**Section 380.200 Assessment, Level of Service Determination, and Authorization**

a) Authorizations for levels of service shall facilitate treatment in the least restrictive settings. Authorization is not required for admission to triage centers. Authorization is required for admission to crisis stabilization, transitional living, and recovery and rehabilitation supports. Authorization shall be limited in time based on the clinical status and needs of the consumer and the maximum length of stay at each level of service. A facility may request re-authorization if the initial authorization has expired and the consumer still requires treatment at a specific level of service. Initial authorizations shall be conducted by venders who are contracted with the State. Re-authorizations may be conducted by the same vendor or by a managed care entity.

b) Admission

1) Except for triage, each consumer shall receive an assessment prior to admission to a facility. The assessment shall be used to determine the appropriate level of service for service delivery and is required for authorization of services.

2) *After the provisional license period, no individual with mental illness whose service plan provides for placement in community-based settings shall be housed or offered placement in a facility at public expense unless, after being fully informed, he or she declines the opportunity to receive services in a community-based setting*. (Section 4-107 of the Act)

3) To ensure that consumers are fully informed of their options regarding community-based services, the facility shall document, in writing, that community-based providers were granted access to each consumer. Information to be shared with consumers whose service plans provide for placement in a community-based setting shall include those items included in subsections (f) through (h) and:

A) An introduction to community based settings, permanent supportive housing and community-based services available to assist consumers in these settings and the financial support consumers may receive in these settings; and

B) A description of the benefits of placement in a community-based setting.

4) The facility shall not admit any consumer or be compensated for services prior to the completion of the assessment and the authorization by the State-designated assessment and authorization entity. Authorizations are not required for admission to a triage unit. Authorization is required prior to admission to:

A) Crisis stabilization units;

B) Transitional living units; and

C) Recovery and rehabilitation supports units.

5) Authorization shall be valid for a limited amount of time, determined by:

1) The clinical status and needs of the consumer; and

2) The length-of-stay limitations at each level of service.

c) Continued Stay or Transfer between Units

1) Additional authorizations may be requested by the interdisciplinary team if the initial authorization has expired and the consumer continues to require treatment at a specific level of service. Authorization shall be performed by entities authorized by the Department of Healthcare and Family Services. Authorizing entities may be, but are not required to be, managed care entities assigned as the consumer's primary provider.

2) Any transfer to a new level of service requires the authorization by the State-designated assessment and authorization entity. The facility shall not admit any consumer or be compensated for services in a new level of service prior to authorization by the State-designated assessment and authorization entity.

d) Assessment Content for Assessments Conducted by the Facility

All initial assessments and annual re-assessments conducted by the facility shall be person centered and focus on the services and supports required for the consumer to live in permanent supportive housing or another appropriate community-based setting. All assessments shall include, but are not limited to, the consumer's:

1) Social history and demographic background information;

2) Psychiatric history and history of psychiatric hospitalizations;

3) Substance use history, including a substance abuse assessment;

4) Cognitive impairment screen;

5) Co-morbid medical conditions, treatment and management;

6) Medication history and compliance;

7) Strengths and preferences;

8) Risk indicators or potential;

9) Criminal history;

10) ADL and IADL self-management skills;

11) Medical condition, including any medical condition that may have an impact on the person's appropriateness for placement in a community-based setting;

12) History of physical abuse or trauma, including childhood sexual or physical abuse, intimate partner violence, sexual assault, or other forms of interpersonal violence;

13) Goals and objectives that the consumer will need to achieve to be discharged to community living; and

14) Preference to be placed in a gender-specific unit or bed. The facility shall provide this placement if it is available.

e) The assessment shall include a consultation with the treating psychiatrist or other professional staff and other persons of the consumer's choosing.

f) The assessments shall be completed by an LPHA and reviewed and signed by the treating psychiatrist within 14 days after admission. The psychiatrist shall complete an independent mental status exam and confirm or revise the initial diagnosis.

g) Re-assessment by the Department of Healthcare and Family Services

1) The Department of Healthcare and Family Services or its designee may conduct re-assessments to comply with the requirements of the Williams Consent Decree. The re-assessments may be conducted:

A) Annually; or

B) No more than once every three months, upon request by the consumer who declined to move to a community-based setting.

2) Annual re-assessments shall document the reasons for the consumer's opposition to transferring to a community-based setting.

h) Re-assessment by the Facility

1) The facility shall also conduct re-assessments:

A) To develop or update a treatment plan; and

B) When there is a change in the consumer's clinical functioning.

2) A recovery and rehabilitation supports unit shall conduct re-assessments within 120 days following admission of a consumer.