

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: INTAKE ASSESSMENT

Division: Your Choice

Approved By: Patti Kukula

4E-FORM TIPS:

An "E-form" is an electronic form that captures information about a member.

OVERVIEW:

The purpose of the e-form is to record the results of the Intake Assessment

TARGET POPULATION:

Wayne County residents who are requesting entry into the Your Choice Program

STANDARDS:

The Intake Assessment form is used to determine clinical eligibility for Your Choice. The Intake Assessment form is completed following completion of a face to face assessment. It may only be submitted for Persons who have been assigned A Manager of Comprehensive Network (MCPN) by Pioneer Behavioral Health. Only an Agency Psychiatrist may render an adverse decision regarding requests for entry into Your Choice.

PROCEDURES:

GENERAL INFORMATION

Complete all fields in the E-form. Mandatory fields must be completed to proceed to the next section.

Program

Enter the specific target population group: Children with Serious Emotional Disturbance (SED); Children with Developmental Disability (DD); Adults with DD; and Adults with Severe Mental Illness (SMI).

Section A:

Complete all demographic data fields in this section. State "None Known" if the information is not available.

Enter the date of 01/01/and the current year. If the date of service is unknown. Enter 01/01/and the specific year of service, if known.

Section B:

Dates of Service: Check None, or Enter the date of 01/01and the current year. If the date of service is unknown. Enter 01/01/and the specific year of service, if known.

Definitions:

SRS: Specialized Residential Services

ICR: Intensive Crisis Residential

Date: 11/03/03

Page 1

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SNR: Special Needs Residential (Structured Residential Facilities with Programs for specific clinical needs, i.e. closed head injury, substance abuse, eating disorders, etc.)

Each of the following includes a drop down menu for selections:

Prior Admissions,
Out of Home Placements
Substance Use
Symptoms Have Been Present for:

Section C:

GAF Score: Refer to the Ranges provided as reference
Use clinical judgement to provide GAF Scores in the required fields

Section D:

Developmental Disability (DD) Criteria required for DD providers only.

Make a selection from the drop down menu for Residential Services:

Open
Secure
Semi-Secure
Supervised Independent Living

Section E:

Indicate N/A if no medications have been prescribed
Indicate "Unk" when medications are Unknown

Section F:

Evaluate Severity of Functioning using clinical judgement.
Indicate None if applicable.

Section G:

This section is most applicable for children and adolescents
The relationship to, not individual names, is required in this section
An overall description of the family may be provided in "comments" when confidentiality is a concern

Section H:

SRS: Specialized Residential Services

ICR: Intensive Crisis Residential

SNR: Special Needs Residential (Structured Residential Facilities with Programs for specific clinical needs, i.e. closed head injury, substance abuse, eating disorders, etc.)

ACT: Assertive Community Treatment

Credential

Enter the credential (s) of the individual completing the Intake Assessment (i.e., MSW, Ph.D., etc)

Date: 11/03/03

Page 2