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Owner:	<i>Diane Winchester: Program Manager</i>
Policy Area:	<i>CPI - Clinical Practice Improvement</i>
References:	<i>NCQA QI 6</i>

## Integrated Biopsychosocial Assessment Procedure

### PURPOSE

The purpose of this procedure is to provide guidance for the administration of the integrated biopsychosocial (BSP) assessment that will identify the needs of an individual with regard to behavioral, medical and/or substance use disorder (SUD) services, which takes into account all relevant determinants of an individual's health that supports the integration of biological/medical, behavioral and social/environmental factors in the assessment, prevention and treatment of a behavioral health condition and /or substance use disorder. Additional needs assessed within the integrated biopsychosocial assessment include general information (identifying information, demographic data), employment status, legal information, educational/vocational, housing, economic, health and wellness (safety) and interpersonal relationships.

### EXPECTED OUTCOME

Completion of the Integrated Biopsychosocial Assessment will:

1. Provide a systemic view of an individual's biomedical, biological, psychological, social factors that can be contributing to a problem or problems.
2. Recognize the importance of whole person care, by identifying an individual's need for physical and medical conditions; emotional and/or psychological state; social-economic, sociocultural, spiritual and/or SUD services; including but not limited to: housing, economic, educational/vocational, interpersonal relationship building, and/or community inclusion assistance.
3. Assist in formulation of goals based on identified needs gathered from the assessment, which will be embedded in the Individualized Plan of Service (IPOS).

### PROCEDURE

1. The Prepaid Inpatient Health Plan (PIHP) Detroit Wayne Integrated Health Network (DWIHN) and its Network Service Providers will ensure that all individuals served:
  - a. Will receive an Integrated Biopsychosocial Assessment within 14 calendar days of a non-emergent request for services for members and at minimum annually for individuals actively enrolled in services.
  - b. A person is also required to have a biopsychosocial completed if they are considered as "new" to

services. "New" is defined as:

1. Either never seen by the PIHP for mental health services or for services for intellectual and developmental disabilities. New is also defined as having been 90 days or more since the individual has received any MH or IDD service from the PIHP.
  2. In addition "New," is also defined as more than 60 days since the initial request (during the same quarter), either in-person or non-face-to-face. In this case a person did not receive any subsequent services following the initial request for services.
2. The clinician will complete a biopsychosocial assessment on all members deemed eligible for services within DWIHN's Provider Network using a strengths-based approach, focusing on an individual's strengths and resources to develop targeted goals. Principles of the strengths-based approach includes:
    - a. Each individual has potential, it is one's unique strengths and abilities that will determine his/her ever-evolving goals.
    - b. Children/youth will be assessed according to their stage of development with attention to various HEDIS measures related to that stage – ie., immunizations required, recommended PCP follow-up, etc.
    - c. The focus of an intervention is based on the individual's aspirations.
    - d. Communities and social environments are seen as resources that can support the individual.
    - e. Interventions are self-determined and relationship focused, which is based on collaboration, mutuality and partnership.
    - f. Receive information about their rights and protections under the Mental Health Code, 42 CFR and HIPAA prior to initiating the integrated biopsychosocial assessment (BPS).
  3. The Integrated Biopsychosocial Assessment will be documented and available in MHWIN (DWIHN's electronic record).
  4. The Integrated Biopsychosocial Assessment will list the following within its content:
    - a. Identifying information, which include age, gender identity, marital/partner status, race, religion, sexual orientation, veteran status, and any other relevant information.
    - b. Referral source, which include self-referrals and/or referrals from other agencies or organizations.
    - c. The reason for referral is also documented in this section.
    - d. For children/adolescent BPS, the child/youth's status in terms of his/her role within the biological family is examined. If the child is a ward of the state, information related to foster care and guardianship is documented.
  5. The member's presenting needs/concerns and how they impact his/her quality of life.
    - a. Information gathered is related to the potential causes of these concerns and if they are recurrent.
  6. Discussion of previous interventions that may have been helpful in managing current concerns.
  7. If the member provides consent, this section can include supportive statements from natural supports and other significant persons/entities on how they perceive the individual's needs/concerns.
  8. Assessment of relevant historical and intra-personal factors, which involve concrete needs or aspects of an individual's life that include some of the following areas:
    - a. Income – through employment or entitlements

- b. Health insurance coverage
- c. Guardianship or power of attorney status
- d. Advanced Directives
- e. For children/youth, information should be gathered related to the following:
  - 1. Adoption subsidy, if applicable
  - 2. Academic information – i.e., grade level, special education needs, Early On information, etc.
  - 3. Michigan Department of Health and Human Services (MDHHS) involvement
  - 4. Involvement of the Juvenile Justice System
- f. Primary spoken language or communication preference
- g. Legal involvement- include domestic violence occurrence/history and/or involvement of Adult Protective Services and/or Child Protective Services
- h. Housing
  - 1. Address any physical limitations and whether current housing is barrier free to allow for safe mobility for an individual requiring assistance devices for ambulation or who cannot maneuver stairs.
- i. Medical and/or dental service - include historical and annual primary care visits, medication management, historical and or current skill nursing or in-home care need, immunizations, any chronic medical conditions, etc.
- j. Safety- This encompasses not only the individual's health and well-being in his/her environment but addresses whether others are safe around him/her.
- k. Natural Supports-The clinician should be mindful that natural supports do not only include family members or friends; these supports could be anyone that provides valuable assistance/support to the individual or any person the individual considers supportive.
- l. Recreational interests-include hobbies, sports, etc.
- m. Community involvement and inclusion
- n. Spiritual beliefs
- o. Behavioral Health Screening for comorbidities (NCQA QI 6 Element A):
  - 1. As part of DWIHN's Behavioral Health Screening Program, embedded in the Integrated Biopsychosocial Assessment tool is the ability to assess for comorbid conditions.
  - 2. During an assessment for mental health related issues, the practitioner will assess for substance misuse/use/addiction. If one or more of the initial 'Drug History' questions are answered in the affirmative, the Drug Abuse Screening Test ([DAST](#)) or the Alcohol Use Disorder Identification Test ([AUDIT](#)) will be completed.
  - 3. During an assessment for alcohol and/or drug abuse issues, the practitioner will screen for mental health symptoms. If one or more questions regarding depression and anxiety are answered in the affirmative, the practitioner completes the embedded tools such as the Mood Disorder Questionnaire ([MDQ](#)), the Patient Health Questionnaire ([PHQ-9](#), [PHQ-A](#)) and the Generalized Anxiety Disorder-7 ([GAD-7](#)) assessment.
  - 4. DWIHN is required to review provider compliance with its behavioral health screening programs.

For additional information, see the attached sample Behavioral Health Screening Program Description and annual report.

9. Following completion of the integrated bio-psychosocial assessment, the clinician should address immediate issues of concern that may involve safety, physical and/or behavioral health needs. For example, the clinician should link the member to the necessary resources if he/she is in such need that waiting for the next scheduled appointment is not an option. This includes assisting the individual to schedule appropriate appointments – with the primary care physician, Department of Health and Human Services, etc. Should the immediate treatment involve emergent/urgent behavioral health need, the clinician must determine whether an on- site emergency medication review with the psychiatrist would be sufficient or an evaluation through the emergency department of a local hospital. If there is a medical emergent/urgent component to the member's needs, the clinician must involve and consult with a medical professional to determine next steps. At times, a member's immediate needs may require convening a multidisciplinary team to discuss best practices. Interventions will be developed and shared with the individual served in a timely manner.
10. The Integrated Bio-psychosocial assessment must be completed within (14) calendar days following the first/initial request date for service. Please note: the biopsychosocial assessment is considered completed once a professional has submitted an encounter for the assessment and a qualified professional has determined a qualifying diagnosis for the individual. If the biopsychosocial assessment and the determination of the diagnosis occur on different dates, use the latter date when calculating the time from the initial request to the completion of the biopsychosocial assessment.
11. The integrated biopsychosocial assessment should be reviewed and updated at least annually to ensure that any changes in a member's life are taken into account when considering additional service needs, which could potentially impact a member's ability to carry out goals within his/her Individual Plan of Service (IPOS) .

## PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Ebony Reynolds, LMSW – Clinical Officer
Department:	Clinical Practice Improvement
Frequency of monitoring:	Annually
Reporting provided to:	Improving Practices Leadership Team (IPLT)
<b>Comments: This is an attachment for the <a href="#">Assessment Policy</a>. Please reference the BPS Tools attached to the Assessment Policy: BPS_Adult, BPS Child 0-3, BPS Child 4-6, BPS Child 7-10, and BPS Child 11-17.</b>	

### Attachments

[Behavioral Health Screening Program](#)  
[Behavioral Health Screening Report](#)

## Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	01/2022
Tania Greason: Quality Improvement Admin	12/2021
Ebony Reynolds: Clinical Officer	11/2021
Diane Winchester: Program Manager	10/2021