Initial Assessment Policy and Procedures

Policy

Transformations will initiate same day contact with a client/referral source who has initiated a request for information or treatment.

Transformations will offer an initial in-home evaluation to be completed within the first 48 hours of the request for services.

If the client requests that the initial evaluation be delayed beyond 48 hours, Transformations will seek to perform the evaluation within 7 days of the first request for services.

Failure to provide the initial evaluation within 7 days will be documented and evaluated for quality care improvement. The referral source and the insurance company will both be notified of the failed attempt to provide the service.

Procedure

1. The intake coordinator will receive and review all incoming referrals whether through the website, phone, fax, or walk-in.
2. The intake coordinator will acknowledge the referral immediately- the day of the referral
3. The Intake coordinator will contact the assessment team with client information
4. The assessment team members will reply immediately with their availability to accept the referral.
5. Intake Coordinator will verify the identity of the assessment team member who will take the referral.
6. The assessor will contact the client (same day)and arrange the appointment time (48 hours)
7. Failure to provide the initial evaluation within 7 days will be documented and evaluated for quality care improvement. The assessor will notify both the referral source and the insurance company of the failed attempt or delay in providing the service. The assessor must also notify the intake coordinator and send contact log documentation to the intake coordinator.
8. The assessor will verify insurance coverage prior to the service. We recommend you use the website. Contact Jenni to get your user id and password.
9. When the assessor meets with the client the assessor will:
	1. Orient the client to our program and services
	2. Assist the client in completing the enrollment packet
	3. Evaluate the client, diagnose, and document the findings
	4. Make recommendations to the client for treatment
	5. Explain freedom of choice
	6. Facilitate the selection of providers for referrals for care
	7. Contact the providers selected with client information and request for services
		1. This should be done through the Transformations website
		2. Referrals made to providers and services outside the agency must be documented and release forms obtained
		3. Follow up with provider and family to be sure the services are implemented. Document on the Contact Log
	8. Document all contacts on the Contact Log and email to the intake coordinator
	9. Email the completed evaluation to the intake coordinator
	10. Obtain double release forms for previous treatment providers. And mail one copy to the provider with a cover letter requesting client healthcare information be sent to Transformations. The other copy of the authorization form will remain with the enrollment packet.
10. The office will send billing form to the provider via email
11. The Assessor will submit all documentation to the office within 48 hours of the service provided.