



Monterey County Behavioral Health Policy and Procedure

Policy Number	413
Policy Title	Assessment Of Needs For Placement Of Behavioral Health Adult Services Consumers In Board And Care Facilities
References	Title 22, Sections 80068.2 and 85068.2 (Attachment 1)
Form	None
Effective	August 30, 1988 Revised: January 3, 1992 Revised: January 3, 1994 Revised: September 1, 2008

Policy

Individuals who are mentally disordered, developmentally disabled or physically handicapped shall not be accepted by a licensed facility until there has been an assessment of such person's needs according to Title 22, Section 80329.0, and Assessment of Need. When a situation or urgent admission occurs, such person may be admitted conditionally to the facility prior to the assessment, but the assessment just be completed within 30 days of admission. The assessment shall include, but is not limited to: 1) statement of the person's problem; 2) objectives with a stated time frame for each problem; 3) plans for meeting an objective, including plans for meeting unusual needs, if any, through community-based resources or through specialized services to be furnished by the licensee; 4) identification of individuals or agencies responsible for carrying out each part of each plan; 5) methods of evaluating progress.

Procedure

1. The needs assessments are to be completed by the clinician placing the client in the board and care facility. They become part of the consumer's chart that the board and care operator maintains. They do not become part of the Adult Services chart. Behavioral Health Adult Services staff or physician monitoring the client's case and providing follow-up services for the client will then update or initiate new problems, objectives and goals for each client as specified by the Department of Social Services Community Care Licensing.

2. The ongoing Behavioral Health Adult Services staff or physician is not responsible for updating the board and care operator's needs assessment every six months or yearly. That, according to California State Licensing officials, is the responsibility of the board and care operator and his/her physician or consultant. (This office will not provide "needs assessment" of consumers that this agency does not place in the facility). This office will not provide any placement packages done for private placements.

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4 **80068.2. Needs and Services Plan.**

5 (a) The licensee shall complete a Needs and Services Plan for each client as required in Sections
6 81068.2, 82068.2, 82568.2, or 85068.2.

7 (b) If the client has an existing needs appraisal or individual program plan (IPP) completed by a
8 placement agency, or a consultant for the placement agency, the Department may consider the
9 plan to meet the requirements of this section provided that:

10 (1) The needs appraisal or IPP is not more than one year old.

11 (2) The licensee and the placement agency agree that the client's physical, mental and emotional
12 status has not significantly changed since the assessment.

13 (c) The written Needs and Services Plan specified in Section
14 80068.2(a) shall be maintained in the client's file.

15 NOTE: Authority cited: Section 1530, Health and Safety Code. Reference:
16 Sections 1501, 1507 and 1531, Health and Safety Code.

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18 **§ 80068.3. Modifications to Needs and Services Plan.**

19 (a) The licensee shall ensure that each client's written Needs and
20 Services Plan is updated as often as necessary to assure its accuracy, but at least annually. These
21 modifications shall be maintained in the client's file.

22 (b) If the licensee determines that the client's needs cannot be met, the licensee shall inform the
23 client, and his/her authorized representative, if any, and the placement agency, if any, and request
24 that the client relocate to a facility that can provide the needed services.

25 (1) If the client refuses to relocate, the licensee may evict the client in accordance with Section
26 80068.5.

27 NOTE: Authority cited: Section 1530, Health and Safety Code. Reference:
28 Sections 1501, 1507 and 1531, Health and Safety Code.

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30 **85068.2 NEEDS AND SERVICES PLAN 85068.2**

31 (a) Prior to admission, the licensee shall determine whether the facility's program can meet the
32 prospective client's service needs.

33 (b) If the client is to be admitted, then prior to admission, the licensee shall complete a written
34 Needs and

35 Services Plan, which shall include:

36 (1) The client's desires and background, obtained from the client's family or his/her authorized
37 representative, if any, and licensed professional, where appropriate, regarding the following:

38 (A) Entrance to the facility.

39 (B) Specific service needs, if any.

40 (C) The written medical assessment specified in Section 80069.

41 (D) Mental and emotional functioning.

42 (E) The written mental health intake assessment, if any, specified in Section 85069.3.

43 (F) The written functional capabilities assessment specified in Section 80069.2.

44 (2) Facility plans for providing services to meet the individual needs identified above.

45 (c) If the client has a restricted health condition specified in Section 80092, the Needs and Services
46 Plan must include the Restricted Health Condition Care Plan specified in Section 80092.2.

47 (d) The licensee shall involve the following persons in the development of the Needs and Services
48 Plan:

49 (1) The client, or his/her authorized representative, if any.

50 (2) Any relative participating in the placement.

51 (3) The placement or referral agency, if any.

52 (4) The person responsible for facility admissions.

53 NOTE: Authority cited: Section 1530, Health and Safety Code. Reference: Sections 1501, 1507
54 and 1531,

55 Health and Safety Code.

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