Cornerstone Behavioral Healthcare
Section 8. Comprehensive Assessment Policy

Purpose: To establish standards and requirements for the Comprehensive Co-occurring Assessment, Cornerstone Behavioral Healthcare (CBH) will follow Department rules (e.g., 10-144 CMR Ch. 101, MaineCare Benefits Manual) and/or existing contracts with the Department, and compliance with the following requirements will also conform with those other rules and/or contracts.

Policy: A Comprehensive Co-occurring Assessment will be completed within the first 30 days of service for all clients. It will be signed, dated, and credentialed by the person conducting the Comprehensive Co-occurring Assessment and their clinical supervisor as required by licensure level and MaineCare rules and regulations.

A. It will contain documentation of the client's current biopsychosocial status, history, and strengths and needs, and will include the following domains:
    1. ***Social domain***, including but not limited to personal, cultural, family, emotional, and leisure/recreation;
    2. ***Psychological domain***, including but not limited to psychiatric, drug and alcohol use (including screening for co-occurring services), potential need for crisis intervention, trauma, abuse and neglect, and developmental history;
    3. ***Medical domain***, including but not limited to physical health, medical history, current PCP and specialty care, current medications, and physical and environmental barriers to treatment; and
    4. ***Functional domain***, including but not limited to legal, housing, financial, vocational, transportation and educational, and sources of support that may assist the client to sustain treatment outcomes including natural and community resources and state and federal entitlement programs.

B. Comprehensive Co-occurring Assessments for clients with substance use disorder will contain age of onset of alcohol/tobacco/drug use, duration, patterns and consequences of use, family usage, and types of response to previous treatment.
    1. Clinical Staff will screen and diagnose for tobacco use and dependence in the initial co-occurring assessment of individuals receiving behavioral health services, using best practice assessment protocols, tools, and procedures to identify tobacco use and dependence.
    2. As it is identified, need for treatment will be identified in all Plans of Care. See Section 9 Client Service Plans.
    3. Annual screening of individuals receiving behavioral health services will include screening for tobacco use and dependence and the identified needs will be incorporated in all Plans of Care.
    4. As indicated and consented to, individuals, receiving behavioral health services will be referred to evidence-based tobacco cessation treatment.
    5. As indicated and consented to, individuals receiving behavioral health services will be offered pamphlets and resource information about the benefits of smoking cessation as well as resources to stop smoking.
    6. CBH will display anti-smoking educational materials developed by ME CDC, Healthy Maine Partnership and SAMHSA, if available.

C. Comprehensive Co-occurring Assessments will be summarized and include a diagnosis in accordance with the current version of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) or the International Classification of Diseases Revision, Clinical Modification (ICD-10-CM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-5), as appropriate. The assessment will also contain recommendations for additional assessments as identified.

D. If the Assessment conclusion contains a diagnosis, it must be signed by a clinician. A Comprehensive Co-occurring Assessment for a client with a substance use diagnosis will contain a recommended ASAM level of care criteria. If the Comprehensive Co-occurring Assessment is for a client receiving integrated treatment for co-occurring disorders, the Comprehensive Co-occurring Assessment must contain both the DSM or ICD-10-CM diagnosis(es) and the recommended ASAM level of care criteria.

E. The client's Comprehensive Co-occurring Assessment will be updated on the Annual Summary/Addendum form at least annually, or when there is a change in level of care, a change in status, or a major life event.
    1. For Section 92: A comprehensive reassessment must occur as changes in the client's needs warrant, including, but not limited to, after a crisis event, hospitalization as a result of the client's behavioral health needs, client's arrest and referral to the Maine Department of Corrections pursuant to 15 M.R.S.A. § 3203-A, admission for in-patient psychiatric care, child welfare placement, placement in an alternative school, or an incident endangering self or others at client's school, and, at a minimum, every twelve (12) months.

Sharon Jordan
_____ 10/15/2026
Clinical Director Date