

Confirmation Assessment

A Confirmation Assessment is a shortened assessment to ensure the initial determination is still valid when a youth is determined eligible for a QRTP level of care and is not placed in a QRTP within 30 days. The Confirmation Assessment includes interviews with the caseworker, current placement provider, and youth. If an Initial Independent Assessment was completed with an outcome of "QRTP Appropriate" a Confirmation Assessment must be utilized as follows:

- The youth is placed on a QRTP waitlist, and it is between 31 and 90 days from the original Determination Report date and a Confirmation Assessment is specifically requested by a third-party entity (e.g., the Court, LGAL, caseworker, QRTP).
- The youth is moving to a new residential program at a different residential agency between 31 and 90 days from the date of the original Determination Report.
- The youth is moving between programs at the same residential agency that has a different MiSACWIS provider ID, license number, and service code, between 31 and 90 days from the date of the original Determination Report.

If the original Determination Report date has exceeded 90 days, a new Initial Independent Assessment will be required in the scenarios above.

Please note:

- Work with the original referral submitting agency (SPD, JJAU, AGAO) on completion of the Confirmation Assessment Form and collection of all supporting clinical documentation to support your request for review. The original submitting agency (SPD, JJAU, AGAO) will submit the Confirmation Assessment referral and documentation to Maximus for review to the MI QRTP Help Desk (MichiganQRTP@maximus.com). You will receive an email confirmation that Maximus has received the referral and is moving forward with the assessment.
- Maximus has 14 days from the date of referral to provide the Confirmation Assessment outcome, which will be provided via email back to the referring party.

Instruction:

Please complete the following form and submit with accompanying documentation, such as any updated/additional documentation that was not included in the original assessment:

- Updated Family Team Meeting reports
- Updated specialist assessments
- School related documents (e.g., psychological or neuropsychological testing, most recent IEP, grade reports current or most recent academic year)
- Mental health documents: Initial biopsychosocial (if CMH) or other comprehensive assessment (if MHP), most recent comprehensive psychiatric assessment, psychiatric medication reviews, most recent Individual Plan of Care/Person Centered Plan (CMH), treatment summary (if MHP), most recent psychological or neuropsychological testing, testing for eligibility for intellectual and/or developmental disability services
- Updated incident reports and/or police reports

Referring child's name:		Referring child's AID from prior referral:	
First:	Last:		
INTERVIEW INFORMATION (the following will be contacted for interview):			
Child's caseworker: First Name:		Last Name:	
Phone:		Email:	

Child's placement location: Name:

Current Placement Type:

Current Placement Address:

Phone:

Email:

Placement point of contact for scheduling child's interview:

First Name:

Last Name:

Phone:

Email:

Child's parent and/or guardian: First Name:

Last Name:

Phone:

Email:

ASSESSMENT QUESTIONS

Have there been any changes in behaviors or symptoms since the Initial Independent Assessment? Yes No

If yes, please describe:

Have there been any changes in circumstances or substantiating events, episodes, or changes in condition since the outcome on the Initial Independent Assessment? Yes No

If yes, please describe:

Describe the child's symptoms and/or behaviors in the past 90 days:

Has the child's placement changed since the initial Independent Assessment? Yes No

If yes, why? How has the child responded to this setting?

What treatment, if any, has been attempted or received since the Initial Independent Assessment? How has the child responded to this treatment? ☐ N/A

SUBMITTED BY:

SPD, JAU or AGAO Analyst: First Name: Last Name:

Agency: Email:

Phone: Fax: