	Special Evaluation Requests			
	Chapter:	Board Service and Program Administration	Policy #	2-2-12
	Section:	Assessment, Service Planning and Documentation	Revision #	1

- I. **PURPOSE:** To define the role of West Michigan Community Mental Health regarding responding to requests for examinations, determinations, and/or assessments for purposes outside of the scope of behavioral health treatment services.
- II. **APPLICATION:** All programs and services operated by or contracted with the West Michigan Community Mental Health.
- III. **REQUIRED BY:** Not applicable.
- IV. **DEFINITIONS:**

Service Animal: Dogs that are individually trained to do work or perform tasks for the benefit of the individual with a disability including a physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by the service animal must be directly related to the handler’s disability.

Comfort/Emotional Support Animal: Animals of any kind that are used for comfort or support of an individual but may not be necessarily trained to perform a task for a person with a disability.


SSI/SSD Disability Determination Evaluations: An Evaluation completed by a medical/behavioral health professional which is included in the application for disability with the Social Security Administration.

Violence Risk Evaluation for Readmission to Work/School: A work or school setting may require that an individual who has demonstrated risk factors for violence be evaluated by a mental health professional for an opinion on their fitness to return to work or school.

Mental Fitness for Employment: Employers may request that candidates for employment or existing employees are evaluated for mental health fitness to hold and perform the related work.

Driver’s License Renewal for OWI/Operating While Intoxicated: OWI is an acronym that stands for operating while intoxicated. Michigan uses this term instead of DUI. State of Michigan law states that a driver is guilty of operating while intoxicated if they are found to have consumed an intoxicating beverage, or other substance sufficient to impair their normal mental faculties. The State of Michigan requires that SOS Form – 258 be completed by a professional as part of a Substance Abuse Evaluation to be included with their license appeal application.

Parental Rights/Competency: As part of MDHHS child abuse/neglect investigation or monitoring process, there may be the request for a professional evaluation of the parents’ competency to appropriately and safely parent the child to help inform the decision to terminate parental rights or to reunite children to their parents.

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POLICY: It is the policy of West Michigan CMH to respond to requests for examinations, determinations, and/or assessments for purposes outside the scope of behavioral health treatment services by referring individuals to community resources specifically trained for that purpose and conducting such evaluations when determined to be within the scope of behavioral health treatment services.

V. **PROCEDURES:**

Below details the responses of WMCMH by evaluation type for common requests received. Requests for evaluation other than what is detailed below should be reviewed by the Clinical Oversight Committee for decision on whether WMCMH will provide the evaluation or refer to a community provider.

1. Service Animal/Emotional Support Animal:

WMCMH response to requests: WMCMH does not provide assessments or opinions on this matter. It is outside the scope of training and services provided by the agency. Therefore, WMCMH will support the consumer in exploring available community/external resources to meet the need and facilitate a referral to an appropriate individual or agency to meet the need. WMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.

2. SSI/SSD Disability Determination Evaluations:

WMCMH response to request: WMCMH will not complete disability determination evaluations, rather WMCMH will support the consumer in exploring available community/external resources to meet the need and facilitate a referral to an appropriate individual or agency to meet the need. WMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.


3. Violence Risk Evaluation for Readmission to Work/School:

WMCMH response to request: WMCMH will not complete these evaluations as the agency does not have the training nor validated tools to form an opinion, in addition, there is significant liability for this, and it is not in our scope of services. Rather, WMCMH will support the consumer in exploring available community/external resources to meet the need and facilitate a referral to an appropriate individual or agency to meet the need. WMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.

4. Mental Fitness for Employment:

New Employment Evaluations:

WMCMH response to request: WMCMH will not complete these evaluations as clinical staff do not have the training nor validated tools to form an opinion, in

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addition, there is significant liability pertaining to this, and it is not within our scope of services. Rather, WCMCMH will support the consumer in exploring available community/external resources to meet the need and facilitate a referral to an appropriate individual or agency to meet the need. WCMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.

Routine medical leave from work and return to work evaluations for behavioral health concerns:

WCMCMH response to request: WCMCMH will complete these evaluations as requested for active consumers as it is within the scope of supporting the individual during the treatment process. In situations where there is determined high risk related to return to work (heavy machinery, weapons, etc.), situations are to be reviewed by the Clinical Oversight Committee. WCMCMH may also provide clinical documentation upon request from the consumer who has signed a Release of Information.

5. Driver’s License Renewal for OWI/Operating While Intoxicated:


WCMCMH response to request: WCMCMH will not complete these evaluations as clinical staff do not have the training nor validated tools to form an opinion, in addition, there is significant liability pertaining to this and it is not within our scope of services. Rather, WCMCMH shall support the consumer in exploring available community/external resources to meet the need and facilitate a referral to an appropriate individual or agency to meet the need. WCMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.

6. Parental Rights/Competency:

WCMCMH response to requests: WCMCMH does not make recommendations regarding child placement or parental rights termination. If subpoenaed, WCMCMH staff will provide relevant information on treatment (attendance, goals, progress or the lack there of, etc.). If asked directly for an opinion on whether the child should be returned to the care of the parents, the reply should indicate that we have not completed a formal risk assessment pertaining to this question and doing so is out of the scope of our expertise and clinical practice.

MDHHS Child Welfare Services usually arrange for a specialty evaluation and/or the court orders it. WCMCMH does not train clinical staff in the provision of these evaluations, and it is not a Specialty Medicaid covered benefit.

A rare exception may be when an adopted child needs residential placement as that is the responsibility of the Adoption Subsidy program. Medicaid is the payer of last resort, and if WCMCMH has exhausted community options and the parent requests it, we may support the referral to adoption subsidy.

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WMCMH may provide clinical documentation upon request from the consumer who has signed a Release of Information.

VII. **SUPPORTING DOCUMENTS:** None

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
1	WMCMH Board	Policy	2/15/2022
Board Approval Date: 02/15/2022			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-2-12 Revision # 1.

CEO: Lisa A. Williams Approval Signature: _____