Assessment- Enhanced SSI Assisted Living Program

Client Name _____ D.O.B. _____

I-Mental Health/Substance Abuse Diagnosis -List DSM IV Diagnosis - (to be completed by clients active with a mental health provider, psychiatric hospital, or an institution where a physician has made a DSM diagnosis). DEA case management agencies and MHRH can report diagnosis by history or leave incomplete if not known.

□ *Axis I:* behavioral health clinical disorders, including major mental disorders, as well as developmental and learning disorders

Diagnosis:	Code:

□ *Axis II:* underlying pervasive or personality conditions, as well as mental retardation

Diagnosis:	Code:

□ *Axis III:* medical conditions and physical disorders

Diagnosis:

□ *Axis IV:* psychosocial and environmental factors contributing to the disorder

□ *Axis V:* Global Assessment of Functioning **(see Attachment 1)** _____(Optional)

II-Reason for referral: Summarize presenting problem(s) and/or symptom(s) as seen by the patient, provider and or the family. Include current Mental Status with specific mention of present suicidal/homicidal ideation intent or plan: (DEA Case management agencies do not have to provide mental status, but must include presenting problem.)

_____
_____
_____
_____

Assessment- Enhanced SSI Assisted Living Program

Client Name _____ D.O.B. _____

III-Mental Health Screening Information (Complete if any history of treatment):

A-Present Provider: _____

B-Program: MTT, CSP, GOP, Residential

C-Current Psychiatric medications:
_____
_____

D- In order to be able to live in an assisted living, are the client's present symptoms under control by medications? (DEA Case Management agencies are to inquire with person prescribing medication and report information).
Yes____ No____

E-Considering the client's past and present mental health treatment/and behaviors, can the client be managed at the assisted living facility?
Yes ____ No_____
Consider any history of threatening self or others, aggressive and disruptive behaviors, following court ordered medication and medication non-compliance issues. Explain for yes: _____
_____

IV- Substance Use Screening Information (Complete if any history):

A-Present Provider: _____

B-Program: Out patient, OTP, Detox, Partial Hospitalization, Intensive Outpatient

C-Current Substance Use: (list each substance, current frequency and last use)_____
_____
_____

D-Considering the client's past and present substance use, can the client be managed at the assisted living facility? (Consider substance use on and off premises and ability to comply with facility rules.) Case management agencies are to inquire with present provider and provide report.
Yes ____No____ Explain: _____
_____
_____

Assessment- Enhanced SSI Assisted Living Program

Client Name _____ D.O.B. _____

V- Legal Screening Information:

A-Present Legal Status: (list all present charges and if on parole or probation)_____
_____

B- Legal Guardian: Yes ___No__
Considering the client's past and present legal history, can the client be managed at the assisted living facility?
Yes ___No___
Consider history of eloping, any past legal charges and ability to live with others.
Explain: _____

VI- Functional Need for Assisted Living:

This person requires daily assistance in at least one area of daily living, such as medication management, bathing, dressing, or meal preparation:
Yes____ No ____ Describe _____
_____

VII - This individual fits within the resident definition set in Section 1.28 of the "Rules and Regulations for Licensing Assisted Living Residences" **(see Attachment II)**
Yes____ No _____

VIII- Signature Section:

This document must be reviewed and signed by a physician/psychiatrist if from a health facility, Mental Health Center, or ACI, and by a supervisor if from MHRH or DEA Case Management Agency. By signing this document I have read all the following information and concur with the findings:

Form Completed by: Name (print) _____ Title: _____
Signature: _____ Date: _____
And
Physician/Psychiatrist name: _____
Physician/Psychiatrist signature: _____ Date: _____
Or
Supervisor: Name _____ Agency _____
Supervisor's Signature: _____ Date: _____

.

Assessment- Enhanced SSI Assisted Living Program

Complete section IX, **Assisted Living Recommendation ,** indicating YES for referral for further screening for assisted living if the answer is YES to all screening questions regarding the ability to live in an assisted living setting, or NO for referral if the answer to any screening questions is No indicating an inability to safely reside in a group living setting

Section IX

Assisted Living Recommendation Form—Enhanced SSI Program

Individual's Name:_____

Date of Birth:_____

Social Security #:_____

Based on the completion of the Enhanced SSI Assisted Living Assessment, the following recommendation is being made:

___It is recommended after review of the screening information for the individual named above, that this individual be referred to an assisted living facility/program for further screening, assessment and possible admission.

___It is recommended after review of the screening information for the individual named above, that the individual not be referred to an assisted living facility/program for further screening and assessment. Admission is not recommended at this time.

Facility/Agency:_____ Assessment Date:_____

Name of the Assessor (print):_____ Title: _____

Signature: _____ Date:_____

Send the Enhanced SSI Assisted Living Assessment/Recommendation To:
Department of Human Services
Center for Adult Health
74 West Road
Hazard Building
Cranston, RI 02920
Fax: 401-462-3496
http://www.dhs.ri.gov/dhs/dheacre.htm

Attachment I

Axis V Diagnosis: Global Assessment of Functioning

The **Global Assessment of Functioning** (**GAF**) is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the social, occupational and psychological functioning of adults. The scale is presented and described in the DSM-IV-TR on page 32. Children and adolescents under the age of 18 are evaluated on the Children's Global Assessment Scale, or C-GAS.

91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.

81-90 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71-80 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.

61-70 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.

51-60 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.

41-50 Serious symptoms OR any serious impairment in social, occupational, or school functioning.

31-40 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.

21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.

11-20 Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.

1-10 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

0 Not enough information available to provide GAF.

Attachment II

Section 1.28 of the "Rules and Regulations for Licensing Assisted Living Residences"

"Resident" means an individual not requiring medical or nursing care as provided in a health care facility but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging and meals and may require the administration of medication. Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bed-bound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to twenty-one (21) days subject to an extension of additional days as approved by the

Department, or if the resident is under the care of a licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that such care is received."