

Level of Care Assessment

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Overview

A level of care assessment helps determine the resource intensity needs of individuals who receive adult mental health services. The mental health provider must complete a level of care assessment before delivering the following MHCP services:

- Adult Day Treatment ([ADT](#))
- Adult Rehabilitative Mental Health Services ([ARMHS](#))
- Assertive Community Treatment ([ACT](#))
- Intensive Rehabilitative Mental Health Services ([IRMHS](#))
- Intensive Residential Treatment Services ([IRTS](#))
- Partial Hospitalization ([PHP](#))

Level of Care Assessments

Level of care assessment tools must be appropriate to the member's age.

Member's age 5 years or younger:

- Early Childhood Service Intensity Instrument (ESCI)
- Member's ages 6 to 17 years:
 - Child and Adolescent Service Intensity Instrument (CASII)
- Member's 18 years of age or older:
 - [WHO Disability Assessment Schedule \(WHODAS 2.0\)](#) from the World Health Organization
 - [Level of Care Utilization System \(LOCUS\)](#)

Eligible Providers

Refer to the program links listed under Overview to determine eligible providers for these services.

Treatment Supervision

All level of care assessments must be reviewed and approved by a treatment supervisor, unless it is completed by a mental health (MH) professional or a [Mental Health Rehabilitative Professional](#).

Adult MH-TCM

Complete an assessment to define the case manager's responsibilities concerning:

- Assessment
- Individual Community Support Plan (ICSP) planning
- Referral
- Coordination
- Monitoring of services

Clinical Justification for Exceptions

MHCP requires documented clinical justification for additional services. The written clinical justification must include how the additional services currently meet or will meet the individual's resource intensity needs. Include a brief description of the variance in the assessment, and include a more in-depth description in the member's medical record. This can be on a separate form or as part of a clinical summary (if completed by the MH professional).

Time Frames for an assessment to be “Current”

At the time of admission into the program, a level of care assessment recently completed by another provider, agency or county may be used. A new assessment is not required if all of the following apply:

- The member provides appropriate permission
- The assessment has been completed within 30 days before admission
- The clinical supervisor reviews the assessment and determines there are no changes to the assessment of the member since the original assessment was completed

The clinical supervisor can decide to complete a new level of care assessment at the time of admission.

A level of care assessment is valid for a maximum of 180 days (six months) from the date it is approved by the mental health professional. Complete a new assessment:

- At the 180-day limit
- More frequently if required for the service being provided
- If there has been a significant change in the member's functioning
- If significant life events have occurred

If the member ends services without notice and leaves before a discharge level of care assessment can be completed, indicate in the discharge summary or elsewhere why the discharge assessment was unable to be completed.

Legal References

[Minnesota Statutes 245.461 to 245.468](#) (Minnesota Comprehensive Adult Mental Health Act)

[Minnesota Statutes 245.462](#) (Definitions)

[Minnesota Statutes 256B.0625](#), subdivision 20 (Mental Health Case Management)

[Minnesota Statutes 245I.02](#), subdivision 19 (Level of care assessment)