SMHS Assessment

Download the PPT from the QM Website:

https://www.smchealth.org/bhrs/qm

Click on the “Webinar Recording & PPTs” Tab

October 2024

Meet Your QM TEAM

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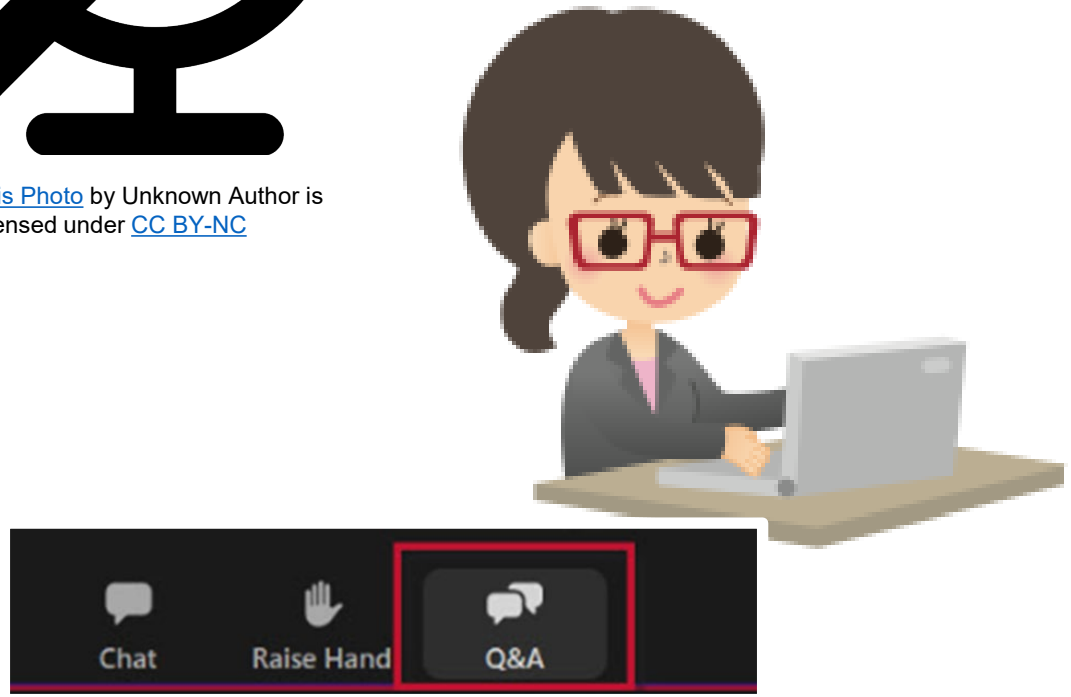
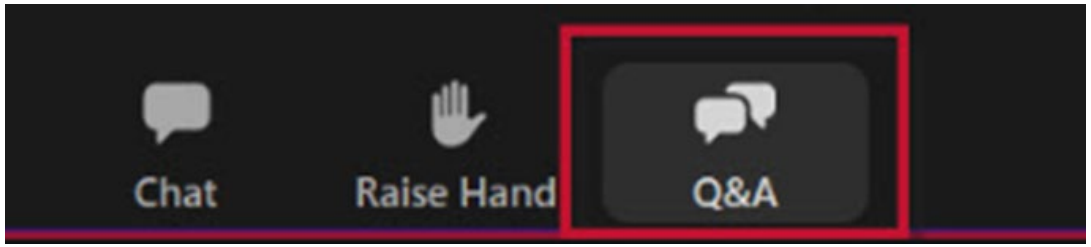
Housekeeping

- Reminder- Please keep your mic muted
- Type your questions into the chat –Q&A will be at the end of the webinar
- Today's session will be recorded.



Use the **Q&A for Questions**



Use the chat for **Contractors** participating in the Contractor Incentive Program to type **name and agency into the Chat.**

Chat can also be used for **general comments**

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Thank you for your feedback!

This is what we've heard!

- Some of you may like more time to review and respond to the polls while others would like more time for a real break.
  - We will read the polls slower followed by a 1min pause with music in the background!
- We're continuing to read your suggestions, and we are doing our best to accommodate your feedback.

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Agenda

At the conclusion of this training, participants will have a better understanding of the following:

- The purpose of the assessment
- Key considerations when working on an assessment
- Core requirements for the CalAIM Assessment

Included in Your Training Email

- Documentation Manual
- Training PPT Slides
- Resources from ODE
- PDF Versions of the Assessment
- BHRS SMHS Eligibility Tool

coming soon

Sent by QM Manager Betty Ortiz-Gallardo to BHRS All Staff Email Group.

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Additional Training Resources

If you see this graphic on a slide, it means that there are additional trainings available to support further your learning on this topic. Check out our **Training Opportunities 2-pager** to see what BHRS has available for you!

Included in Email sent by QM Manager Betty Ortiz-Gallardo to BHRS All Staff Email Group.

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MENTAL HEALTH ASSESSMENTS

The Basics

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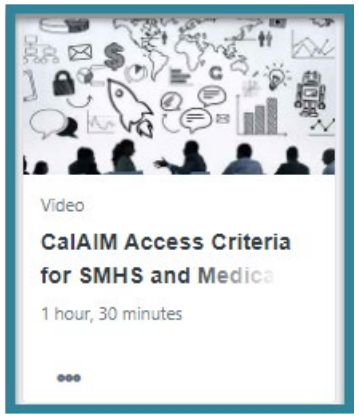
Clinical Workflow

Screening

- Determines system in which client should receive a clinical assessment.
- Only used by Access Call Center



Assessment

- May include other clinically appropriate services.

All Services Provided Should Be Clinically Appropriate

Final Determination

- Determine where to access ongoing treatment.
- Diagnosis is determined.

All Services Provided Should Be Medically Necessary

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Assessment: The Basics

A Mental Health Assessment is the foundation of any individual's Mental Health treatment.

It is the process by which providers develop a clinical understanding regarding an individual's needs, determines an accurate diagnosis, confirms the appropriate treating system, and what services are medically necessary to support the person in their goals so they can thrive in their community.

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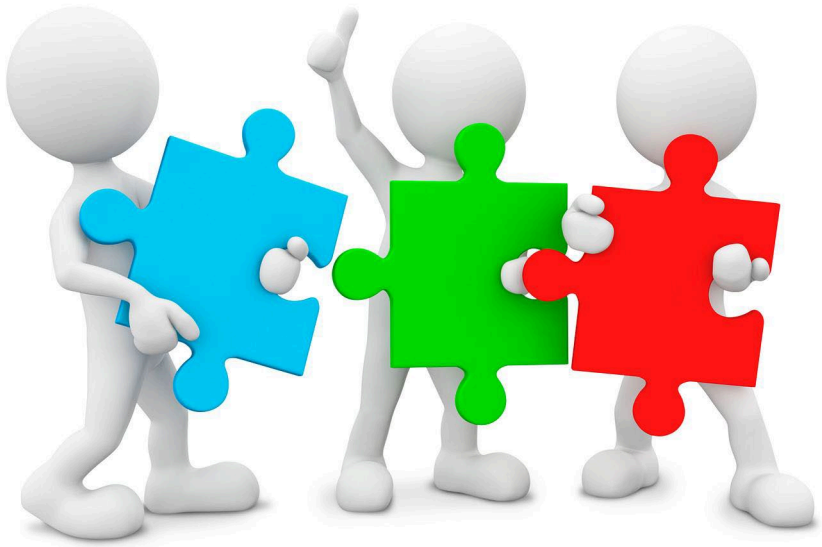
Assessment: The Basics

It is the entire treatment team's responsibility to ensure that the current assessment is up-to-date.



- All members of the treatment team should be familiar with the current assessment and discuss with the treatment team if they believe updates need to be made to the current assessment.
- Clinicians / Supervisors are responsible for oversight of the assessment to ensure that content is clinically appropriate and meets requirements.
- Team members should only add information to the assessment that are within their scope of practice.

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Assessment: The Basics

The assessment **CANNOT** be solely based on **history or chart review**.

The person conducting the assessment **must have direct contact with the client** (can be video, phone, in-person)**.**

Assessment appointments may occur remotely, however, **you should have at least one face-to-face appointment** (either by video or in-person) before finalizing the assessment.

Assessment: The Basics

Additional assessments / screening tools may be used based on the age of the individual seeking care and/or current treatment needs.

For instance, clinical staff are free to also use tools such as the PHQ9, GAD7, Columbia Suicide Severity Rating Scale, etc. in conjunction with the full SMHS assessment.

Some tools are required to be used for certain age groups*, such as the PSC-35, CANS, and ICC Eligibility Tool.

Required Assessment Tools	
3-18 Years	PSC-35
6-20 Years	CANS
0-20 Years	ICC Eligibility Screening
21+ Years	Required Tool for Ages 21+ TBD

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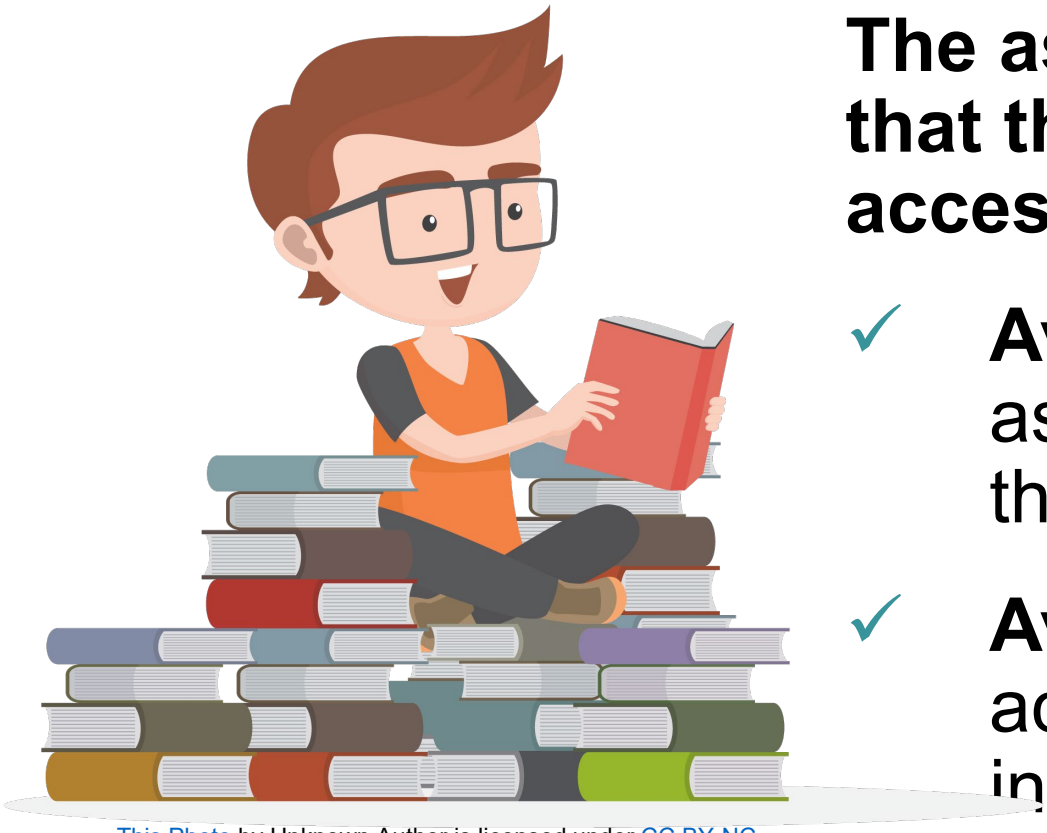
Assessment: The Basics



The assessment is part of the clinical record that the client has a right to request and access. Therefore, you should:

- ✓ **Avoid jargon.** Ensure that language in assessment can be easily understood by the client.
- ✓ **Avoid acronyms.** If you do use an acronym, make sure to spell it out in the first instance of using the acronym in each note.

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Assessment: The Basics

- **Clients should be provided services in their preferred language.** Always inform clients of their right to receive interpretation and translation services prior to the appointment. Don't assume that a client will want the service in English just because they made the appointment with you in English.
- Staff can request document translation by contacting Frances Lobos at flobos@smcgov.org.

VIDEO REMOTE INTERPRETATION

- External platform for on-demand video interpretation for telehealth appointments.
- Each BHRS employee needs unique credentials to access; please contact Frances Lobos at flobos@smcgov.org for log-in credentials.
- Audio only option available.

LANGUAGE LINE -CALL (650) 573-3660

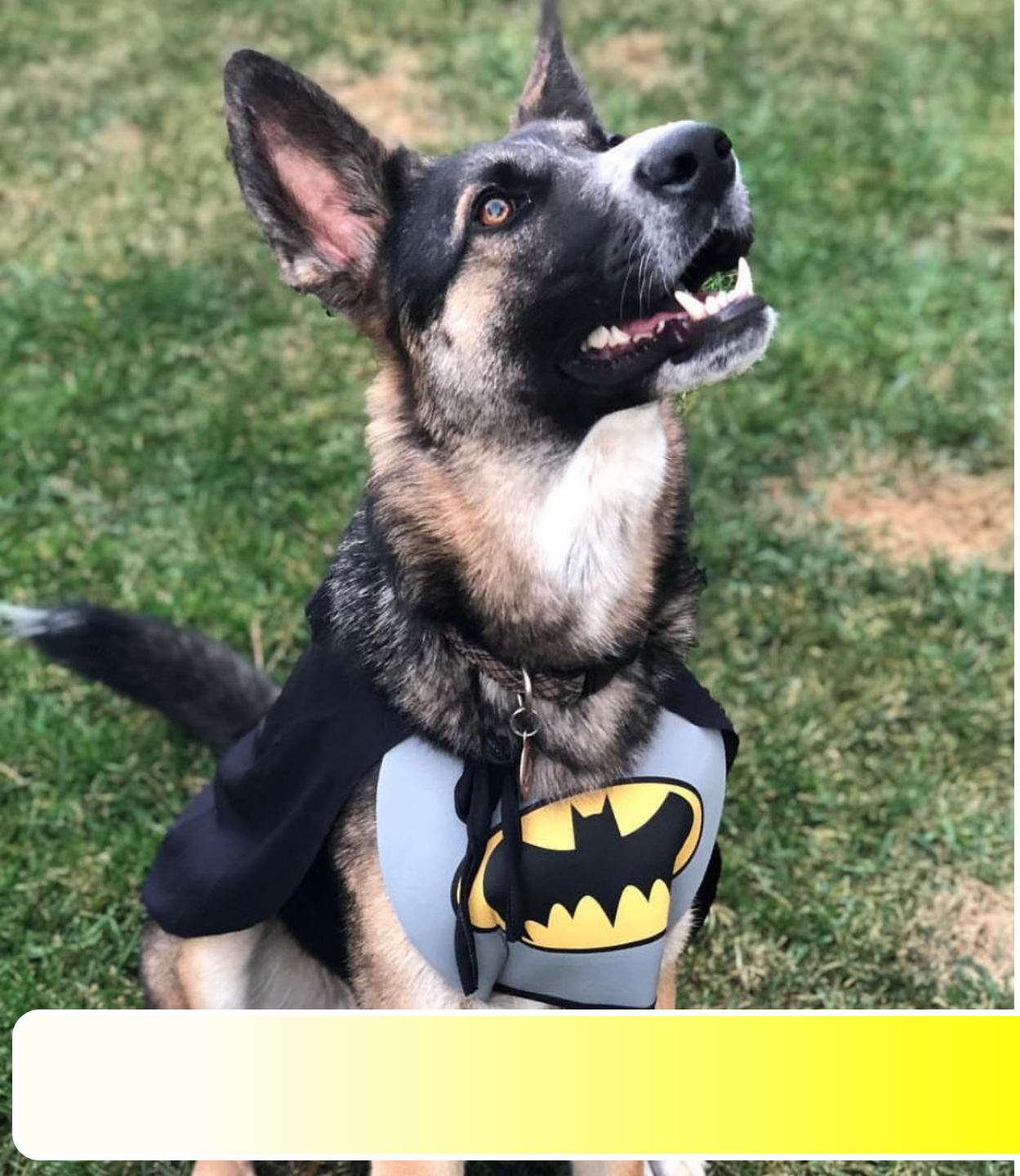
- **Press 1** for American Sign Language & in-person interpreter reservation (requires minimum of 3 days' adv. notice).
- **Press 2** for Immediate over-the-phone interpreter.

Required info. for your call:

1. You are calling from San Mateo County Health.
2. The language you need.
3. Your name, division (BHRS), and organization (unit) number _____. If you don't know your org. number, contact your supervisor or fiscal officer.

DOCUMENT TRANSLATION

- E-mail the document to be translated and your BHRS unit organization number to Frances Lobos at flobos@smcgov.org.
- A quote will be provided to you and your supervisor for approval.
- If possible, bilingual staff will review the translated document for literacy level and cultural relevance.
- The translated document will be emailed to you once completed.



Poll

Who should review the current assessment?

A. Only the LPHA on the treatment team.

All Members of the treatment team.

C. Only Batman on the left.

MENTAL HEALTH ASSESSMENT

Assessment Types

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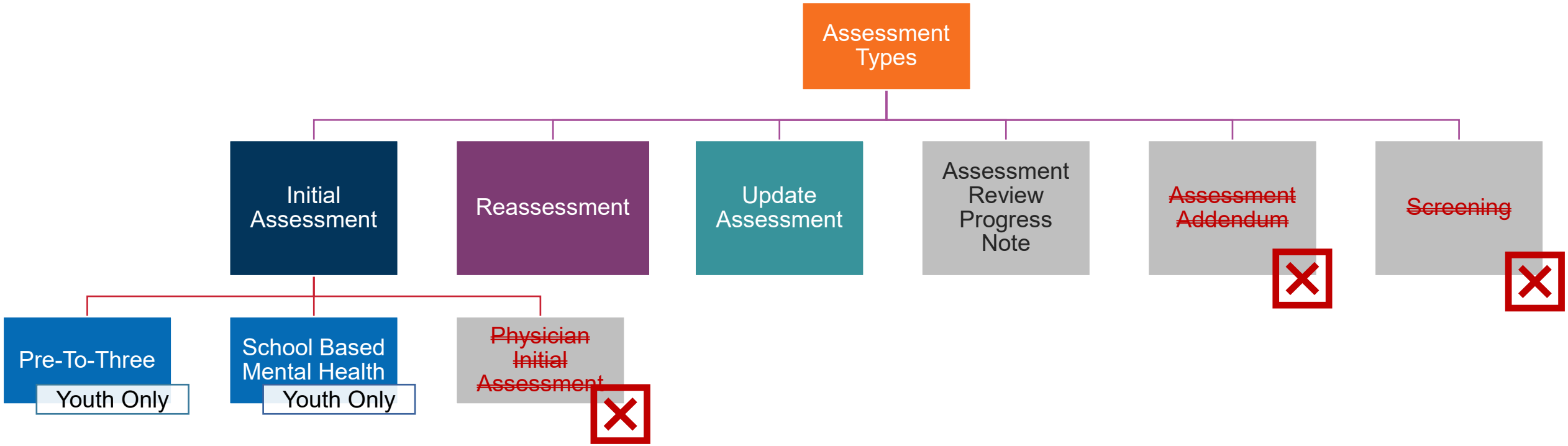
Assessment Types



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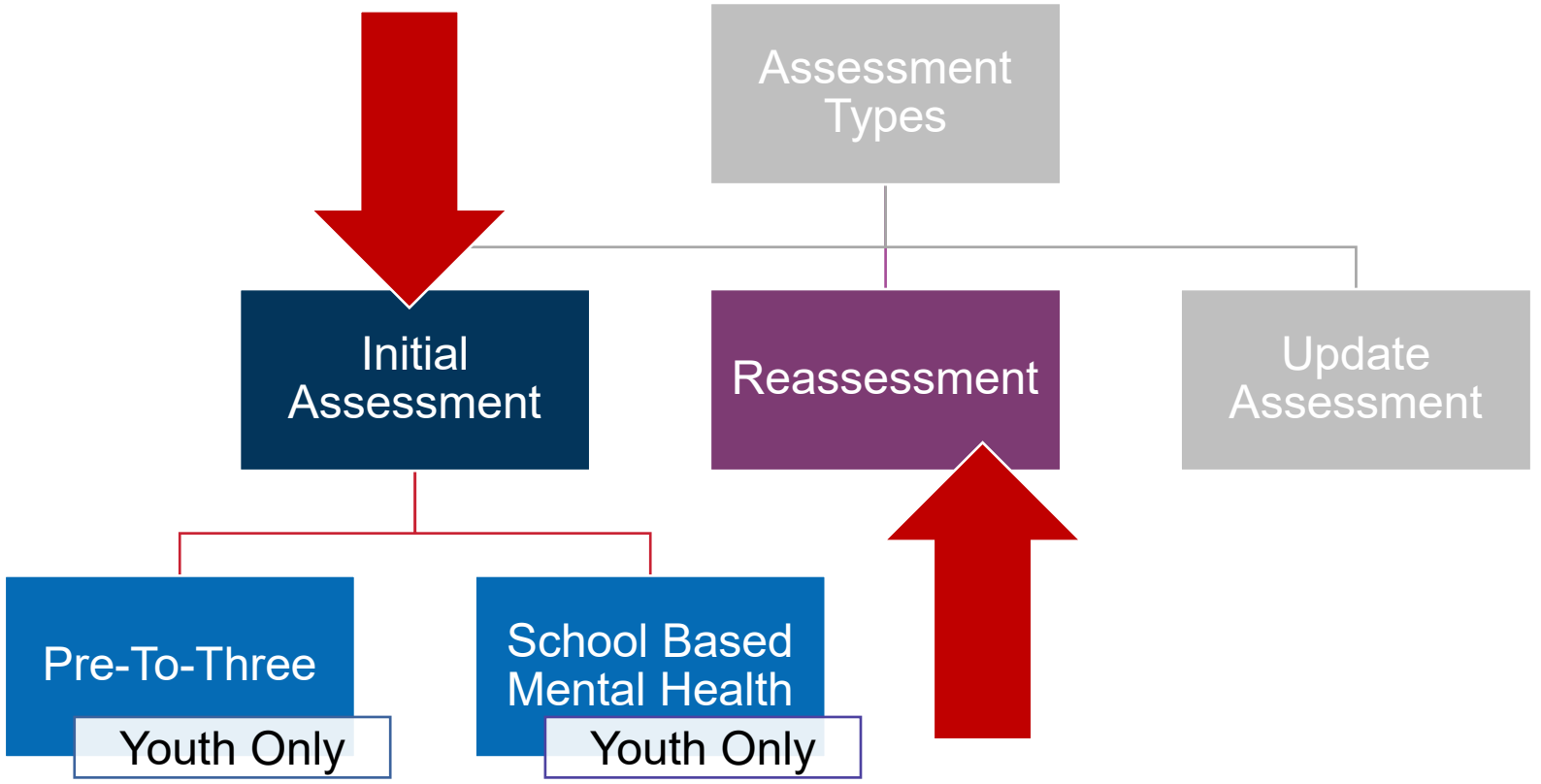
Assessment Types

Only the **Initial Assessment** (including SBMH and PT3 subtypes) and **Reassessment** forms **are** considered complete Medi-Cal assessments that "reset" the timeline.

An **Update Assessment** or an **Assessment Review Progress Note** that noted that the most recent assessment was reviewed are **NOT** complete Medi-Cal Assessments and would NOT reset the assessment timeline.



Assessment Types

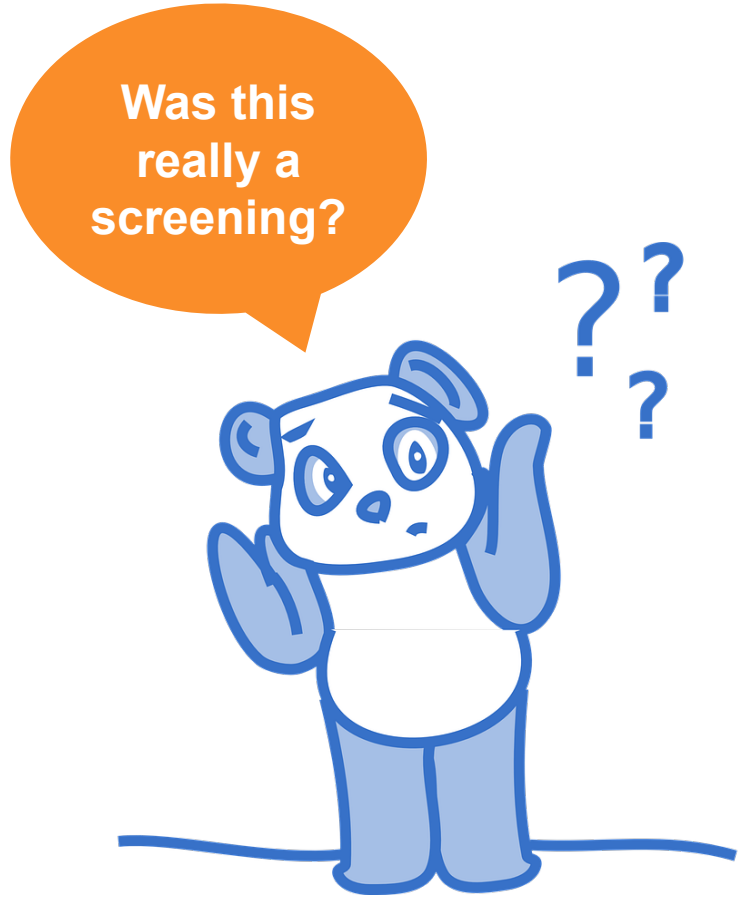
A Note about the Screening Assessment Type

The Screening Type that was previously available in the Adult Assessment has been eliminated.

Why was this change made?

To reduce confusion in processes now that we have a standard CalAIM Screening process used by Access Call Center.

There was also a lack of consistency of when the Screening Assessment Type was used – sometimes it was used to document a screening, sometimes it was used to finalize an incomplete assessment, sometimes a full assessment was mistakenly finalized using this option.



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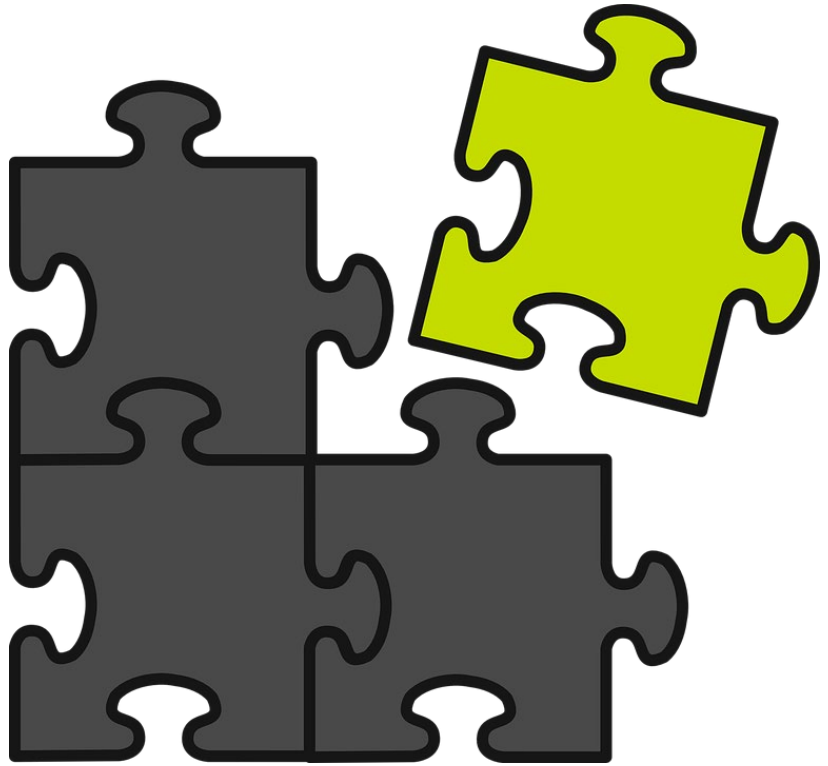
Assessment Types

A Note about the Assessment Addendum

The Assessment Addendum form was eliminated. Additional information that should now be added to a finalized client's assessment should be added using the **Update Assessment form** or the **Reassessment form.**



Why was this change made?

It was difficult to follow the contents of an assessment if information across multiple assessment areas were added into one free text box, especially if multiple addendums were written.

Additionally, the addendum information wasn't always included in all types of reports that included assessment information.

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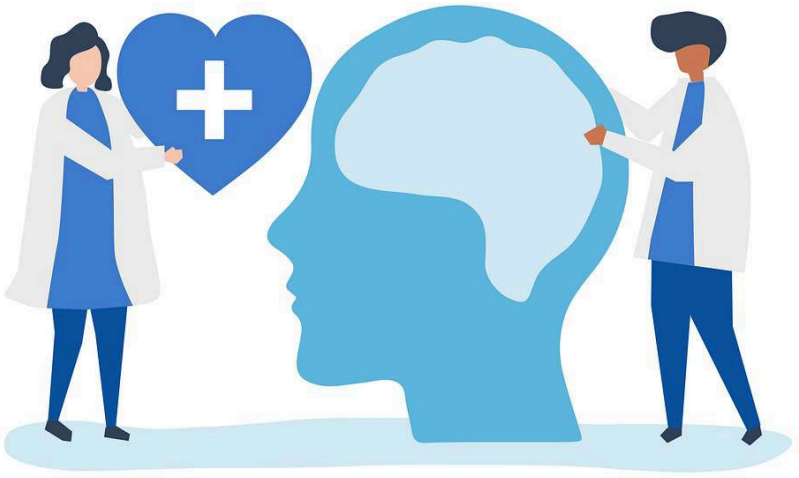
Assessment Types

A Note about the "Physician Initial Assessment"

"Physician Initial Assessment" is no longer an assessment type. **All new initial assessments,** regardless of if they are completed by an MD/NP or non MD/NP, **should be completed using the "Initial Assessment" form.**



Why was this change made?

There were frequent misunderstandings about when an MD would complete an Initial Assessment versus a Physician Initial Assessment (**PIA**) form versus a Physician Initial Note (**PIN**).

Remember, a PIN (progress note) does NOT count as a full Medi-Cal Assessment. If there is only a PIN, the formal assessment form (Initial or reassessment) must be completed either by the prescriber or the lead clinician.

Assessment Types

What happens when a Team has multiple LPHAs on their care team who can complete the assessment.

- If there is no current and complete Medi-Cal Assessment in place, then the treatment team should determine who will complete the formal assessment / reassessment.
- For example, if the clinician will be completing the formal Medi-Cal Assessment, then MD/NP may complete a PIN note to document their physician assessment. Otherwise, the MD/NP should complete the formal Medi-Cal Assessment.

Tag! You're IT!

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Poll

True/False: A Progress Note that documents the entirety of a Physician's initial medication evaluation of a client qualifies as a complete Medi-Cal Assessment.

A. True.

B. True, but only if you get a supervisor's co-signature on it.

✓ False.

D. Unsure, I'm just a pretty pup ready to go shopping.

MENTAL HEALTH ASSESSMENT

Timelines

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Assessment Timelines

Why is it important to keep up-to-date, finalized assessments?

- The assessment is the backbone of any client's MH treatment and should be used to guide the client's treatment throughout their time receiving services.
- The client has a right to access their assessment and a right to have an up-to-date record.

Assessment Timelines

Initial Assessment

- **Approximately 60 calendar days** from the date of admission**.**
- Can be shorter or longer depending on client's clinical need.

Reassessment

- Update as is clinically appropriate.
- Generally accepted practice is to update the assessment **every 3 years** or sooner if there is a change in the client's condition.

- Under CalAIM, assessment and re-assessment completion timelines are flexible.
- However, this does not mean that it is not important to complete and finalize a client's assessment in a timely manner.
- General guidelines are provided to help guide staff on what is a generally acceptable time frame for assessments and reassessments.
- **Staff should use their clinical expertise to determine if more or less time is needed for each client.**

Assessment Timelines

Documentation that explains delays in completing the assessment is important not only to ensure the clinical record is up-to-date and accurate, but also to explain and justify why there was any delay in services, including completion of the assessment.

Progress Note

Document each attempt to contact the client and/or reason for a delay, including missed visits.

Assessment Timelines

Examples of Clinically Appropriate Times to Update Assessment or Conduct a Reassessment

Increased Needs / Struggles that result in	Increase in Stability/Functioning that results in:
+ Need for Additional Services	− Removal of an Ancillary Service
↑ Transition to a Higher Level of Care	↓ Transition to Lower Level of Care

The above is not an exhaustive list. Changes in need that prompt a reassessment or update may arise from clinically significant events, the natural course of a medical or behavioral health condition, or other social, behavioral, or medical factors.

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Assessment Types

If a client is transferred from BHRS program to another BHRS program AND there is a current assessment from another program…

Review Assessment

- Review the current assessment to ensure the information is correct and current

Determine What Info Needs to be Updated

- The paperwork you complete depends on how extensive or significant any updates are to the individual's clinical presentation or history.

Document Assessment Review/Update

- Complete assessment form, if applicable.
- Document this assessment review and/or completion of reassessment in a progress note.

Assessment Timelines

Reassessment Options for Returning Clients

Use your clinical judgment to determine which type of assessment is appropriate.

0-180 Days

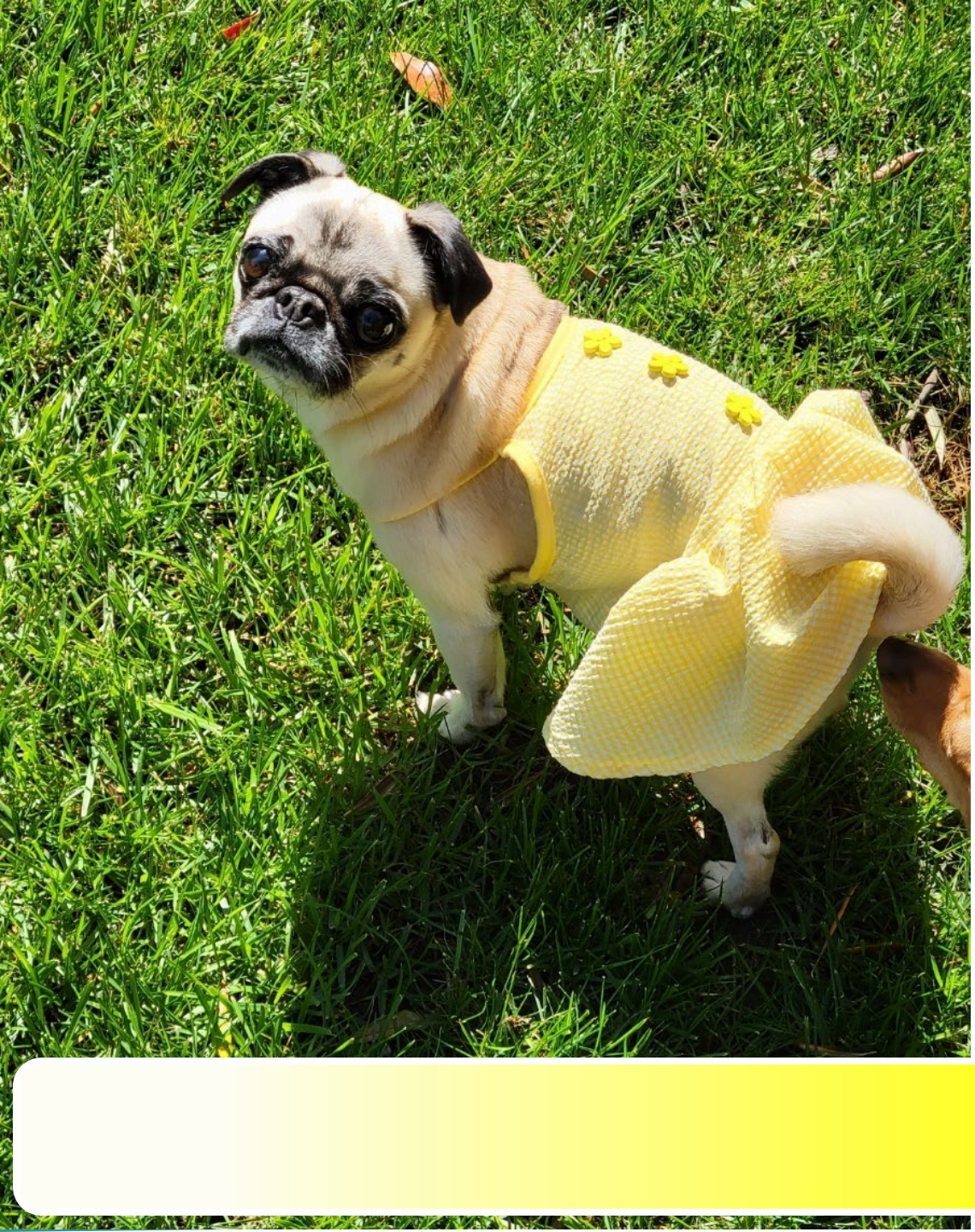
- ✓ **Initial Assessment Form**
- ✓ **Reassessment Form**
- ✓ **Update Assessment**
- ✓ **Assessment Review Progress Note –** (May be used if you just need to document you reviewed the last assessment and the content is still current).

181-360 Days

- ✓ **Initial Assessment Form**
- ✓ **Reassessment Form**

361 or over Days

- ✓ **Initial Assessment Form**



Poll

True/False: An Assessment Review Progress Note counts as a complete Medi-Cal Assessment.

A. True.

✓ False.

C. Only if this princess on this slide signs off on it.

Go Live Date

Information left in **DRAFT** assessments will **NOT** transfer to the new assessment!!

FINALIZE ALL YOUR ASSESSMENTS BY

December 2nd

HEALTH SERVICES

SEVEN DOMAINS OF THE CALAIM ASSESSMENT FOR SMHS

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Seven Domain Assessment

Under CalAIM, DHCS has standardized the written assessment format for all California Counties.

This was done in order to:

- ✓ Streamline and standardize the ease with which counties and providers share assessment information with each other.

The CalAIM assessments is also referred to as the "**Seven Domain Assessment**" wherein a domain is a reference to categories of information that should be captured within the SMHS assessment.

Seven Domain Assessment

Domain 1: Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Member-Identified Impairment(s)

Domain 2: Trauma

Domain 3: Behavioral Health History, Co-occurring Substance Use

Domain 4: Medical History, Current Medications, Co-occurring Conditions (other than substance use)

Domain 5: Social and Life Circumstances, Culture/Religion/Spirituality

Domain 6: Strengths, Risk Behaviors, and Protective Factors

Domain 7: Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/LOC/Access Criteria

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1 Presenting Problem

Focuses on the main reason the person is seeking care, in their own words if appropriate.

The goal is to document an account of what led up to seeking care.

This domain addresses both their current and historical states related to the chief complaint.

Presenting Problem (Current and History of)

The person's and collateral sources' descriptions of problem(s), history of the presenting problem(s), impact of problem on person in care.

Descriptions should include, when possible, the duration, severity, context and cultural understanding of the chief complaint and its impact.

Member-Identified Impairments

The person and collateral sources identify the impact/ impairment – level of distress, disability, or dysfunction in one or more important areas of life functioning as well as protective factors related to functioning.

Functioning should be considered in a variety of settings, including at home, in the community, at school, at work and with friends or family.

Current Mental Status Exam

The person's mental state at the time of the assessment.

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2 Trauma

Involves information on traumatic incidents, the reactions of the person in care to trauma exposures and the impact of trauma on the presenting problem.

Take your cues from the person in care — it is not necessary in every setting to document the details of traumatic incidents in depth.

Trauma Exposures

A description of psychological, emotional responses and symptoms to one or more life events that are deeply distressing or disturbing. This can include stressors due to significant life events (being unhoused or insufficiently housed, justice involvement, involvement with child welfare system, loss, etc.)

Trauma Reactions

The person's reaction to stressful situations (i.e., avoidance of feelings, irritability, interpersonal problems, etc.) and/or information on the impact of trauma exposure/history to well-being, developmental progression and/or risk behaviors.

Trauma Screening

The results of the trauma screening tool to be approved by DHCS (e.g., Adverse Childhood Experiences {ACEs}), indicating elevated risk for development of a mental health condition. TBD.

Tool Coming Soon from DHCS

Seven Domain Assessment

Domain 1: Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Member-Identified Impairment(s)

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3 Behavioral Health History

Focuses on the person in care's history of behavioral health needs and the interventions that have been provided to address those needs.

Also includes a review of substance use/ abuse to identify co-occurring conditions and/or the impact of substance use/abuse on the presenting problem.

Mental Health History

Review of acute or chronic conditions not earlier described. Mental health conditions previously diagnosed or suspected should be included.

Co-Occurring Substance Use/Abuse

Review of past/present use of substances, including type, method, and frequency of use. Substance use conditions previously diagnosed or suspected should be included.

Previous Services

Review of previous treatment received for mental health and/or substance abuse concerns, including providers, therapeutic modality (e.g., medications, therapy, rehabilitation, hospitalizations, crisis services, substance abuse groups, detox programs, Medication for Addiction Treatment [MAT]), length of treatment, and efficacy/ response to interventions.)

Poll

Who can Complete the Mental Status Exam?

A. Only LPHA under whose scope it is to conduct an MSE.

B. Any LPHA.

C. Any treating provider who has direct contact with the client.

D. Only LPHAs trained by this cute pumpkin here.

Seven Domain Assessment

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4 Medical History

Integrates medical and medication items into the assessment.

The intersection of behavioral health needs, physical health conditions, developmental history, and medication usage provides an important context for understanding the needs of the people we serve.

Co-occurring Medical Conditions (other than substance use)

Any current medical or developmental conditions (including allergies). This includes information about treatment history (medications, treating providers, etc.) related to the co-occurring medical condition. Information on allergies, including those to medications, should be clearly and prominently noted.

Medical History

Relevant past medical conditions (that were not included in the co-occurring medical conditions section), including the treatment history of those conditions.

Current Medications

Current and past medications, including prescribing clinician, reason for medication usage, dosage, frequency, adherence, and efficacy/benefits of medications. When available, the start and end dates or approximate time frames for medication should be included.

Seven Domain Assessment

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5 Social and Cultural History

Supports clinicians in understanding the environment in which the person in care is functioning.

This environment can be on the micro-level (e.g., family) and on the macro-level (e.g., systemic racism and broad cultural factors).

Family

Family history, current family involvement, significant life events within family (e.g., loss, divorce, births).

Social and Life Circumstances

Current living situation, daily activities, social supports/ networks, legal/ justice involvement, military history, community engagement, description of how the person interacts with others and in relationship with the larger social community.

Cultural Considerations

Cultural factors, linguistic factors, SOGIE (Sexual Orientation, Gender Identity and Expression), Black, Indigenous and People of Color (BIPOC) identities, spirituality and/or religious beliefs, values, and practices.

Seven Domain Assessment

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6 Strengths and Risk Factors

Explores areas of risk for the individuals we serve, but also the protective factors and strengths that are an equally important part of the clinical picture.

Clinicians should explore specific strengths and protective factors and understand how these strengths mitigate risks that the individual is experiencing.

Strengths and Protective Factors

Personal motivations, desires and drives, hobbies and interests, positive savoring and coping skills, availability of resources, opportunities and supports, interpersonal relationships.

Risk Factors and Behaviors

Behaviors that put the person in care at risk for danger to themselves or others, including suicidal ideation/planning/intent, homicidal ideation/ planning/intent, aggression, inability to care for self, recklessness, etc.

Include triggers or situations that may result in risk behaviors.

Include history of previous attempts, family history of or involvement in risks, context for risk behaviors (e.g., loneliness, gang affiliations, psychosis, drug use/abuse), willingness to seek/obtain help.

May include specific risk screening/assessment tools (e.g., Columbia Suicide Severity Rating Scale) and the results of such tools used.

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7 Clinical Summary

Provides clinicians an opportunity to clearly articulate a working theory about how the person in care's presenting challenges are informed by the other areas explored in the assessment and how treatment should proceed based on this hypothesis.

Diagnostic Impression

Clinical impression, including any current medical diagnoses and/or diagnostic uncertainty (rule-outs, provisional or unspecified diagnoses)

Medical Necessity Determination

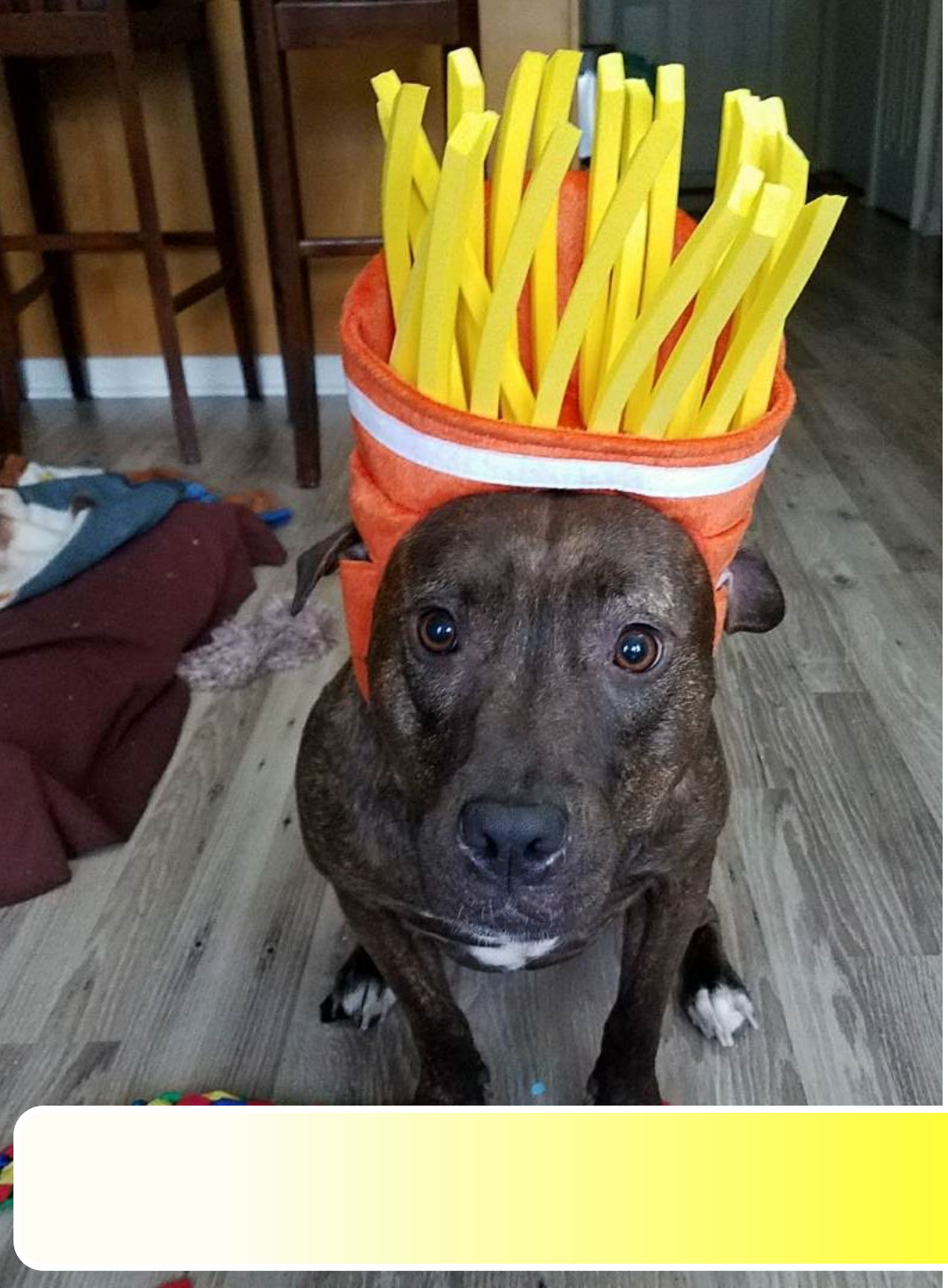
Explicitly state Medical Necessity Determination, if individual meets Criteria to Access SMHS, and other information that indicates level of care or service needed.

Treatment Recommendations

Recommendations for detailed and specific interventions and service types based on clinical impression, medical necessity, and overall goals for care.

Clinical Summary

Summary of clinical symptoms supporting diagnosis, functional impairments (clearly connected to symptoms/presenting problem), history, mental status exam, cultural factors, strengths/ protective factors, risks, and any hypothesis regarding predisposing, precipitating and/or perpetuating factors to inform the problem list (to be explained further below)



Poll

Who may complete Domain 7?

A. Any LPHA.

B. Any treating provider who has direct contact with the client.

✓ Only LPHA under whose scope it is to make clinical formulations and diagnose behavioral health conditions.

D. Only staff who were hired by this guy.

Deeper Dive into Domain 7

Diagnosis

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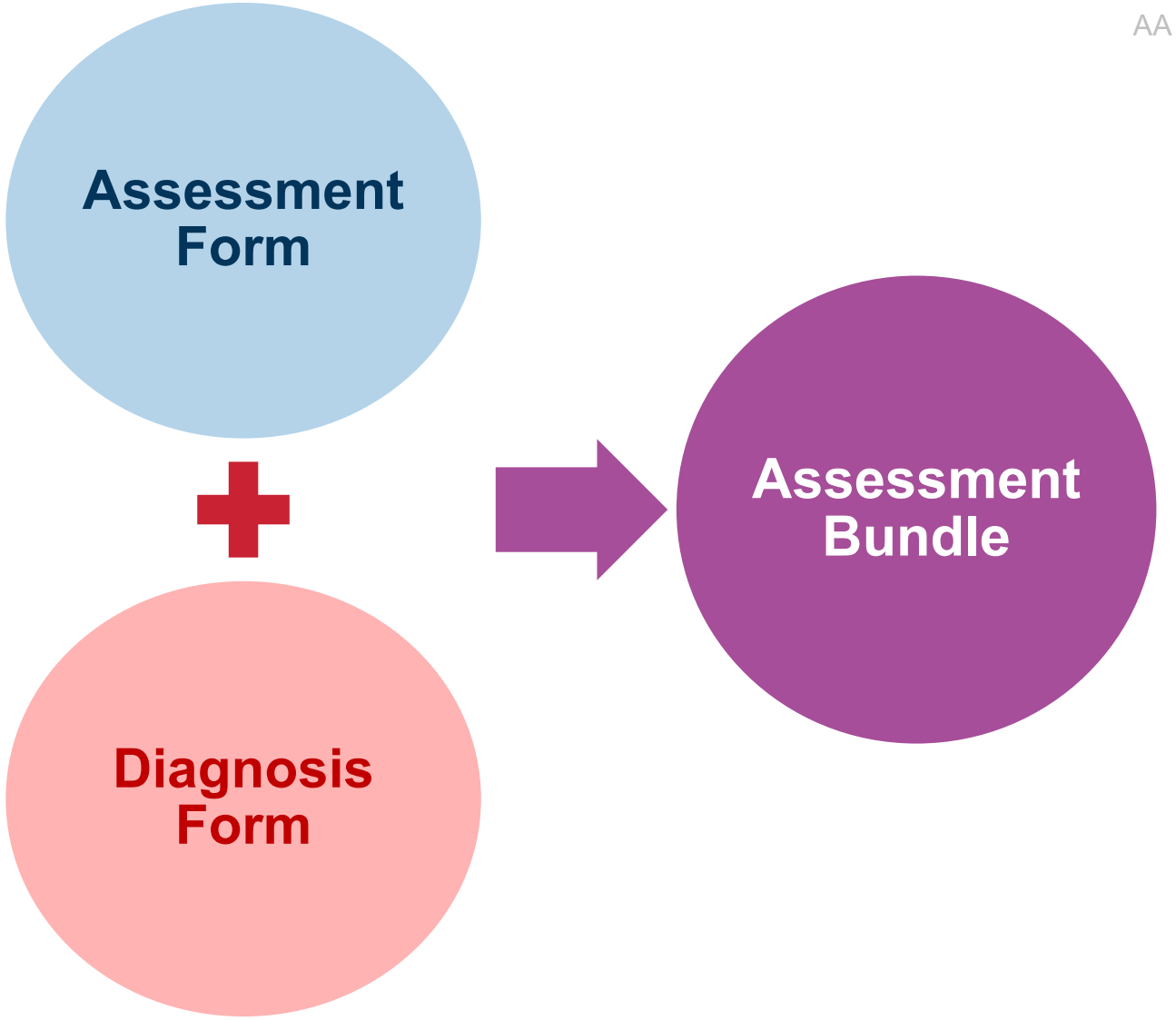
For BHRS Avatar NX…

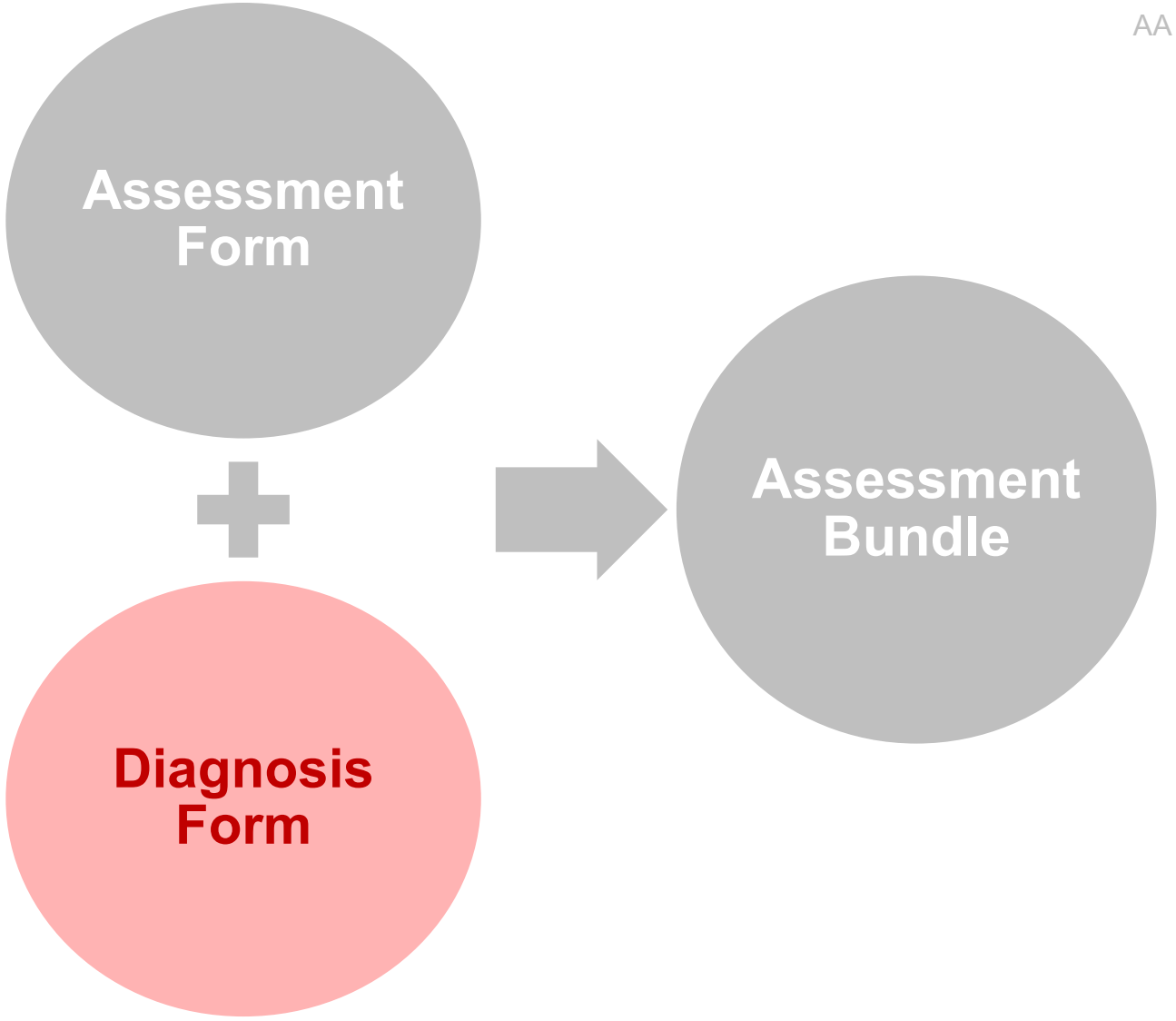
Diagnosis fields are no longer able to be embedded in the Assessment form itself. The diagnosis must be inputted directly into the diagnosis form that will be included in an “Assessment Bundle”



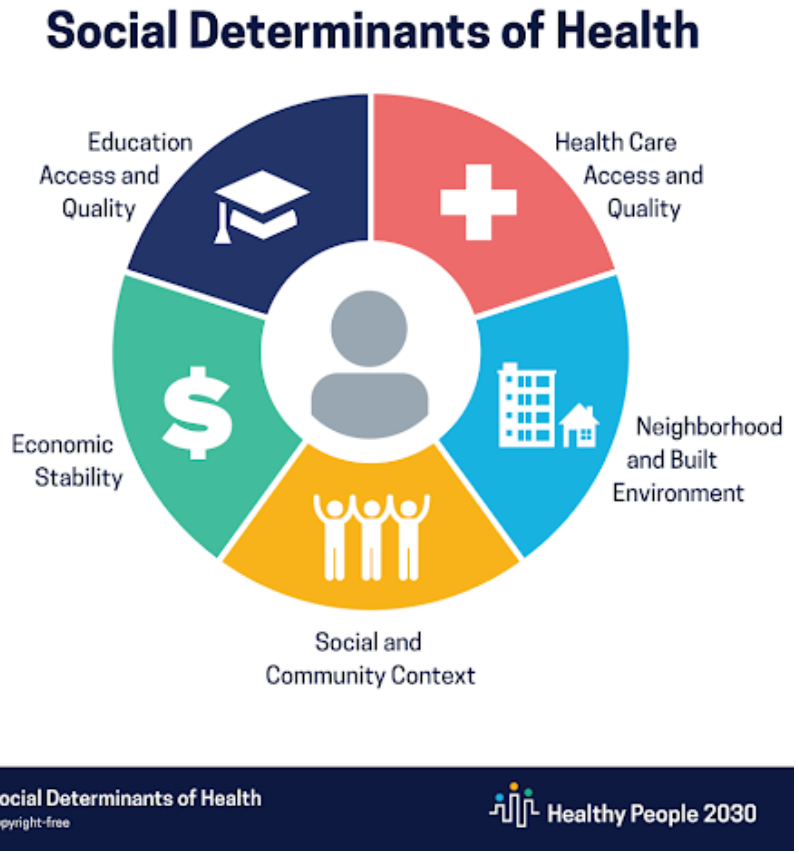
Domain 7: Clinical Summary

Do NOT skip or cancel the Diagnosis Form

…unless you verify that all diagnoses listed are current and accurate.



Z-Codes



LPHAs who are authorized to diagnose behavioral health conditions have always been able under Medi-Cal to add Social Determinants of Health (Z Codes 55-65) to the Diagnosis List.

Under CalAIM, DHCS allows all staff to be able to add **Social Determinants of Health (SDOH)** to the Problem List.

Additionally, billing is now more flexible with the use of these SDOH codes during the assessment phase.

Social determinants of health (SDOH) are non-medical factors that affect health outcomes.

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Z-Codes

How are Z-codes added to the client's record?

It depends on what diagnoses that is being added.

BUT, ultimately, the primary clinician should review all items, including diagnoses and Social Determinants of Health on the Problem List. Essentially, the Primary Clinician is the "holder" of the Problem List.

Diagnosis codes for use by LPHAs

- Any clinically appropriate code
- Z03.89 (Encounter for observation for other suspected diseases and conditions ruled out)
- "Other specified" and "Unspecified" disorders," or "Factors influencing health status and contact with health services"

Diagnosis Codes for Use by All Providers *

- Z55-Z65 (Persons with potential health hazards related to socioeconomic and psychosocial circumstances)

* May be used during the assessment period prior to diagnosis; do not require supervision of a Licensed Practitioner of the Healing Arts (LPHA)

Poll

True/False: Now that the mental health assessment and diagnosis live on different forms, you are now permitted to finalize an assessment without a mental health diagnosis.

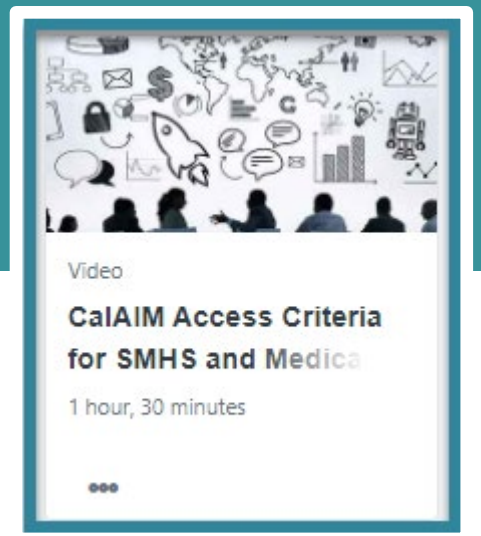
A. True.

✓ False.

C. I don't know but I'm afraid if I answer wrong this puppy will come after me.

Quick Recap

Access Criteria and Medical Necessity



COUNTY OF SAN MATEO
LEARNING MANAGEMENT SYSTEM

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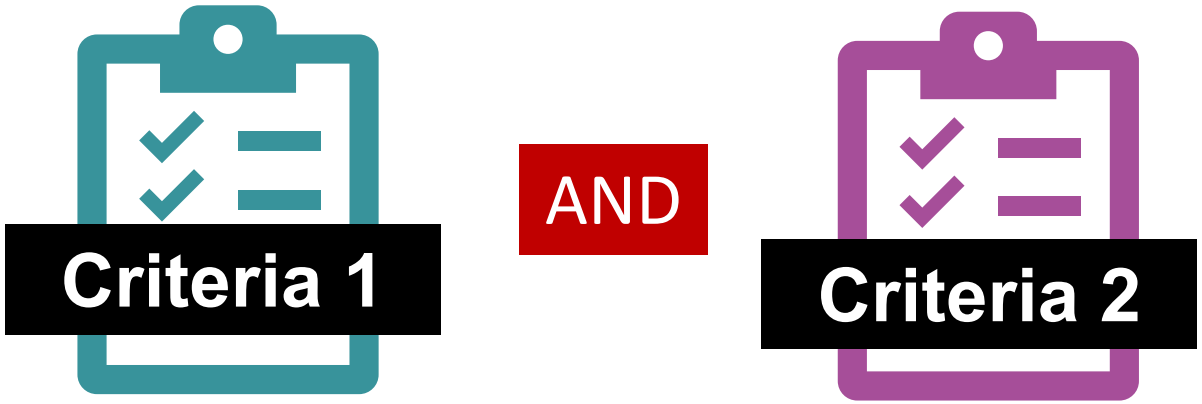
Criteria to Access to SMHS

For Adults 21+

Access to SMHS Criteria.

Requires client meet both

Criteria 1 AND Criteria 2



Medical Necessity Criteria

Beneficiaries 21 years of age and older

• …the service is reasonable and necessary to…
  • **protect life,**
  • **to prevent significant illness or significant disability,** or to
  • **alleviate severe pain.**

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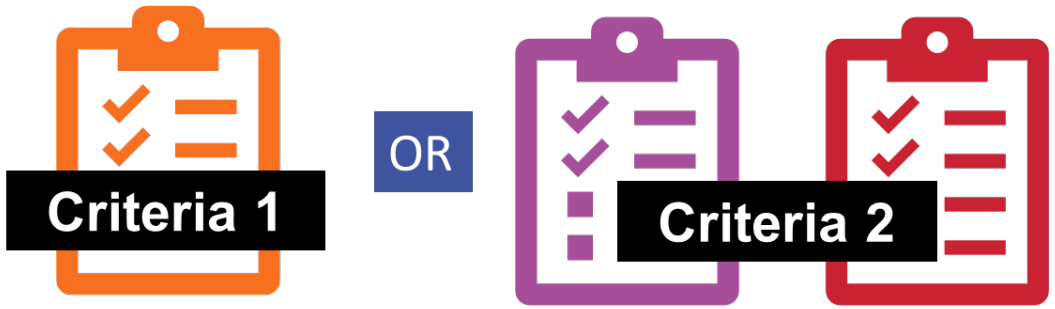
Criteria to Access to SMHS

For individuals 20 years old and younger

Access to SMHS Criteria.
Requires client meet EITHER

Criteria 1 OR Criteria 2



Medical Necessity Criteria

Beneficiaries under 21 years of age

- …the service is necessary to **correct or ameliorate** a mental illness or condition….
- Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition.

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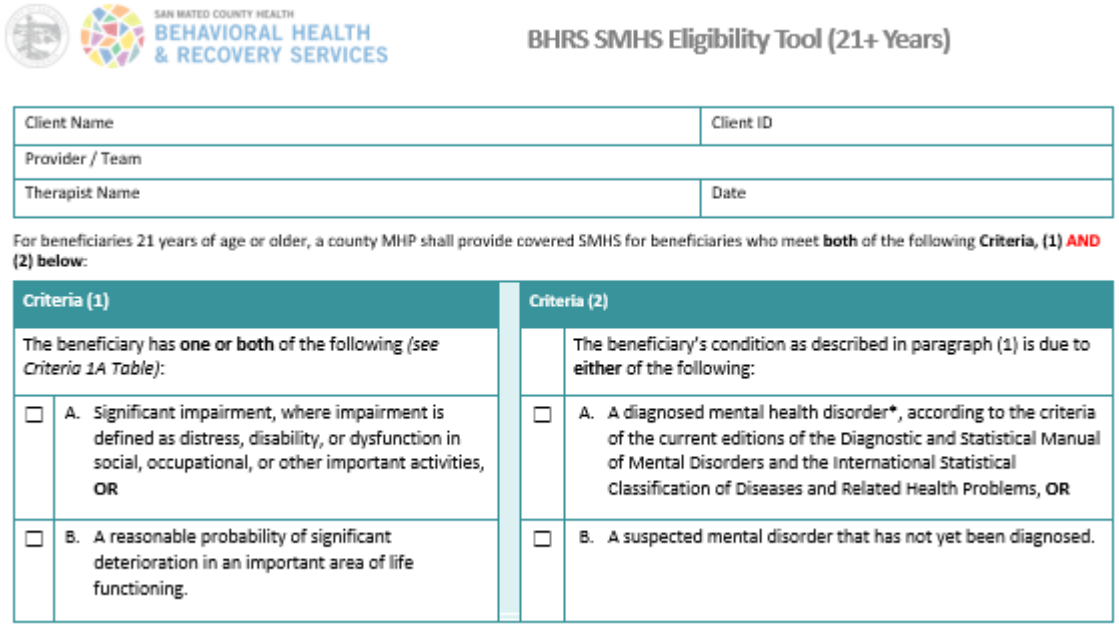
BHRS SMHS Eligibility Tool

The BHRS SMHS Eligibility Tool has been modified to reflect CalAIM criteria. It is intended to be a supervisory tool to help supervisors in supporting their staff's learning of how to determine if an individual meets criteria to access SMHS.

It is not meant to replace clinical decision making, nor is it meant to determine the specific types of services that are medically necessary.



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BHRS SMHS Eligibility Tool (21+ Years)

Client Name	Client ID
Provider / Team	
Therapist Name	Date

For beneficiaries 21 years of age or older, a county MHP shall provide covered SMHS for beneficiaries who meet **both** of the following **Criteria, (1) AND (2) below**:

Criteria (1)		Criteria (2)	
The beneficiary has **one or both** of the following *(see Criteria 1A Table)*:			The beneficiary's condition as described in paragraph (1) is due to **either** of the following:
☐	A. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities, **OR**	☐	A. A diagnosed mental health disorder*, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems, **OR**
☐	B. A reasonable probability of significant deterioration in an important area of life functioning.	☐	B. A suspected mental disorder that has not yet been diagnosed.

Reminder: Only LPHAs for whom it is within their scope of practice to finalize assessments may use the BHRS SMHS Eligibility Tool. Please refer to the Scope of Practice Matrix on the BHRS QM website for information on who may finalize assessments.

Poll

True/False: To save time, you can use the BHRS SMHS Eligibility Tool in lieu of completing a full assessment.

A. True

✓ False.

Finalizing the Assessment

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Scope of Practice

The MSE (which is in Domain 1) and all items in Domain 7 (including the Clinical Summary and Recommendations and the ability to finalize the assessment) **must be completed by a provider with the following credentials:**

Licensed/registered or waivered staff (LMFT, LCSW, PSY, PCC, MD, NP, RN with Masters Degree in Psych)

A student-trainee-intern in a program for one of the above (and is under supervision by MD/NP/LMFT/LCSW/LPCC, or RN with a Master Degree in Psych).

With additional training, some additional staff may conduct the MSE and Clinical Formulation with Co-signature. However, unless you are one of the above, even with a co-signature, in most cases an unlicensed / un-waivered / non-clinical trainee staff cannot diagnose.

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Finalizing the Assessment

All assessments MUST be finalized/signed, even if they are incomplete.

Assessments should not be left in draft.

When finalizing an assessment that is not complete, as in the process was terminated early, **you may finalize according to the type of assessment that was originally intended** (such as initial, update, etc.) □

Briefly explain reasons that information was not able to be gathered (e.g., lost contact with client, client disengaged from services, client declined to provide information at the time of the assessment, client moved out of county, etc. etc.) in BOTH:

1) The Assessment Form AND

2) A brief Progress Note that documents the assessment service and/or discharge of client.

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Finalizing the Assessment

- **If you were not able to complete the Assessment,** fill in the areas of the assessment for which you were able to gather information, then finalize/sign.
- **Include any diagnostic details that were gathered,** even if it's not much. If it's clinically relevant, include it!
- **If you end up getting the information after you finalized the assessment,** no problem! You can fill in the previously missing information using the Update Assessment Form.
- **In the clinical formulation** you want to note that a full assessment was not able to be completed and why. If the client returns to re-request services, the next provider should review the previous assessment in full to determine if it was complete.

If information is not marked as "required" you should still assess to see if the information is relevant to the individual you are assessing.

Finalizing the Assessment

“**Additional information needed**”
“**Unable to assess this area**” or wording similar to this.

“**Client reports no history of X**.” or wording similar to this.

“N/A”
“Not Applicable”

“No Change” “See Progress Notes”
“See Previous Assessment"

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Poll

Which of the following are acceptable ways to document that you don't have information for a particular area of the assessment?

A. Unable to Assess due to client being lost to contact.

B. Not applicable.

C. See Progress Note Dated 5/1/2024.

D. Additional information needed. Client reported that he is currently unable to recall information about this area.

E. All of the above.

✓ A and D Only.

G. I'm with the chicken pup, I need a quick yawn and a basket of treats.

NEW ASSESSMENT FORM PDF

Available Now!

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Assessment Form PDF

Required Elements for Youth Assessments

1 = Required for Initial Assessment

2 = Required for Initial Assessment – SBMH

3 = Required for Initial Assessment – Pre To Three

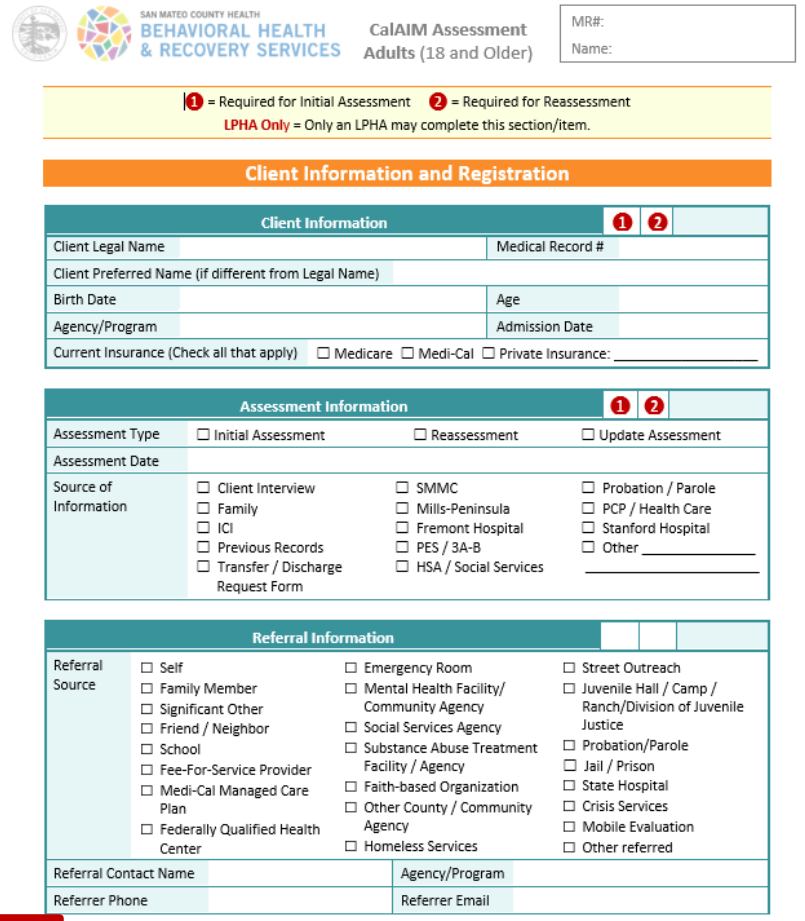
4 = Required for Reassessment

Required Elements for Adult Assessments

1 = Required for Initial Assessment

2 = Required for Reassessment

LPHA Only = Only an authorized LPHA may complete this.



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CalAIM Assessment
Adults (18 and Older)

MR#:
Name:

1 = Required for Initial Assessment 2 = Required for Reassessment
LPHA Only = Only an LPHA may complete this section/item.

Client Information and Registration

Client Information	1	2		
Client Legal Name			Medical Record #	
Client Preferred Name (if different from Legal Name)				
Birth Date			Age	
Agency/Program			Admission Date	
Current Insurance (Check all that apply)	☐ Medicare ☐ Medi-Cal ☐ Private Insurance: _____			

Assessment Information	1	2		
Assessment Type	☐ Initial Assessment		☐ Reassessment	☐ Update Assessment
Assessment Date				
Source of Information	☐ Client Interview ☐ Family ☐ ICI ☐ Previous Records ☐ Transfer / Discharge Request Form		☐ SMMC ☐ Mills-Peninsula ☐ Fremont Hospital ☐ PES / 3A-B ☐ HSA / Social Services	☐ Probation / Parole ☐ PCP / Health Care ☐ Stanford Hospital ☐ Other _____

Referral Information			
Referral Source	☐ Self ☐ Family Member ☐ Significant Other ☐ Friend / Neighbor ☐ School ☐ Fee-For-Service Provider ☐ Medi-Cal Managed Care Plan ☐ Federally Qualified Health Center	☐ Emergency Room ☐ Mental Health Facility/ Community Agency ☐ Social Services Agency ☐ Substance Abuse Treatment Facility / Agency ☐ Faith-based Organization ☐ Other County / Community Agency ☐ Homeless Services	☐ Street Outreach ☐ Juvenile Hall / Camp / Ranch/Division of Juvenile Justice ☐ Probation/Parole ☐ Jail / Prison ☐ State Hospital ☐ Crisis Services ☐ Mobile Evaluation ☐ Other referred
Referral Contact Name		Agency/Program	
Referrer Phone		Referrer Email	

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Assessment Form PDF

LPHA Required Fields for CSI	1	2	LPHA Only
Has client experienced traumatic events?	☐ Yes ☐ No ☐ Unknown		
Does client have a substance abuse/dependence diagnosis?	☐ Yes ☐ No ☐ Unknown / Not Reported		
Substance Abuse / Dependence Diagnosis			

Sections that are required to be completed by an LPHA will note "LPHA Only" in this box and will also be shown as purple boxes.

LPHAs who are not authorized to finalize assessments may NOT complete these sections.

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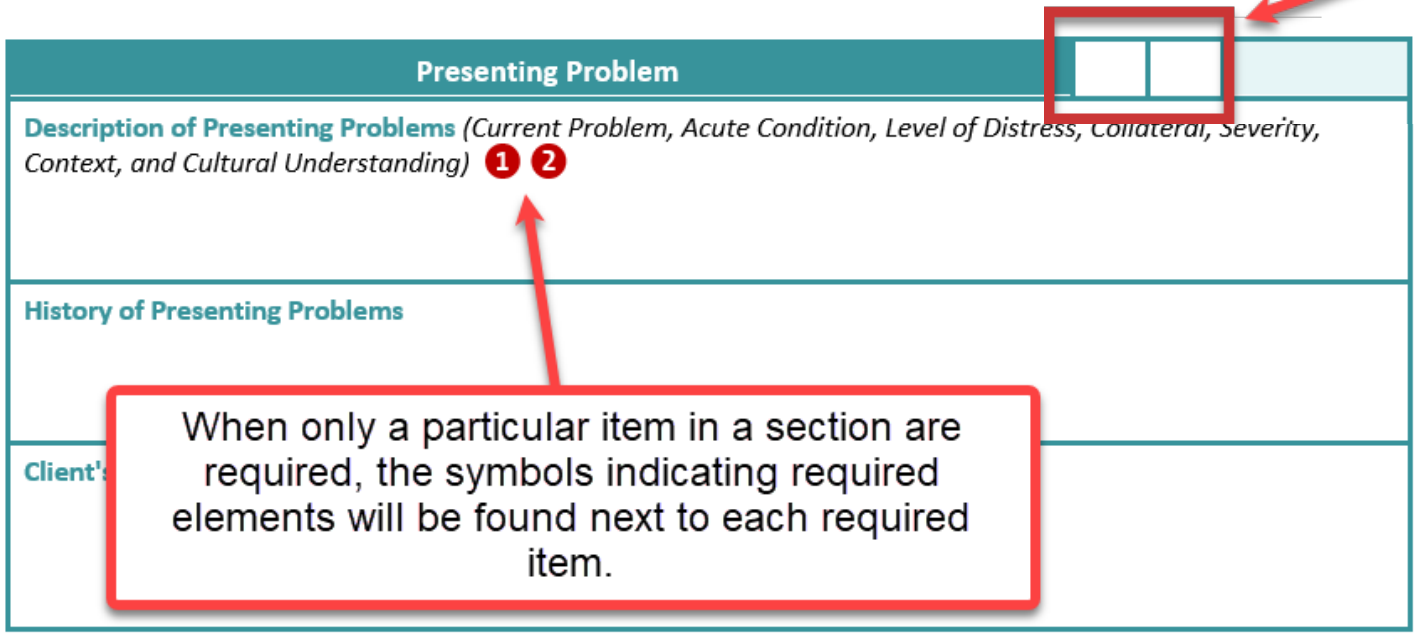
Assessment Form PDF

If these boxes are filled in, that means that all items in this section are required for either:

1. Initial Assessment or
2. Reassessment



When only a particular item in a section are required, the symbols indicating required elements will be found next to each required item.

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Assessment PDF

They're almost complete!

The Assessment PDFs are currently in the last stages of construction and will be posted on the QM Website in early November!

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Go Live Date

Do Contractors need to modify the assessment in their EHRs to match the BHRS assessment?

No. If you have an existing template that is easily organized in a way that each domain can be recognized, then you are all good!

If your assessment is organized in a way that is difficult to understand in the context of the 7 Domains, we highly recommend that you re-organize your assessment to more easily identify that each domain is being addressed. This will make it much easier for you when DHCS audits your charts.

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Go Live Date

Information left in **DRAFT** assessments will **NOT** transfer to the new assessment!!

FINALIZE ALL YOUR ASSESSMENTS BY

December 2nd

HEALTH SERVICES

Go Live Date

All Assessments will be **unavailable** in Avatar from

December 6-8

while the system updates the assessment in Avatar.v

Any assessments that you type into Avatar between Dec 2nd and Dec 6 **MUST BE FINALIZED by December 5th.**

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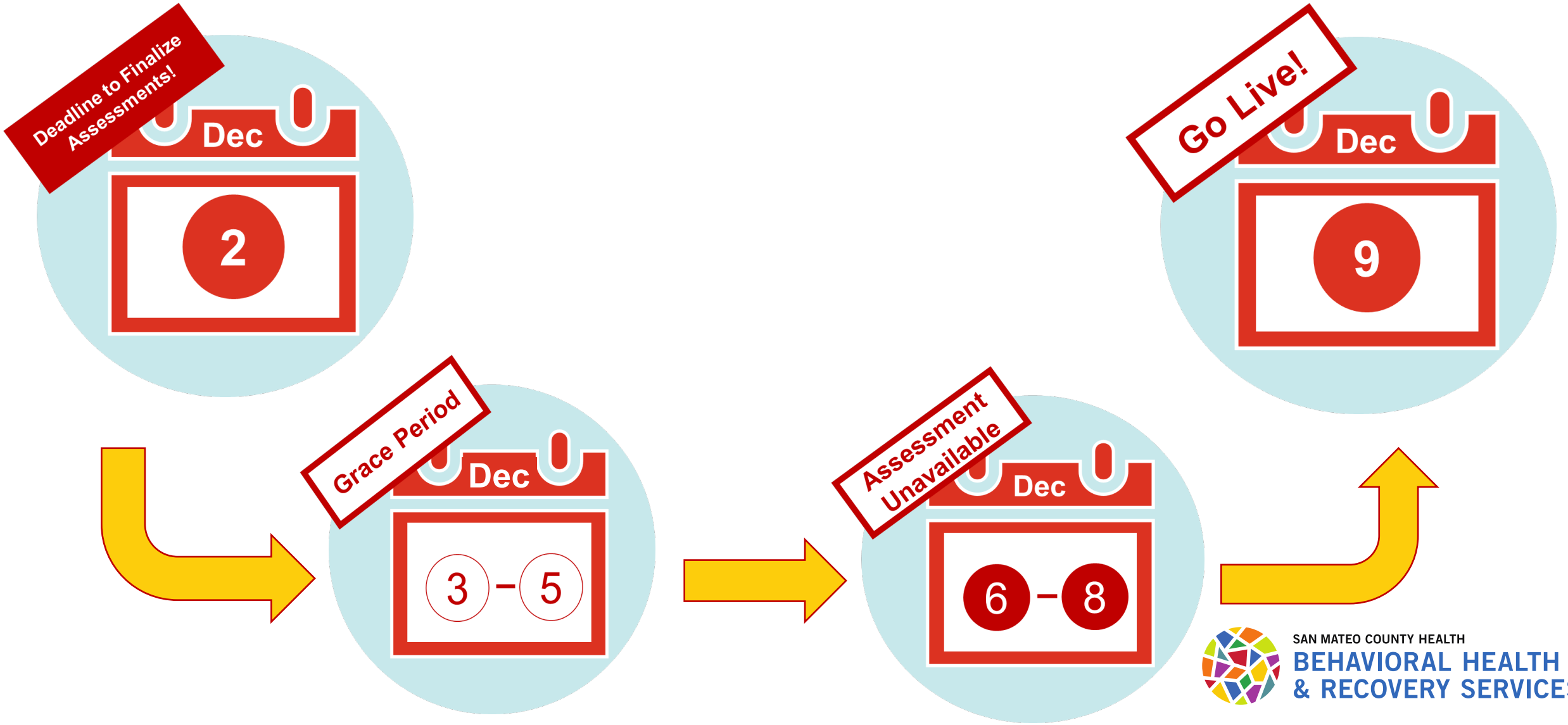
Go Live Date



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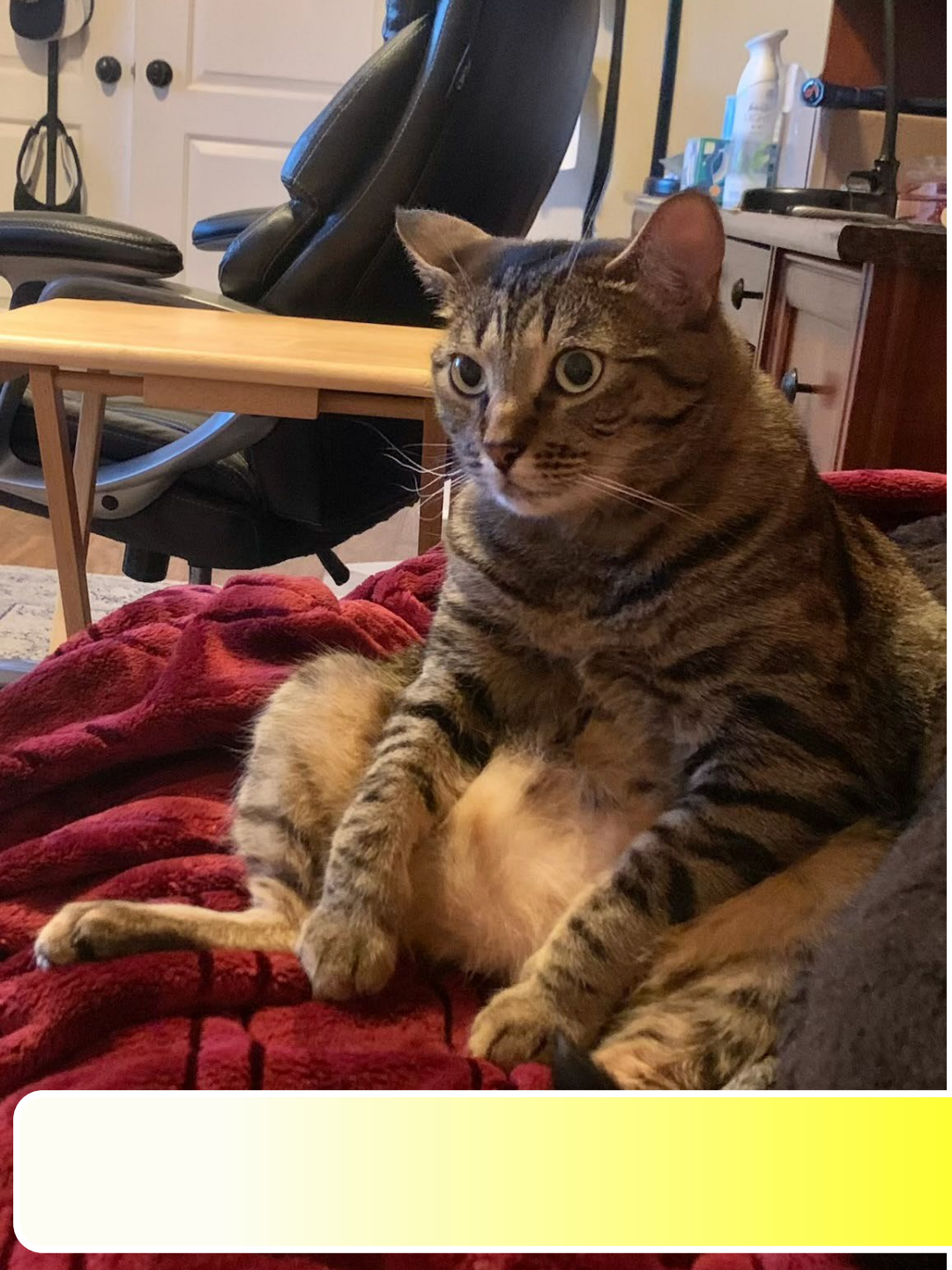

Poll

When will Assessments be unavailable in Avatar?

- ✓ December 6th – 8th.
- B. The entire month of November.
- C. Forever. You are doomed to document on paper for the rest of your career.
- D. Just like this kitty, I am thinking hard, but I cannot remember!

Resources

For QM resources, visit our website:

http://www.smchealth.org/bhrs/qm

For Questions, contact us at:

HS_BHRS_ASK_QM@smcgov.org

Documentation resources:

- BHRS Documentation Manual
- Avatar NX Updates
- Service Codes Cheat Sheet
- Location Code Index
- Scope of Practice Matrix

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CalAIM Training Schedule

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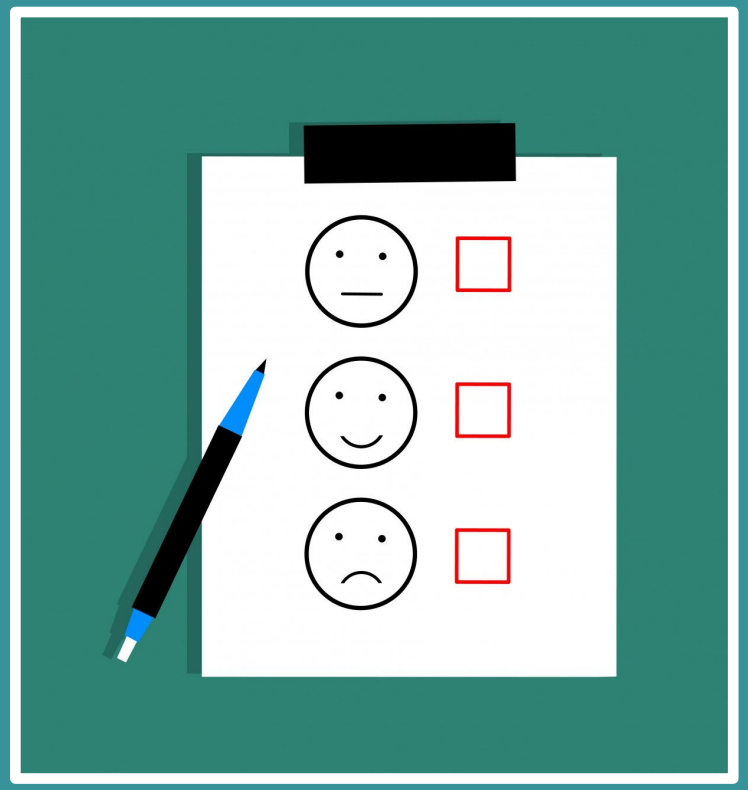
Training Evaluation



Go to this website to provide your feedback on today's training: LINK

https://www.surveymonkey.com/r/YGKGN2Z

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Questions?