# AC-OK CO-OCCURRING SCREENING TOOL

*FREQUENTLY ASKED QUESTIONS*

**Why do we need to do this?**

One of the primary goals of the Federal Government in providing money to support states in the integration effort is to assure that all clients are screened for co-occurring disorders. There are (at least) 2 reasons. Most states have no idea what their prevalence rates are. Prior to COSII, Maine had no way of "counting" the incidence of co-occurrence. Also, screening is clinically important. One thing we have learned from the COSII initiative is that the incidence of co-occurrence being recognized increases dramatically when agencies begin to screen for it. Unless you recognize a syndrome, you don't treat it. We have been providing sub standard care for co-occurrence because it hasn't always been identified.

**Why do we need to do this – we ask about both substance abuse and mental health issues in our assessments?**

A screening asks very different questions from an assessment. While it is not a guarantee, the screening may help provide information to the clinician that they might not get in the assessment process. Again, we have found that screening dramatically increases the identification of co-occurrence. And many agencies and clinicians have not been asking about both disorders. A screening tool helps the clinician begin the conversation and sets the stage for the person coming for treatment as well.

**Why is DHHS requiring a standard tool? Why can't we choose our own?**

The Department is very concerned about data and outcomes. In order to collect valid data, it needs a consistent way to track it. If all agencies use a different tool or process, there is no guarantee of collecting reliable data or that the same questions are being asked in the same way about the same thing.

**Why the AC-OK?**

The AC-OK is currently the only brief, public domain co-occurring screening tool available to the field. Also, it includes a brief screen for trauma, another of the Department's priorities.

**Do we have to report the results of the screening?**

Yes. Results must be documented in the chart (and the tool itself should be entered into the chart) either in a progress note or as a statement in the assessment. As of January 1, 2010, if your service requires pre authorization from APS, APS will ask for the results of the screening at the time of authorization. Otherwise, you will report the results of the screening in documentation for the Continued Stay review. The format for reporting to APS ( beginning January 2010) will be as follows:

APS Question:

What tool or tools were used to screen for co-occurring disorders? (Check off)

- AC-OK
- UNCOPE and MHSF III
- CRAFFT and MHSF III

From each potential answer, there will be a drop down box that will ask for the number of yes answers. If the AC-OK has been administered, the drop down box will ask for the number of yes answers for **each of the three categories: substance abuse, mental health and trauma.**

If your service is not one that requires APS authorization or UR, then compliance will be tracked through the usual Department mechanisms – licensure reviews, site visits, or contract reviews.

**What agencies are required to do the screening and which are not?**

All agencies who are Maine Care contracted providers, including private practitioners, are required to screen. Also included are any programs having contracts with the Office of Adult Mental Health Services, The Office of Substance Abuse or Children's Behavioral Health Services.

Exempt: Hospital programs, Daily Living Supports, and Day Treatment Programs.

**Do we need to go back and screen all clients currently receiving services?**

No. Screening should begin with all clients who seek services as of October 1, 2009. However, agencies wishing to may implement the screening at any time. The screening does not need to be done again, however re-administering it at intervals can often provide new information! Again, you need to screen only one time!

**Do we need to do the screening again if someone else has done it?**

No. It need only be done once. However, you need to have a copy of it in your chart, so if another agency, case manager, or provider did it, be sure to get a copy of it.

**When should the screening be done?**

The screening should be administered at intake or early in the assessment process. It is a self report screen and can be filled out by the client prior to a first interview or as part of the process of the first interview.

**What if my client is unable or unwilling to answer the questions or what if I think it would be a bad idea to ask them of a specific client?**

If, in your judgment, the client cannot understand the questions, or cannot answer them because of other disabilities, then simply make a note of that in the chart and don't attempt to administer the screen. If asked by APS why there is no screen, simply explain the situation. Similarly, if a parent or a client objects to the screen and refuses to answer the questions, simply make a note of this in the chart and explain to APS if asked. Your own judgment is the best guide in these situations.

**Can I add the questions in the screen to my assessment form?**

You can embed the screening in your assessment so long as you include all the questions as stated and can extrapolate the data you will need to report. Remember, however, that you will need the results of the screen for APS Prior Authorization.

**How do I get a copy of the tool?**

Many have already received the tool by e-mail from the various offices of the Department. If you haven't, contact Claudia Bepko at Claudia.bepko@maine.gov.

**Is it possible to apply for a waiver?**

Yes. However, the only cases in which a waiver would be granted are the following:

- The agency must have been using, or be willing to use, **both** of the following alternative tools:
    - UNCOPE and Mental Health Screening Form III (adults)
    - CRAFFT and Mental Health Screening Form III (adolescents)

- The agency must demonstrate that the use of the AC-OK will create a burden relative to an electronic medical record protocol already developed. The protocol, however, must contain co-occurring **screening** questions.

**How can the agency apply for a waiver?**

Send a letter by e-mail documenting the criteria noted above to Claudia.bepko@maine.gov. Representatives from the Offices of Adult Mental Health, Substance Abuse and Children's Behavioral Health Services will meet to determine whether criteria have been met. You will be contacted before October 1.

**What is the age range for use of the tool with adolescents?**

The Office of Children's Behavioral Health Services will be making this determination before October. However, if you are interested in implementation prior to this date, ages 12-18 might be a reasonable age range. We hope to have the Adolescent AC-OK available shortly, at the latest by October 1. In the meantime please continue to use whatever adolescent screening tool you are currently using.

**What do we do if the screening identifies a co-occurring disorder and we don't have the resources to treat it?**

Make an appropriate referral and plan to coordinate to be sure that the client actually accesses the services and that any treatment you are providing is integrated with that of the other provider. In this case, co-occurring treatment means coordination and collaboration rather than provision of both services by one provider.

**If we are providing case management services, do we need to do the screening?**

Yes, all case managers should administer the screening.