

**SECTION
APPENDIX**

**SUBJECT
Psychosocial Summary (DPHHS-AMDD-143) Instructions**

PURPOSE

To provide an assessment of an individual's psychosocial status. The social worker on the case management team (CMT) completes this form, or an agency specific form approved by the Community Program Officer, upon the initial assessment for the individual's enrollment in Home and Community Based Services (HCBS). The information gathered in the Psychosocial Summary should be used to better meet the needs of the individual. Services delivered, goals and objectives, and discharge potential in the Person-Centered Recovery Plan should reflect information in the Psychosocial. Annual updates to the psychosocial summary should be included in the assessment summary section of the Person-Centered Recovery Plan. The Psychosocial summary should be updated annually to include any changes in the individual's circumstances.

DISTRIBUTION

Only one copy of the Psychosocial Summary form is required. The CMT social worker signs and dates the form upon completion. Attach the Psychosocial Summary form to the initial plan of care. Psychosocial information does not need to be sent to the individual for review.

INSTRUCTIONS

Name--Enter the name of the individual.

Medicaid Number (SSN)--Enter the individual's Medicaid number.

Presenting Problem--Summarize the need for HCBS. The summary should contain a brief history of the events leading to the need for HCBS, including health, social, psychological, economic, family, and any other factors pertaining to the need for HCBS.

Personal History--Summarize the individual's personal history. This should include information on childhood and family history, family dynamics, marital history, education, and employment. This is not meant to be an in-depth study, but rather a general portrait of the individual.

Psychosocial Summary--Assess the individual's ability to cope with illness/disability and surroundings. Describe the individual's understanding and acceptance of the illness/ disability and any impacts this may have on them or family. This summary is further broken down into three areas as follows:

Social Assessment--Describe how the individual functions socially, i.e., within the family and community. Do they enjoy the company of family or friends in the home or activities outside of the home? In what type of outside activities does the individual engage? Does the individual relate

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easily to family, friends, professionals, or is there difficulty in getting along with others? Is the individual accepting of others and do others accept the individual?

Emotional Assessment--Does the individual display an abundance of emotions or no emotions at all? Describe the emotional state of the individual. Which emotion appears dominant? Which emotions appear repressed? Does individual appear to be emotionally stable or labile?

Mental Assessment--Summarize the mental status of the individual. This should include any significant history of mental problems. Is the individual adjusted to their life and comfortable with their life situation? Is their behavior appropriate and not causing conflict with others? Address the individual's feelings of self-esteem and ability to cope with their life. Is the individual grieving?

Current Living Situation--Describe where and how the individual lives. Are they living alone by choice, in a relative's home by choice, in an NF setting, etc. Describe the environment they are currently living in. This category is broken down further into the following:

Financial Assessment--Describe sources of income. Is the individual's income adequate to cover expenses? Are any referrals appropriate, such as food stamps application, housing assistance, or other community resources? Is the individual able to manage their own finances? Evaluate the need for POA, guardian, conservator or payee.

Home--Describe the individual's physical living environment. Is the living arrangement temporary or permanent? Are there any safety concerns? Are there any environmental modification needs? Is the home energy efficient, or should individual seek assistance from LIEAP. Is the individual willing to accept any needed changes? Are there any family or community resources available to assist with these needs?

Transportation--Describe individual's transportation needs and current means of transportation. Is the individual dependent on others for transportation? Is the individual able to arrange for transportation? Does the individual have any special transportation needs? Are there any family or community resources available to assist with transportation needs?

Medical Compliance--Describe the individual's medical compliance. Is the individual willing and or able to manage medical directives from physician or other health care professionals? Is the individual willing and/or able to manage procurement and administration of medicines, treatments or therapies? Is there a need for assistance with medical compliance? Is the individual willing to accept assistance? Are there any family or community resources available to help?

Support Systems--Describe the individual's support systems. Is there a primary caregiver? Is the primary caregiver willing and able to continue in this role? Are there any other family, friends, volunteers who provide support to the individual? Does the individual pay privately for any supportive services? Is there a need to seek out supportive services for the individual? This section should include a description of the family's understanding and acceptance of the individual's illness/disability.

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Neglect/Abuse--Is there any evidence of neglect or abuse? This includes physical, emotional, mental or financial abuse or neglect. Evaluate the need to report neglect or abuse to the proper authorities.

Long-Term Planning--Has the individual made any plans for the future? Consider the following areas: living arrangements (alone, with family, NF etc.), financial arrangements (will, burial plans, etc.), advance directives (living will, Durable POA, etc.). Evaluate the individual's need for long-term planning. Is the individual willing to accept assistance with long-term planning? Are there any available family or community resources to assist with long-term planning?

Comments and Impressions--Briefly summarize all of the information gathered. Include any comments or impressions that have not been previously stated. Include goals and treatment plans to accomplish goals. Include the individual's willingness to comply with the goals and treatment plan.

Signature and Date--The CMT social worker signs the Psychosocial Summary and dates it the day it is written.

