ASSESSMENTS

**BHS UCRM**

BEHAVIORAL HEALTH

# COMPLETED BY:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor **\*\***
4. Physician (MD or DO)
5. Nurse Practitioner/Physician Assistant
6. Registered Nurse
7. Licensed Psychiatric Technician/Vocational Nurse**\***
8. Registered PsyD, MHRS and Master Level Student Intern**\***

# COMPLIANCE REQUIREMENTS:

1. Initial BHA shall be completed and final approved within 60 days of assignment open date. (Date of assignment is Day 1).
2. BHA Update/Reassessment – Programs will be required to update the BHA as “clinically indicated” or at a minimum of every 3 years from date of previous BHA completed by the Program. (Date = final approval date rather than date of assessment).
3. All Domain fields must be completed as per BHIN 22-019: [CalAIM Documentation Reform requirements](https://www.dhcs.ca.gov/Documents/BHIN-22-019-Documentation-Requirements-for-all-SMHS-DMC-and-DMC-ODS-Services.pdf). To align with CalAIM Initiatives requiring the use of uniform assessment domains, **Providers are only required to complete assessment questions that are identified as** **“Domain #”** **and in all CAPS**. All other sections may be completed using providers’ clinical judgment as applicable. The seven uniform assessment domains are identified below w/ specific elements that should be included in each:
   * Domain 1: Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Beneficiary-Identified Impairment(s)
   * Domain 2: Trauma
   * Domain 3: Behavioral Health History, Comorbidity
   * Domain 4: Medical History, Current Medications, Comorbidity with Behavioral Health
   * Domain 5: Social and Life Circumstances, Culture/Religion/Spirituality
   * Domain 6: Strengths, Risk Behaviors, and Safety Factors
   * Domain 7: Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/Level of Care/Access Criteria

Graphical user interface, application

Description automatically generated with medium confidence

1. Medical Necessity Criteria shall be substantiated.
2. ICD-10 Mental Health Diagnosis shall be substantiated.

# DOCUMENTATION STANDARDS:

1. BHAs shall be updated in real time to capture current clinical information.
2. Co-signatures must be completed prior to BHA final approval.
3. CYF SOC
   * Only licensed, registered, waivered clinical staff may conduct and claim for BHA (exceptions: **\***Registered PsyD/Ph.D and MHRS cannot complete).
   * **\***A Master Level Student Intern, LVN and LPT may only complete a BHA with an approved review and co-signature by a licensed/registered/waivered staff.
4. A/OA SOC
   * **\***A MHRS may only complete a BHA with an approved review and co-signature by a licensed/registered/waivered staff.
5. Include Unit/Subunit and Date in text fields to denote program specific entry.
6. The following areas must be completed with new information when making updates to the BHA: Presenting Problem, PRA, MSE, Clinical Formulation; all other required domain areas/questions must indicate if “Reviewed with Edits” or “Reviewed without Edits” along with the Unit/Subunit and Date.
7. **Domain 1 Presenting Problems/Needs:** Prior presenting problem information that auto-populates is to be reviewed, summarized and moved to the Past Psychiatric History section. It should be removed from the Presenting Problems/Needs section. The Presenting Problem should only contain newly obtained information gathered during this assessment, not past information from previous assessments.
   * Include precipitating factors that led to deterioration/behaviors.
   * Describe events in sequence leading to present visit.
   * Describe beneficiary-identified problem(s), as well as history and impact of presenting problem(s), on beneficiary.
   * Include impairment(s) identified by the beneficiary including distress, disability, or dysfunction in an important area of life.
   * Describe juvenile justice or foster care involvement and experience of trauma.
   * Include summary of beneficiary’s request for services including client’s most recent baseline.
8. **Domain 1 Past Psychiatric History:** Previous history of symptoms and/or mental health treatment. This information in this section can be reviewed and summarized in a more concise narrative and previous entries deleted, if the field has become extremely lengthy.
   * Describe in chronological order - where, when, and length of time of acute and chronic conditions.
   * Include dates and providers related to any previous community-based treatment, including providers, therapeutic modality (e.g., medications, therapy, rehabilitative interventions, etc.) and response to interventions.
   * Include prior psychiatric inpatient admissions and/or crisis-based admissions.
   * Include prior psychiatric inpatient admissions and/or crisis-based admissions.
9. **Domain 5 Family History:**
   * **Living Arrangement:** Select from the Living Arrangement Table below. Include Description in your documentation. If “Other” is selected, please provide information.

|  |  |  |
| --- | --- | --- |
| **Living Arrangement** | | |
| A-House or Apartment  B-House or Apt with Support  C-House or Apt with Daily Supervision Independent Living Facility  D-Other Supported Housing Program  E-Board & Care – Adult  F-Residential Tx/Crisis Ctr – Adult | G-Substance Abuse Residential Rehab Ctr  H-Homeless/In Shelter  I-MH Rehab Ctr (Adult Locked)  J-SNF/ICF/IMD  K-Inpatient Psych Hospital  L-State Hospital  M-Correctional Facility | N-Residential Tx Ctr-Child STRTP  O-Other  R-Foster Home-Child  S-Group Home-Child (Level 1-12)  T-Residential Tx Ctr-Child (Level 13-14)  U-Unknown  V-Comm Tx Facility (Child Locked)  W- Children’s Shelter |

* + **Those Living in the Home with Client:** List all individuals living in the home with the client.
  + **Include Relevant Family Information Impacting the Client:** Provide relevant family history and current family information – include domestic violence, substance use, neglect/abuse, family involvement and structures and level of support.

1. **Domain 6 Family Strengths:** Describe family strengths as they may relate to and support beneficiary’s mental/behavioral health needs and functional impairments.
2. **Domain 5 Social Concerns:** Complete all fields with a No, Yes or Refused/Cannot Assess. Any Yes response requires a detailed description.Include how each social concern is related or impacts their mental/behavioral health and functioning.
3. **Domain 6 Client Strengths:** Describe client strengths related to their mental/behavioral health needs and functional impairments. Describe how client strengths will support treatment goals.
4. **Domain 5 and Domain 2 Cultural Information:** Considerations could include language of client/family, primary language spoken at home, religious, spiritual beliefs, family structures, customs, moral/legal systems, life-style changes, socio-economic background, ethnicity, race – including tribal, BIPOC affiliations, LGBTQ affiliations, immigration history/experience, age, and subculture (homelessness, gang affiliations, substance use, foster care, military background), exposure to trauma, violence, abuse and neglect, experience with racism, discrimination, and social exclusion.
   * For CYF, document juvenile justice involvement or involvement in the child welfare system.
   * Describe unique cultural and linguistic needs and strengths that may impact treatment.
   * Cultural information includes an understanding of how client’s mental health is impacted.
   * Consider using the Cultural Formulation Interview in the DSM 5 for further guidance.
5. **Domain 6 History of Self-Injury/Suicide/Violence:** Complete all fields with a No, Yes or Refused/Cannot Assess. Any Yes or Refuse/Cannot Assess response requires a detailed description.Yes responses should align with risks identified and described in further detailed in the PRA.
6. **Domain 3 Substance Use Information:** 
   * **History of Substance Use:** Question must be answered either No, Yes or Refused/Cannot Assess.If Yes, specify the substances used.
   * **History of substance use and/or substance use treatment:** Document exposure/substance use including past and present use; previous community-based treatment including providers, therapeutic modality (e.g. medication-assisted treatment, rehabilitative interventions) and response to interventions; intoxication/detox/ withdrawal management-based admissions.
   * **Does client have a co-occurring disorder (COD):** Question must be answered either No, Yes or Refused/Cannot Assess.
   * **When applicable, describe how substance use impacts current level of functioning:** Describe how the client’s substance use impacts their current life functioning and behavioral health symptoms.
   * **Recommendation for further substance use treatment:** Question must be answered either No, Yes or Refused/Cannot Assess. If a Yes response document explanation.
   * **\*\***The Substance Use Table is no longer required to be completed, identified substances utilized by the client should be included in the History of Substance Use question narrative.
7. **Domain 6 Prospective Risk Analysis Tab**
   * **Assessment of Risk Factors:** All questions should be answered either Yes, No or Unable to Answer. Any “Yes” response should be addressed in the overall risk and safety planning section. For all unlicensed staff and trainees, documentation of a consultation with a Program Manager or Licensed/Reg/Waivered designee is required. Any “Yes” response for questions with an (\*) should elicit enhanced precaution, which would require review and creation of a safety plan with a licensed supervisor prior to the end of session with client.
   * **Concurrent Clinical Factors:** All questions should be answered either Yes, No or Unable to Answer. Any “Yes” response should be addressed in the overall risk and safety planning section. Any “Yes” response for questions with an (\*) should elicit enhanced precaution, which would require review and creation of a safety plan with a licensed supervisor prior to the end of session with client.
   * **Protective Factors:** Documentanystrengths in achieving goals, personal motivation/drive/interest, resilience and coping skills,strong religious, cultural, or inherent values against harming self/others, strong social support system and availability of resources and opportunities, positive planning for future, engagement in treatment, valued care giving role (people or pets) and strong attachment/responsibility to others or activities (routines/social hobbies) or family/community/professional systems.
   * **Overall Risk and Safety Planning:** Based on the above analysis, along with the completed comprehensive assessment, summarize concerns with respect to client’s risk for suicide, self-injury, and violence, and situations/triggers that may induce risky behaviors.
     + Describe what will be done to manage or mitigate these risks in the individualized safety plan.
     + In addition, be sure to address any Yes or Yes\* response in the overall safety plan and include specific details of the plan that can be self-initiated or initiated by a trusted person (e.g. family member, teacher, foster parent).
     + If applicable, enter name and credential of licensed staff with which any yes response to an asterisk question was identified and the safety plan was created/reviewed prior to end of the session with the client.
8. **Domain 4 Medical Tab**
   * **Allergies and Adverse Medication Reactions:** Answer with No, Yes or Unknown/Not Reported. If a Yes response, then give detailed explanation and share this allergy information with your medical staff.
   * **Does Client Have a Primary Care Physician:** If a No response, select if client has been advised to seek primary care.
   * **Physical Health Issues:** Answer None at this time or Yes. If a Yes response, Describe relevant current or past physical health conditions, history of medical treatments and response(s) to treatment, as relevant include: significant prenatal and perinatal events, and/or significant developmental history.
   * **Is condition followed by Primary Care Physician:** Select No, Yes or N/A.
   * **Physical health problems affecting mental health functioning:** Describe relevant current or past physical health conditions, history of medical treatments and responses,

relevant or significant developmental history.

18. **Domain 1** **Mental Status Exam:** Complete each section of the Mental Status Exam. If unable

to assess, document reason in the comments section. The use of telehealth to complete an

assessment does not support rationale for not completing the Mental Status Exam. For hallucinations and delusions questions, if a Yes response, document detailed explanation.

19. **Domain 7 Clinical Formulation:** Summary of clinical and diagnostic impressions, capture diagnostic uncertainty such as provisional or unspecified diagnosis, etiology, clinical complexity, impairments, level of care, medical necessity determination, and service recommendations for treatment episode.

20**. Domain 7 Medical Necessity:** Select No or Yes.If a No, then note the date of the NOABD that was issued to the client.

21. Once BHA is completed and all signatures have been completed, **Final Approve**. When it is not completed, and final approved, the system will prevent other servers from launching any assessments that contain shared fields. An Assessment that is not final approved is at risk for deletion by another server.

22. The assessment may be completed in one or more sessions.

23. Paper forms are only to be completed when the EHR is not accessible, and the expectation is that the information on those forms is entered into the EHR as promptly as possible.

25. **A BHA is not valid until it is thoroughly completed and final approved with all required signatures.**

**\*\***Note: Program within the CYF SOC must verify that all training requirements have been met in order for an LPCC/PCI to provide services to youth and families.

Rev. 7/27/22