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| Psychosocial Rehabilitation – Clubhouse Services:  Level of Need Determination |  |

**Level of Need Determination Form Instructions**

To qualify for Medicaid reimbursement for Clubhouse Services in Wyoming, an individual must first receive a formal Level of Need Determination, the Daily Living Activities 20 (DLA-20) assessment. A DLA-20 assessment must be completed by a qualified Independent Assessor. There are two options for obtaining the DLA-20 assessment:

1. Pursue the DLA-20 assessment at a Community Mental Health Center.

In Wyoming, all Community Mental Health Centers (CMHCs) throughout the State have a staff member trained to complete the DLA-20 assessment as Certified Independent Assessors. A full list of CMHCs can be found [here](https://health.wyo.gov/behavioralhealth/mhsa/treatment/cmhc/).

1. Pursue the DLA-20 assessment with an Independent Assessor practicing outside of a CMHC.

The DLA-20 assessment must be completed by a Certified Independent Assessor. A Certified Independent Assessor:

* At a minimum, has obtained a GED and has two years of lived experience. It is preferred that they have a bachelor’s degree in a human service-related field.
* Is certified by the Wyoming Department of Health’s Clubhouse Services Program Manager as having met the training and certification guidelines, including demonstration of the proficiency with the evaluation of the assessment via examination by the State.
* Agrees to be listed on a public facing roster for selection by individuals seeking an evaluation.
* Meets ongoing recertification requirements as specified in policy.

Regardless of the option chosen, the completion of a DLA-20 assessment by a Certified Independent Assessor should be documented using the *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form. The form refers to the individual evaluated as the “recipient.”

In addition to the documentation of a completed DLA-20 assessment by a Certified Independent Assessor, a Behavioral Health Provider must confirm and document the potential recipient’s qualifying mental health diagnosis of serious and persistent mental illness (SPMI), serious mental illness (SMI), or severe emotional disturbance (SED) on the *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form. A full list of behavioral health providers in Wyoming can be found [here](https://wyoimprov.com/MHSAPublicProviderSearch.aspx).

A Behavioral Health Provider must be licensed as a:

* Licensed Addictions Therapist​
* Licensed Advanced Practitioner of Nursing with a specialty area of psychiatric/mental health (APRN)​
* Licensed Clinical Social Worker​
* Licensed Marriage and Family Therapist​
* Licensed Physician​
* Licensed Professional Counselor​
* Licensed Psychiatric Nurse (Master level)​
* Licensed Psychologist​
* Licensed Board-Certified Behavior Analyst - Doctoral (BCBA-D)​
* Licensed Board-Certified Behavior Analyst (BCBA)

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The *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form has four sections. The first three sections should be completed by the Behavioral Health Provider, the Independent Assessor, and/or a CMHC staff member. The fourth section will be completed by State officials after the form has been submitted.

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| **Section Title** | **Purpose** | **Information Included** | **Section To Be Completed By** |
| Recipient Contact Information | Identification of the recipient | Recipient’s name, date of birth, Medicaid identification number | Any Behavioral Health Provider or Staff Member |
| Eligibility for Clubhouse Services | Clinical eligibility for Clubhouse membership | Provider name, Medicaid eligibility, qualifying diagnosis, date of diagnosis | Behavioral Health Provider |
| Functional Assessment | DLA-20 assessment results | DLA-20 assessment completion confirmation, date of assessment, Independent Assessor name and credentials, location of assessment, score, Clubhouse recommendation | Independent Assessor |
| State Program Review | State approval | Recipient qualification, recipient enrollment in Clubhouse | State Official |

Recognizing the need for a Behavioral Health Provider, Certified Independent Assessor, and potentially an organizational staff member(s) to complete sections of the *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form, please consider the appropriate methods of information sharing and signature coordination within or across agencies. In particular, information included in the *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form is HIPPA protected and must be maintained with the appropriate legal and clinical safeguards.

Once the specified providers have completed the first three sections, please submit the *Psychosocial Rehabilitation-Clubhouse Service: Level of Need Determination* form to Laura Harnish at [wdh-clubhouse@wyo.gov](mailto:wdh-clubhouse@wyo.gov) for review and completion of the final section. Following completion and approval, a state official will send a confirmation of approval to the submitting individual. Please reach out to [wdh-clubhouse@wyo.gov](mailto:wdh-clubhouse@wyo.gov) with any questions or needs related to this process.

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**Level of Need Determination Form**

**Recipient Contact Information**

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| **Recipient Name:** | Click or tap here to enter text. |
| **Date of Birth (MM/DD/YYYY):** | Click or tap here to enter text. |
| **Medicaid ID Number (10 digits):** | Click or tap here to enter text. |

**Eligibility for Clubhouse Services**

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| **Referring Provider Name:**  **Provider ID/NPI:** | Click or tap here to enter text.  Click or tap here to enter text. |
| **Medicaid Eligibility Confirmed?**  **Date Confirmed:** | Yes No  Click or tap to enter a date. |
| **Qualifying Diagnosis (SMI, SPMI, SED):**  **Qualifying ICD-10 Code:**  **Date of Diagnosis:** | Choose an item.  Click or tap here to enter text.  Click or tap to enter a date. |

**Functional Assessment**

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| **DLA – 20 Functional Assessment Completion:** | Yes No |
| **Date of Independent Assessment:**  **Independent Assessor Name and Credentials:**  **Location of Assessment:**  **Score\*:**  **\***Qualifying Scores on the DLA-20: 2.0 – 3.0 | Click or tap to enter a date.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. |
| **Recommended for Clubhouse?**  **Comments:** | Yes No  Click or tap here to enter text. |

**State Program Review**

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| **Person qualifies and is recommended for Clubhouse services?** | Yes No |
| **Person Enrolled in Clubhouse?**  **Date PA Number Sent to Clubhouse:** | Yes No  Click or tap here to enter text. |