

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 3	Assessment		
Topic: 14	Diagnosis		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to recognize the diagnosis(es) rendered by medical professionals acting within the scope of their practice as the diagnosis of record for persons served. Clinical assessments that are bio-psycho-social in nature are performed by master's level practitioners and bachelor's level practitioners. Professional standards and State regulations recognize the diagnoses rendered by master's level practitioners. Thus, bachelor's level practitioners' formulations as to diagnosis constitute a provisional diagnoses and are recommended for consideration or for ruling out.

Purpose

This policy was developed to define how diagnoses will be established and updated, clarify the hierarchy of diagnostic decision making and define the applicability of diagnoses by level of staff credential.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical and Clinical Management
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- Other:

Definitions

Clinician: For purposes of this policy and procedure, the term 'Clinician' will be used to refer to professionals licensed/registered to provide clinical services whose scope of practice does not include diagnosis. This includes licensed/registered professionals who are not encompassed in the definition of Mental Health Professionals below.

Mental Health Professional: Licensed and credentialed Medical Doctor (MD); Doctor of Osteopathic Medicine (DO); Full and Limited License Psychologist (LP/LLP); Physician Assistants (PA); Nurse Practitioners (NP); Full and Limited License Master Social Worker (LMSW/LLMSW); Full and Limited License Professional Counselor (LPC/LLPC); and Full and Limited License Marriage and Family Therapist (LMFT/LLMFT).

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Types of Diagnoses:

PROVISIONAL: A diagnostic status code available in the electronic health record (EHR) for use when there is a strong presumption that the full criteria will ultimately be met for a disorder, but not enough information is available to make a firm diagnosis. Includes situations in which differential diagnosis depends exclusively on the duration of illness (source: DSM-5: Section One: DSM Basics: Use of the Manual). The EHR will show diagnoses generated by the Access Center/Emergency Services staff as provisional.

RULE OUT: A diagnostic status code available in the EHR for use when a provisional diagnosis which is under consideration to be an active diagnosis. Can be used by Mental Health Professionals when seeking confirmation by a higher-level Mental Health Professional or by bachelor’s level clinicians when documenting a provisional diagnosis. In the EHR ‘rule out’ diagnoses remain on the list of current diagnoses.

RULED OUT: A diagnostic status code available in the EHR for use when a ‘rule out’ diagnosis for which a Mental Health Professional has determined the DSM criteria are not met. In the EHR diagnoses which are ‘ruled out’ are removed from the list of current diagnoses and can only be seen by looking at diagnostic history.

ACTIVE: A diagnostic status code available in the EHR for use when DSM criteria are met. The diagnosis is the subject of active monitoring. In the EHR diagnoses which are ‘active’ remain on the list of current diagnoses.

IN-REMISSION: An ICD diagnostic code used to reflect conditions where the signs and symptoms are either reduced or have resolved, but where there is potential for relapse. The in-remission diagnosis remains the subject of monitoring.

INACTIVE: A diagnostic status code available in the EHR for use when a formerly active diagnosis for which DSM criteria are no longer met. A diagnosis for which the signs and symptoms have resolved. A diagnosis where the DSM-defined time limit or duration has expired. A diagnosis which is no longer the subject of active monitoring. If the diagnosis has the potential for relapse, the status should be ‘in-remission’. In the EHR diagnoses which are ‘inactive’ are removed from the list of current diagnoses and can only be seen by looking at diagnostic history.

Procedure

1. Diagnostic Framework

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- a. BABH will respect the scope of practice and diverse skill set of each health profession and place value on an interdisciplinary approach to diagnosis and treatment.
 - b. BABH Mental Health Professionals will utilize the current edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose people receiving services through BABH and its provider network, unless otherwise directed by the Michigan Dep’t of Health and Human Services or the Michigan Dep’t of Licensing and Regulatory Affairs. If a Mental Health Professional seeks to use another set of diagnostic criteria in their practice at BABH, this must be approved in advance by the BABH Medical Director and CEO.
2. Diagnosis at Point of Access
- a. When a person seeking services from BABH has a pre-existing behavioral health diagnosis that was rendered by a Mental Health Professional acting within their scope of practice:
 - i. BABH may accept the diagnosis as ACTIVE if it can be confirmed through receipt of records from the diagnosing professional, a health care provider, school system, etc.
 - ii. The source of the diagnosis will be documented in the Diagnostic History and Summary and the supporting documentation will be uploaded into the EHR.
 - b. Diagnoses received through patient self-report only will not be accepted as ACTIVE:
 - i. The information will be documented as self-reported in the narrative Diagnostic History and Summary in the person’s diagnostic module in the EHR.
 - ii. Diagnoses self-reported by the patient can be considered for RULE OUT as determined appropriate by a diagnosing Mental Health Professional.
 - c. When a person seeking services does not have a confirmed pre-existing behavioral health diagnosis OR the diagnosis in the BABH electronic health record no longer appears appropriate:
 - i. The BABH Access Center/Emergency Services Clinicians and Mental Health Professionals will formulate a provisional diagnosis and document the diagnosis in the EHR diagnostic module through the Access Screening or Pre-Admission Screening for RULE OUT during the intake assessment.

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3. Diagnosis at Intake

- a. With the exception of respite services, BABH will assign a Mental Health Professional (i.e., a licensed professional whose scope of practice includes diagnosis) to perform Clinical Assessments at the point of intake for each service/program area.
- b. The provisional diagnosis generated by the Access Center/Emergency Services will be confirmed by the Mental Health Professional as ACTIVE or RULED OUT during the intake Clinical Assessment.
 - i. If there is insufficient information at the time of Clinical Assessment to either confirm or rule out a provisional diagnosis made by the Access Center/Emergency Services, the diagnosis can be entered in the diagnosis module in the EHR as a Rule Out. Rule Out diagnoses will be either marked ACTIVE or RULED OUT as soon as clinically feasible.
 - ii. Additional diagnosis for which DSM criteria are met will be added by the Mental Health Professional as appropriate.
- c. For people who will receive respite services only, the intake Clinical Assessment may be performed by a Clinician. If the person does not have a pre-existing behavioral health diagnosis that was rendered by a Mental Health Professional acting within their scope of practice that can be confirmed through receipt of records, the person will be referred to a Mental Health Professional for a clinical assessment.

4. Psychological Testing

- a. If a person appears to have developmental/cognitive challenges and has not been tested; if their cognitive functioning appears to have changed; or additional information is needed for prescribing or treatment, the person can be referred for psychological testing.
- b. Changes to a cognitive level in the diagnostic module should be supported by psychological testing.
- c. The referring Clinician will complete the Psychological Referral form and submit it to their supervisor for review and forwarding as appropriate to the relevant Director of Integrated Healthcare for approval.
- d. The Medical Director may also refer a person served for additional diagnostic evaluation and/or testing at their discretion.

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- e. Psychological testing results should be shared by the Psychologist with the treatment team via the ‘copy-to’ feature or messaging in the EHR.
5. Diagnosis During an Episode of Care
- a. At a minimum, diagnoses will be reviewed by the assigned Mental Health Professional(s) at the time of medication review, psychiatric evaluation and annual Clinical Assessment.
 - i. Clinical Assessments will be approved (i.e., signed) by program supervisors.
 - ii. If a Clinician performs the Clinical Assessments and no Mental Health Professional is treating the person:
 - 1. The supervisory signature must be from a Mental Health Professional.
 - 2. The person may be referred to a Mental Health Professional for psychiatric evaluation, psychological testing or clinical assessment as warranted.
 - b. Diagnoses will be updated as needed by the assigned Mental Health Professional(s) over the course of an episode of care based upon the DSM criteria.
 - i. The diagnosing Mental Health Professional will include a narrative justification in the Diagnostic History and Summary that explains how the person meets DSM criteria for the diagnosis(es) given.
 - ii. If multiple Mental Health Professionals are providing services to the person, the Mental Health Professional with the highest level of medical/behavioral health training shall take precedence in diagnosing (see the section of this procedure addressing when multiple mental health professionals are involved).
 - iii. ACTIVE diagnoses for which criteria are no longer met or which have been resolved will be coded as INACTIVE.
 - 1. If a diagnosis is INACTIVE but there is the potential for relapse, the appropriate “in remission” ICD code should be added to the person’s diagnoses. Status codes for being IN-REMISSION will no longer be made available in the electronic health record diagnostic module.
 - 2. If a diagnosis does not have the potential for relapse, the status of the diagnosis should be status should be INACTIVE and no ICD in remission code is needed.

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- iv. The clinical rationale for retaining RULE OUT diagnoses on a long-term basis (i.e., six months or more) should be documented in the Diagnostic History and Summary. Routine feedback reports will be provided by the Corporate Compliance Officer or designees to diagnosing Mental Health Professionals showing RULE OUT diagnosis which have been active for six months or longer.
 - v. Persons without at least one ACTIVE diagnosis should be reviewed by program supervisors to ensure minimum medical necessity criteria continue to be met.
 - c. Behavioral health diagnoses will be reconciled by the assigned Mental Health Professional(s) with the diagnostic profiles in discharge reports or assessments/evaluations received from hospitals or other health care providers who treat the person during their episode of care with BABH. Changes in physical health diagnoses received will be documented in progress notes and added to assessments/evaluations as they are updated.
 - i. The basis for any behavioral health diagnostic changes made will be documented in the Diagnostic History and Summary in the EHR.
 - ii. Supporting documentation received from the hospital/provider will be uploaded into the EHR.
6. Multiple Mental Health Professionals Involved
- a. When a person served by BABH is being treated by more than one Mental Health Professional, the following shall occur:
 - i. The Mental Health Professional with the highest level of medical/behavioral health training shall take precedence in diagnosing. The following order of precedence will be observed, starting with the highest level:
 - 1. Medical Doctor (MD); Doctor of Osteopathic Medicine (DO); Full and Limited License Psychologist (LP/LLP)
 - a. If a MD, DO or LP/LLP is the prescribing Mental Health Professional (i.e. has established diagnoses justifying prescribed medication(s)) their diagnoses will take precedence.
 - b. If a PA or NP has additional information which indicates a re-evaluation of a diagnosis is warranted, they can propose a change in diagnosis to the MD, DO or LP/LLP for consideration.

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2. Physician Assistant (PA); Nurse Practitioner (NP)
3. Full and Limited License Master Social Worker (LMSW/LLMSW); Full and Limited License Professional Counselor (LPC/LLPC); and Full and Limited Licensed Marriage and Family Therapist (LMFT/LLMFT)
 - ii. A Mental Health Professional referring a proposed change in diagnosis to a higher-level Mental Health Professional will complete the Diagnosis Update screen/form in the EHR and select the relevant Mental Health Professional to obtain a signature of approval.
 1. Whenever possible, Diagnosis Update screens/form will be submitted by the referring Mental Health Professional prior to a scheduled medication review by a prescribing Mental Health Professional.
 - iii. The Mental Health Professional changing the diagnosis will document the rationale for the change in the Diagnostic History and Summary in the diagnostic module in the EHR.
- b. If two Mental Health Professionals have differing views of the appropriate diagnosis for a person served and are unable to achieve an acceptable compromise, the final determination shall be made by the BABH Medical Director.
- c. In rare circumstances, the Medical Director may need to administratively overrule and/or modify a diagnosis (where clinically appropriate) in order to assure an appropriate course of care for a person served. In such instances the Medical Director or designee will communicate this decision and the associated rationale to the medical professional(s) whose diagnosis is being overruled or modified (assuming they are still involved in evaluating and/or treating the person served).

Attachments

N/A

Related Forms

N/A

Related Materials0

N/A

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References/Legal Authority

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
J. Sedlock	J. Sedlock	06/24/11		
K. Withrow	PNLT	12/05/13	Revision	Triennial review: correct minor typo in policy statement
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes
J. Pinter/Karen Amon	Healthcare Practices Committee	8/3/23	Revision	Address handling of diagnostic layering including decision-making hierarchy based upon licensure and scope of practice.