do you need supportive housing?

- Would you like to change your living arrangements?

- Do you have SEC 8?

Vocational/Education

Strengths

- What is the highest level of school you have completed?

- What are your interests now?

- Did you work? Where? Did you like it?

- What are your hobbies or other skills?

Vocational/Education

Needs

- What work would you like to do?

- Would you like to work part time/full time?

- Is there more schooling or training that you would like to have?

Health/Behavioral Health

Strengths

- When do you feel best physically?

- Physically what can you do best?

- How do you cope with stressors, and what has worked in the past?

- Who is a support for you when things are rough?

Health/Behavioral Health

Needs

- When was your last physical? What are your needs (eyeglasses/dental)?

- What is your diagnosis?

- Do you agree with this?

- Who is your psychiatrist/ PCP/therapist?

- What is the relationship like with each of them? Would you want to change?

Health/Behavioral Health Needs (Continued)

- Have you been in the hospital, when, and how long?

- What is a stressor? They may need help recognizing this.

- What led to your hospitalization or out of home placement?

- What do you need now to get better, and to feel better?

Health/Behavioral Health Needs... Advance Directive

Do you have an advance directive? Please check out these links for more information:

https://www.upmc.com/-/media/upmc/patients-visitors/patient-info/advance-directives/documents/pa-advanced-directive.pdf

https://www.disabilityrightspa.org/wp-content/uploads/2018/04/CompleteGuideCapacityConsentSubDecMakingFEB2018.pdf

Legal

Strengths/Needs

- Have you ever needed a lawyer or probation officer?

- How long have you been off of probation?

- Have you ever participated in Treatment Court?

- Do you need a lawyer for abuse/PFA?

- Have you been in jail? Why? What were the charges?

- Any fines? Felonies? Child custody?

Drug and Alcohol

Strengths

- How long have you been clean?

- Where have you gone for treatment?

- Who has been a support?

- Self help, mutual support, 12-step?

- What has been helpful in the past?

Drug and Alcohol

Needs

- Do you need follow up?

- How are you able to cope now?

Leisure Time

Strengths

- What did you like to do?

- Do you have hobbies?

- What clubs or organization have you belonged to?

- What did/do you do in your free time?

- With whom/how long have you been doing them?

Leisure Time

Needs

- What would you like to do in your free time?

- Are there any hobbies or activities that you would like to do more?

Social Supports

Strengths

- Who do you spend time with?

- How often/which of your friends/family members do you spend the most time with?

Social Supports

Needs

- Who in your friends/family would you like to see more?

- Is there anything that your family or friends could do for you now?

Financial

Strengths

- What are you sources of income (SS/SSI/SSDI cash assistance/food stamps AFDC/ Veteran disability)?

Financial

Needs

- Do you need help in making a budget?

- Do you need help in budgeting your money?

- Do you need to apply for financial help such as SSI, SSDI or SS?

- Do you have any large debts?

Personal Characteristics/ Living Skills

Strengths

- What are you most proud of accomplishing in your life?

- What would you consider a strength?

- What do you like most about yourself?

- Do you pay your own bills?

- Do you do your own cooking, cleaning?

- Do you take care of your own personal hygiene needs?

Personal Characteristics/ Living Skills

Needs

- Is there any thing that you want to accomplish or change in your life?

Personal Characteristics/ Living Skills

Offer feedback about their assessment. For instance if they have been clean for 2 years, reinforce that their strength is determination and that they are really trying to stay focused and make better decisions about their life.

What Is Special About Case Management Service Planning?

- Highlights strengths rather than weaknesses

- It is vitally important in choosing a direction and focusing our energies

- It is individually-driven. (Try letting them write it, then negotiate with them, and finalize it.)

About Case Management Service Planning (Continued)

- The service plan is a living, growing document. Add information as necessary.

- It is based on the comprehensive Strengths Assessment.

- It is individualized – based on the person's needs and strengths.

Parts of a Service Plan

DOMAIN OR AREA OF NEED: includes housing, vocation/education, activities of daily living, medical, legal, safety, income/benefits, behavioral health, drug and alcohol, socialization/supports.

LONG TERM GOAL: abstract outcome statement, main idea significant enough to do something about, a destination.

Parts of a Service Plan (Continued)

- ACTION STEPS: measurable, sequential, success-oriented, logical, natural. <u>Use only as many steps as can be tolerated by the individual</u>

- RESPONSIBILITY SECTION: identifies who will do what (use the individual's support network, community, etc). Reference other provider service plans. Be aware of other service plans.

Parts of a Service Plan (Continued)

- DATES: begin date, end date, target date, date accomplished.

- REVIEW/UPDATE: state where the consumer is in relation to accomplishing the steps toward reaching the goals. Either discontinue, continue, or re-write the steps in order to reach the goal. Don't just keep providing the same service if it isn't working.

Parts of a Service Plan (Continued)

SIGNATURES: should include everyone's signature that is involved with writing or carrying out the plan.

If it is a child under 14 years old, it requires the parent's signature. If the child is over 14, he/she can sign.

It is a good practice to get both child and parent's signature.

Case Management Service Plan Requirements

PROGRAM	INTENSIVE CASE MANAGEMENT (ICM)	BLENDED CASE MANAGEMENT (BCM)	RESOURCE COORDINATION (RC)
INITIAL SERVICE PLAN	Intensive Case Mgmt.	Blended Case Mgmt.	Due Within 30 Days
REVIEWS	Due Within 30 Days	Due Within 30 Days	Due Yearly
CONTINUED SERVICE PLANNING	Due Within 6 Months	Due Within 6 Months	A Review Of The Plan Due Yearly

Tips on Writing Quality Goals

Focus on CSP (Community Support Program)

Model: individual-centered, empowering, culturally appropriate, flexible

Focus on the CASSP (Children and Adolescent Service System Program)

Model: child centered, family-focused, community based, multi-system, culturally competent, least restrictive/least intrusive

Goals (Continued)

- Focus on the RECOVERY MODEL- maintaining a normal, healthy lifestyle as possible

- Keep OUTCOMES in Mind

Good Goals are SMART Goals:

S specific

M measurable

A attainable

R realistic

T time-bound

Make the steps small, easy to accomplish, break it down!

Avoid These Words:

Learns	Aware	Improves
Understands	Seems	Better
Adjusts	Knows	Feels
Tends	Appears	

Remember:

The service plan should be re-written, changed, or added to as the direction, steps or goals change

It is a living, growing document

The Case Manager is the "Checkbook Holder", i.e.

The individual should be receiving the:

- right amount of service

- at the right time

- only as long as necessary

TCM – Do's and Don'ts

This portion of training focuses on:

- Documentation

- Recordkeeping

- MA billable TCM services

Providers and case managers must refer to all relevant TCM regulations/bulletins and policy clarifications for more detailed information

Documentation Requirements

Providers of TCM must ensure that the following documentation requirements are adhered to:

Verification of eligibility to receive TCM includes, but is not limited to:

- Past treatment records
- Behavioral health assessments
- Psychiatric or psychological evaluation
- Letter summarizing treatment history
- Individual Education Plan (IEP)
- Other relevant information

Documentation (Cont'd)

- The record must contain an assessment of the consumer's strengths, needs, and interests

- The record shall contain summaries of hospitalizations, incarcerations or other out-of-home placements while enrolled in TCM

- Children only: IEP, school testing—for example, psychological evaluations—guidance counselor reports, etc.

Documentation (Cont'd)

The record must contain a written Service Plan developed within one month of registration and reviewed at least every six months. The Service Plan shall :

- Reflect documented assessment of the consumer's strengths and needs

- Identify specific goals, objectives, responsible persons, time frames for completion

Documentation (Cont'd)

- In the case of consumers discharged from the TCM program, the record must contain:
- termination summary, including a reason for admission to targeted case management
- the services provided
- the goals attained
- goals not completed and why
- a reason for closure
- signatures from consumer, family members/guardian, and supervisor
- approval from the county administrator/MCO designee

Documentation (Cont'd)

Case notes must:

- Be legible;

- Verify the necessity for the contact and reflect the goals and objectives of the targeted case management service plan;

- Include the date, start & end time (in real time), and circumstance of contacts, regardless of whether a billable service was provided.

Documentation Requirements – cont'd

Case notes must (cont'd):

- Identify the consumer by name or case number or identification number on both sides of each page on which there is writing on both sides.

- Be dated and signed legibly by the individual providing the service, including credentials.

Record Retention

Records shall be retained for 7 years.

MA Billable TCM Services

Providers may bill for the following MA billable services:

- Assessment and service planning

- Informal support network building

- Use of community resources, to include assistance to consumers or the consumers' parents, **if the consumer is a child**, in identifying, accessing and learning to use community resources

MA Billable TCM Services: cont'd

Providers may bill for the following MA billable Services (cont'd):

- Linking consumers with resources

- Monitoring service delivery

- Helping the consumer gain access to resources and required services identified in the service plan

- Life support and problem resolution

MA Billable TCM Services: cont'd

- The unit of service for billing purposes shall be 1/4 hour of service (15 minutes)

- The targeted case manager or targeted case manager supervisor must have face-to-face or telephone contact with the consumer, the consumer's family or friends, service providers, or other essential persons

MA Billable TCM Services: cont'd

Important Note

When one or more TCM staff, acting together, make service contact with or for one or more consumers or family members, **if the consumer is a child**, during a 1/4-hour period, the maximum number of units that may be billed shall equal the number of staff persons involved or the number of individuals being served, whichever is smaller

MA Billable TCM Services: cont'd

TCM services provided to individuals in inpatient settings are reimbursable only under certain conditions as outlined in the Policy Clarifications ICM-04 RC-01 FBMHS-09, and TCM-01.

Non-billable services:

- Transportation

- Bundling

- Contacts with supervisors or fellow case managers

- Multiple contacts cannot be combined to claim as a unit of service

  (example: three distinct contacts, each lasting 5 minutes can not be combined to bill as one unit of service).

  2013 OMHSAS 13-01 TCM Travel Bulletin

Examples of MA Non-billable Services

- Activities that do not result in actual contacts are not MA reimbursable (ex: leaving a voice mail or just waiting for consumer)

- Units of service for documented transportation

- Other activities that are not reimbursable include:
  - Staff meetings; Trainings; Paperwork; Recordkeeping activities; Email; Staff Meetings and supervision

- Services on consumer's behalf after his/her death

References

- **ICM Regulation:** http://www.pacode.com/secure/data/055/chapter5221/chap5221toc.html
- **Resource Coordination Bulletin:**

  http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinId=1006
- **Blended Case Management Bulletin:** Blended Bulletin 2010
- **Policy Clarifications (apply to all TCM – ICM, RC, & BCM):** see the handouts
  - ICM-04 RC-01 FBMHS-09
  - TCM-01
  - FB-07
  - ICM/RC 04-01

Best Practice:

- Be brief and to the point
- Be professional but not clinical
- Don't use slang or profane words
- The last sentence should indicate your next scheduled meeting with the consumer
- Watch your spelling and grammar

Progress Notes

- Verify the necessity for the contact and reflect goals and objectives of the service plan

- Provide a running record of the consumer's progress for utilization review purposes

- Serve as a continued assessment of needs and strengths for further service planning

- Justify billings

- Demonstrate compliance with regulations

Child and Adult Strengths Assessment/Service Plans

Since all counties use different strengths assessment/service plan forms, please discuss with your supervisor the strengths assessment/service plan format used by your county.

Request a sample that your agency uses.

Combined Strengths Assessment Scale (CSAS)

- The Combined Strength Assessment Scale is four forms combined into one: the strengths assessment, the service plan, the service plan review, and the medical necessity scoring.

- There are 8 domains to the form: Housing, Education/Vocation, Income/Benefits, Behavioral Health, Alcohol/Other Drugs, Socialization, Basic Activities of Daily Living, and Medical.

- The required documents vary from county to county, (i.e. Allegheny County uses the ANSA/CANS and the service plan to document similar information).

CSAS continued

- Each domain is rated on a scale from 1 to 5. The total score of all 8 domains combined determines the frequency of contact by the case manager with the consumer.

- The CSAS is completed upon admission to the case management program, then a minimum of every 6 months thereafter, or when a significant change is made in the consumer's life situation.

- Some counties are using the CSAS in place of the Environmental Matrix. In order to do this, a waiver must be requested to OMHSAS.

- Some counties will use the ANSA and CANS.

CSAS continued

34 - 40	**HIGH**	**1 In-person contact every 7 days**
33 - 27	MODERATE	1 In-person contact every 14 days
21 - 26	AVERAGE	1 In-person +1 phone contact every 30 days
15 - 20	LOW	1 In-person contact every 30 days
14 - 8	TCM NOT INDICATED	

Child and Adolescent Needs and Strengths (CANS)

- CANS is an assessment tool designed to give a profile of the needs and strengths of the child and family used in the development of the service plan

- CANS is also used to give an overall profile of the systems of services and can identify the gaps in the service system

- CANS is used to determine frequency of visits

- CANS short form is completed at the first visit and the long form within 30 days

- CANS is also completed during a service plan review, transferring of a case, and following a trigger event such as a hospitalization

Child and Adolescent Needs and Strengths (CANS)

- CANS results are incorporated into the service plan – reflecting strengths/needs

- CANS is a 4 point scale – each rating is based on the last 30 days unless otherwise specified

- Click here to link to Child and Adolescent Needs and Strengths: https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/

- Click here to link to the Adult Needs and Strengths Assessment: https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/

Mental Status Exam/Folstein Mini Mental Exam

The following is information on the Mental Status Exam and the Folstein Mini Mental Exam. Case managers should become familiar with both.

Mental Status Exam
What It Is and How to Do It.

Dennis M. Kerr, Med

Acknowledgements to Peter Murray, MD

To exit, press ESC or
use your browser's BACK button

MSE

- Snapshot of the patient.

- Provides an in vivo cross section description of the patient, at the time of your examination.

Categories of MSE

I – General appearance

- Appearance

- Behavior and psychomotor activity

- Attitude toward the examiner

II – Mood and affect

- Mood

- Affect

- Appropriateness

Categories of MSE continued

III – Speech

IV – Perceptual Disturbances

V – Thought

- Process or form of thought

- Thought content

Categories of MSE continued

VI – Sensorium and cognition

- Alertness

- Orientation

- Memory

- Concentration

- Abstract thinking

- Fund of information and intelligence

Categories of MSE continued

VII – Impulse control

VIII – Judgment and insight

IX – Reliability

General Appearance

The impression conveyed:

- Stated age vs. appearance
- Body type
- Posture
- Dress
- Grooming
- Hair
- Nails
- Poise

- Presentation
- State of health – sick/well
- Odors
- Bizarre
- Neat vs. disheveled
- Thin/obese
- Deformities

Behavior and Psychomotor Activity

Examine the motor activity, i.e.:

- Gait
- Hyperactivity
- Sluggish/retarded movement
- Restless, agitation, twitches
- Tics
- Unusual mannerisms
- Hand wringing
- Pacing
- Grimacing

Attitude toward the Examiner

- Take into account the circumstances of the interview (201 vs. 302, etc.)
- Cooperative
- Hostile
- Evasive
- Attentive
- Challenging
- Friendly
- Disinterested
- Oppositional

Mood and Affect

Mood

- Pervasive and sustained emotion that colors a person's perception of the world

- Adjectives that describe depth, intensity, duration, and fluctuation of mood are helpful

- Patient's description of internal emotional state

Mood and Affect

Affect

- Describes the emotional responsiveness of patient
- What does the facial expression suggest?
- Is affect congruent with mood
  - ➤ Normal range - variation in tone, body movement, affect, and use of hands
  - ➤ Constricted - reduced range and intensity
  - ➤ Blunted - is more reduced
  - ➤ Flat - absence of expression
  - ➤ Labile - wide range, quickly changing

Mood and Affect

Appropriateness

- Describes congruence of patient's affect with the context of the situation

- Also describes congruence with stated mood

Speech

- Assessed relative to its characteristics:
  - ➢ Quantity (talkative, verbose)
  - ➢ Quality (dramatic, soft, loud, staccato)
  - ➢ Rate of production (fast, slow, sluggish)
- Is speech spontaneous? Fluent?
- Impairments? Stutter?
- Unusual rhythm (dysprosady)? Accent?
- Is speech coherent?
- Can they name objects?

Perceptual Disturbance

Hallucinations - False sensory perceptions not associated with real external stimuli

- ➢Auditory
- ➢Visual
- ➢Tactile
- ➢Olfactory
- ➢Gustatory

Illusions - Misperceptions of <u>real </u>external stimuli (sees a spider on polka dot wall)

Thought

- Process - Form of thinking. The way ideas are put together or associated (logical, coherent, disorganized).

  Includes:

  - Expression of ideas (abundance, poverty)
  - Relevance of capacity for goal direction
  - Associations (loose, organized)
  - Tangentiality (easily distracted)
  - Circumstantiality (irrelevant details)
  - Continuity of thought, blocking, neologisms, word salad, clang associations

Thought, continued

Content

- Substance of thought
  - ➢ Delusions (false, fixed beliefs)
  - ➢ Phobias
  - ➢ Preoccupations
  - ➢ Obsessions
  - ➢ Compulsions
  - ➢ Plans intentions
  - ➢ Recurrent ideas about <u>suicide or homicide</u>
  - ➢ Hypochondriacal symptoms
  - ➢ Antisocial urges
  - ➢ Ideas of reference
  - ➢ Ideas of influence

Sensorium and Cognition

Alertness

- Ability to focus attention on environmental stimuli.
- Level of consciousness
  - ➢ Clouded, somnolent, stuporous, comatose, lethargic, alert, or fugue state

Orientation

- Awareness of time, place, person, and situation

Sensorium and Cognition

Assessment of memory

- The system allowing processing, storage, and retrieval of information

- Immediate – digit span, repetition of 6 numbers

- Recent – "What did you have for lunch?"

- Recent past – Recent events of the past few months

- Remote – Verifiable information from childhood

Sensorium and Cognition

Intellect

- Serial 7s (or serial 3s or simple addition/subtraction)
- Attention (five things starting with T)
- Capacity to read and write
- Visuospacial ability (draw a clock)
- Abstract reasoning (Rome wasn't built in a day)
  - ➢ Concrete, abstract, semi-abstract
- Fund of knowledge (naming six presidents, distance NY – San Francisco, change from a $10)

Judgment and Insight

Judgment

- Capacity to view situation in a correct manner and act appropriately

Insight

- Capacity for seeing cause and effect; may be emotional or intellectual

Impulse Control

Impulse control

- Aggressive, sexual, cooperative, other

Reliability

How truthful and accurate is the information that the patient shared?

- Can it be corroborated?

Mental Status Exam & Other Significant Objective Findings: (from ACES clinical team)

Appearance and Behavior	Patient is a 35 year old SWM who is casually, but neatly dressed and groomed. Gait-steady. Appears to be his stated age. Patient was cooperative with the examiner.
Mood and Affect	Patient describes his mood as depressed. Affect was sad with several episodes of tearfulness.
Rate and Pattern of Speech	Speech was clear, organized, and unpressured.
Thought Form	Thought rate and pattern appeared within normal limits and were goal-directed. No tangentiality or circumstantiality noted.
Thought Content	Content focused on answering examiners questions and his depression. Reports fleeting SI but denies plan or intent. Denies HI. No evidence of delusions.
Perception	Denied any form of hallucinations. No soft signs present.
Orientation	Patient was AOX3.
Attention and Concentration	Patient was able to stay focused throughout the interview. He reports mild concentration difficulties at work and home.
Recent and Remote Memory	Demonstrates good recall in all spheres. Corroborated by GF.

Folstein Mini Mental Status Exam

- Assesses and screens cognitive impairment

- Total of 30 points

- Represents a brief, standardized method by which to grade cognitive mental status. It provides a total score that places the individual on a scale of cognitive function.

- Assesses:
  - ➢ Orientation
  - ➢ attention,
  - ➢ Immediate short-term recall
  - ➢ Language
  - ➢ the ability to follow simple verbal and written commands

Education	Age													
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>84
4th grade	22	25	25	23	23	23	23	22	23	22	22	21	20	19
8th grade	27	27	26	26	27	26	27	26	26	26	25	25	25	23
High School	29	29	29	28	28	28	28	28	28	28	27	27	25	26
College	29	29	29	29	29	29	29	29	29	29	28	28	27	27

Folstein Mini Mental Status Exam

Orientation (10 points)

1. Year, Season, Date, Day of Week, and Month (5 points)

2. State, County, Town or City, Hospital or Clinic, Floor (5 points)

Folstein Mini Mental Status Exam

Registration (3 points)

1. Name three objects: apple, table, penny

   - Each one spoken distinctly and with brief pause

   - Patient repeats all three (one point for each)

   - Repeat process until all three objects learned

   - Record number of trials needed to learn all three objects

Folstein Mini Mental Status Exam

Attention and Calculation (5 points)

- Serial 7s – 100-7 (5X)

  or

- Spell WORLD backwards: DLROW

Folstein Mini Mental Status Exam

Recall (3 points)

1. Recite the three objects memorized in registration above

Folstein Mini Mental Status Exam

Language (9 points)

1. Patient names two objects when they are displayed
   - Example: Pencil and Watch (1 point each)
2. Repeat a sentence: "No ifs, ands, or buts"
3. Follow three stage command
   - Take a paper in your right hand
   - Fold it in half
   - Put it on the floor
4. Read and obey the following
   - Close your eyes
5. Write a sentence
6. Copy the design (picture of two overlapped pentagons)

Environmental Matrix

- Agencies may use the environmental matrix to determine the need for case management (CM) services.

- Agencies have the option of using other types of tools with prior approval from OMHSAS, such as the ANSA and CANS.

- The following is a brief overview of the environmental matrix.

Environmental Matrix General Information

The Environmental Matrix:

- must be completed using a face to face interview

- examines the lowest level of functioning, and/or situation during the past 90 days

- should be reassessed as needed but no less than every six (6) months

- will be one component utilized to determine the level of CM

Environmental Matrix General Information (cont.)

The Environmental Matrix

- may establish the need for an alternative service(s)

- should be completed using cultural competency best practices

- includes the consumer, family and involved others' perspectives

Environmental Matrix General Information (cont.)

The Environmental Matrix requires the use of professional judgment

Environmental Matrix General Information (cont.)

Adults

The Adult Environmental Matrix evaluates a total of 6 activities identified by regulations as CM activities

Children

The Children's Environmental Matrix evaluates a total of 10 areas identified in relationship to CM

ENVIRONMENTAL MATRIX SCORING GRID

MATRIX LEVEL	NEED LEVEL	INTENSITY OF CARE
4.0 – 5.0	ICM	At least 1 contact every 14 days (Face to face contact strongly recommended)
1.5 – 3.9	RC	At least 1 face to face contact every two months
0.0 – 1.4	NO TCM NEEDED	Alternative services may be needed and if necessary, referrals should be made.

Environmental Matrix Scoring

- A 1-5 score is provided for each area (6 areas for adults; 10 for children)

- Scores in each area are added together producing a subtotal

- The subtotal is divided by the number of areas scored

- The product is the Environmental Matrix Score

ENVIRONMENTAL MATRIX
Continued Stay/Change of Level of Need

- The individual continues to meet at least 2 out of the 3 eligibility criteria as outlined in ICM regulations/RC bulletin

And

- Need is demonstrated as indicated by the Environmental Matrix in conjunction with clinical information and the professional judgment of the reviewer

ENVIRONMENTAL MATRIX
Discharge Indicators

The consumer or family determines CM is no longer needed or wanted and the consumer no longer meets the continued stay criteria; or

ENVIRONMENTAL MATRIX
Discharge Indicators (cont.)

- The CM in consultation with his/her supervisor, and with written concurrence by the county administrator determine CM is no longer necessary and the consumer no longer meets the continued stay criteria; or

- The individual/family determines that CM is no longer wanted; however, the consumer does meet continued stay criteria; or

ENVIRONMENTAL MATRIX Discharge Indicators (cont.)

- The consumer/family has moved outside the current geographic service area (e.g., county, state, country).

- The individual is undergoing long-term incarceration and/or long-term hospitalization or long-term skilled-nursing care without a discharge or anticipated discharge date.

Resources

The following are several websites which can provide you with valuable information in performing your duties as a case manager. Please feel free to review them at your convenience.

- http://www.pacode.com/
- Mental Health Procedures Act (pdf)
- MH/Intellectual Disability Act of 1966 (pdf)
- http://www.cms.hhs.gov/default.asp
- http://www.dhs.pa.gov/
- http://www.nami.org
- http://www.namikeystonepa.org/
- http://www.pmhca.org
- https://www.samhsa.gov/find-help/disorders
- http://www.grants.gov/

References

The following is a list of references that can assist you in your role as a case manager.

Further references are provided throughout the additional modules.

References

Summary

You have completed Module 5 – Strengths Based Assessment/Service Planning.

Please continue by completing the following quiz:

https://www.oerp.pitt.edu/wp-content/uploads/2019/04/TEST-Module-5.pdf

Return the completed quiz to your supervisor.

Comments

Please refer any comments or questions regarding this training to:

Doreen Barkowitz, LSW

UPMC Western Psychiatric Hospital / OERP

3811 O'Hara Street, Champion Commons, 3rd floor

Pittsburgh, PA 15213

or via email to: barkowitzdh@upmc.edu

You have completed Module 5.

Please click here to return to the Main Menu.