

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-26
	Effective Date	07-01-2014
	Revision Date	07-01-2020
Title: Core Assessment (Mental Health)	Functional Area: Chart Review - Non-Hospital Services	
Approved By: (Signature on File) Signed version available upon request Alexandra Rechs, LMFT Program Manager, Quality Management		

BACKGROUND/CONTEXT:

The Core Assessment is the primary assessment used by Sacramento County Division of Behavioral Health Services and the Mental Health Plan (MHP) providers in the Avatar Clinician Workstation (CWS) electronic health record. Providers with their own Electronic Health Record (EHR) utilize an equivalent vetted Assessment Document which contains all of the same required elements. The Core Assessment establishes Medical Necessity and details important information and history related to the client's reasons for service, psychosocial history, problem and risk areas, and other key areas of client functioning and history.

PURPOSE:

The purpose of the Core Assessment is to document the evaluation of a client's need for planned mental health services. The Core Assessment provides a clinical analysis of the history and current status of the client's mental, emotional and behavioral disorder and is part of a comprehensive client record. All programs are mandated to complete this assessment at the start of service. The Core Assessment is completed in conjunction with the Mental Status Exam (MSE). Physical Health history information is gathered in a separate Health Questionnaire (HQ) form. Other assessment forms may be required as applicable to program requirements.

The purpose of this policy is to establish guidelines, requirements, and timelines for completion of the Core Assessment. The policy provides clinical guidelines for completion of the Core Assessment but does not substitute for technical training in use of the Avatar CWS system. This policy is applicable to providers with their own EHR Assessment Documents as well.

DEFINITIONS:

As used in this policy, the following capitalized terms shall have the following meanings:

Assessment Start Date: This is the first billed assessment that the MHP provided to the client. This assessment may be started by the Access Team for new referrals; APSS Team for unlinked referrals from inpatient psychiatric settings or Providers who do their own admissions. The first Medi-Cal billable service initiates the timeline for the Clinical Bundle.

Clinical Bundle: The required documentation to be completed by the assigned provider including Assessment Documents and Client Plan. Refer to QM Documentation Training: CWS Documentation Bundles and your contract for the specific required documentation.

Paperwork Cycle: Begins at the Assessment Start Date or first Medi-Cal billable service. The Clinical Bundle must be finalized 60 days from the Assessment Start Date or first Medi-Cal billable service and annually at minimum.

DETAILS:

It is the policy of Sacramento County MHP that a Core Assessment be completed for all clients.

1. The Core Assessment is required to be completed within sixty (60) days from the start of service (Assessment Start Date).
2. The Core Assessment is required to be completed annually, at minimum, by all Children's Providers and High Intensity Providers unless otherwise stipulated for specific programs. It must be completed, (electronically signed) and finalized. The Low/Moderate Adult Providers are required to complete an annual assessment covering all of the required assessment components and may document this in the Annual Assessment Progress Note following the signature requirement outlined in Details #3 or in the Core Assessment Form.
3. Staff qualified to complete the Core Assessment are identified in the Avatar CWS Documentation Matrix. Core Assessments are completed by licensed or licensed waived staff. If a staff that is not licensed or licensed waived is contributing to the assessment then this would be done in collaboration, direction and with oversight along with the LPHA who would be responsible for the completion and co-signing of that Core Assessment. Staff who are not licensed or licensed waived may contribute to the assessment by gathering the following information: the beneficiary's mental health and medical history, substance exposure and use, and identifying strengths, risks, and barriers to achieving goals.
4. Core Assessments are not considered complete unless they are signed; co-signed, if required, and finalized.
5. All Sacramento County MHP records that have been open for more than sixty (60) days from the Assessment Start Date must contain a completed Core Assessment otherwise risk fiscal disallowance.
6. All clients discharged from the system, then reopened regardless of the time lapse, will be considered "new" and a new Core Assessment must be completed within sixty (60) days from the Assessment Start Date.
7. Clients transferred within the Sacramento County MHP require a new Core Assessment within one month (30 days) of the date of transfer. Transferring providers should coordinate with the new provider to provide successful linkage and transfer of assessment information.
8. A Core Assessment Report format must be used when a printed "hardcopy" form or PDF "softcopy" of the document is needed. "Screen shots" of CWS data entry screens are not acceptable and may include restricted client information that cannot be legally shared or viewed.
9. Core Assessment items titled in red are required by the Avatar CWS system for completion and submission of the form. All applicable items must be completed as part of a complete assessment.
10. A diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) with a corresponding Department of Health Care Services (DHCS) approved ICD-10 code must be documented in the diagnosis section. This diagnosis must be consistent with the

presenting problems and mental status exam. This must be updated annually at a minimum and is typically updated in conjunction with the Annual Core Assessment.

PROCEDURE:

The Core Assessment shall include the following information:

1. Identifying Information

Complete all applicable items: Assessment Date. Client's Age Range-Select the age range that accurately reflects the client's age. If selecting, ages 16-24 (Adult) or ages 16-24 (Child), then all other matching collateral assessments (Adult or Child) must be consistently utilized. As an example, if selecting ages 16-24 (Adult), then you would complete the Adult Mental Status Exam (MSE) and the Adult Health Questionnaire (HQ). Type of Assessment -(MH- Mental Health or Alcohol/Drug Services - ADS). Source(s) of Information, Referral Source, Referral Contact Information, Name Client Prefers to Use, Language Services Offered, Language Assessment was Conducted In, Name of Interpreter, How Interpretation was Conducted, Client Literacy, Agency Involvement

Complete Age Specific Information as Applicable: Youth Specific/0-5 Specific

2. Presenting Reasons/History of Present Illness

Description of Current Presenting Reasons: Include the reason for referral and list symptoms and behaviors as well as impairments (observed, client reported, and family reported if applicable). Include frequency, intensity, duration, and relevant cultural explanations. Describe current level of functioning. Include information regarding the impact of substance use and/or trauma on presenting reasons for service. Discuss how symptom(s) impact the client's level of functioning and relevant family history.

Behavioral Health History: Discuss client's behavioral health history related to the presenting reasons for service. Include onset, severity, and other changes in client functioning.

Other Factors Client and/or Caregiver Believes Contribute to Presenting Reasons: Check all that apply and indicate who identified these other factors in the "Other" field.

Trauma Information: Select one or more items and describe if "Other" is selected. Include Trauma-Related history or exposure details and including all response to trauma symptoms, particularly if trauma is impacting current functioning in the text box. For "Does Trauma Impact Functioning or Presenting Problems?" Respond Yes/No/Unknown.

3. Mental Health/Psychiatric History

Prior Psychiatric Hospitalizations: Check all that apply.

History of Psychiatric Hospitalization/Partial Hospitalization/Residential Treatment: List Client reported and, if applicable, family reported psychiatric hospitalizations. Include provider/facility, Legal Status (Involuntary hold/Voluntary), and dates.

Outpatient Treatment History: List Client reported and, if applicable, family reported outpatient services. For each episode, include provider, dates, duration, diagnosis, and use of Interventions/Evidence Based Practices while in treatment and any benefits to the client's functioning.

Family Mental Health History: List Client reported and, if applicable, family reported symptoms and impairments. Include duration, relevant cultural explanations and how the symptoms impact the client and family functioning.

Hormone Treatment Under Medical Supervision: Select Yes/No/Unknown and describe details, if applicable.

Use of Traditional or Alternative Healing Practices: Select Yes/No/Unknown and describe details, if applicable. Describe types of traditional healing and alternative healing practices and any benefits to the client's functioning.

4. **Co-Occurring Issues**

Substance Use Issues Impacting Client: Select all that apply. Add comments in "Other" if applicable.

Select Yes/No/Unknown for "Does the Client Have a History of Substance Use/Abuse?" and "Does the Client Have Current Substance Use/Abuse Issues?"

Note: If Substance Use/Abuse use or history is identified as "Yes", the Co-Occurring Disorders Assessment (CODA) should be completed for further assessment

Add any Comments as applicable.

5. **Medical Conditions Summary**

Medical condition and physical health history should be documented in the Health Questionnaire (HQ) form. Please see the Health Questionnaire Policy and Procedure for more instruction.

6. **Risk Assessment**

Select Yes/No/Unknown to all Risk Assessment items. Add comments for any items with "Yes" responses. Add comments for "No" responses if appropriate.

Risk of Harm to Self/Suicidal Thoughts/Behavior (Current and Past): Select Yes/No/Unknown. For "Yes" response, provide comments indicating any Client or Family reported suicidal ideation, threats, and attempts. Include frequency, dates, hospitalization information.

Risk of Harm to Others/Homicidal Thoughts (Current and Past): Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported homicidal ideation, threats, and attempts. Include frequency, dates, hospitalization information.

Risk of Firesetting Thoughts/ Behavior (Current and Past): Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported fire setting ideation, threats and attempts. Include plan, frequency, dates resulted in removal from home or placement.

Risk of Harm to Animals (Current or Past): Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported harm to animals ideation, threats and attempts.

Domestic Violence Issues (Current or Past): Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported DV. Include frequency, dates and if there are any current safety issues within the home.

Access to Firearms / Weapons: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating details regarding access and information regarding the type of weapon.

Engaged in Violent Acts (physical, sexual, vandalism): Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported engagement in violent acts.

Substance Use: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported substance use.

Victim of Violence: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported experience of being a victim of violence.

Risk for Relapse: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported risk for relapse. Include details regarding the risk for relapse. As an example this could be risk for Drug and Alcohol relapse or mental health relapse.

Relationship Violence: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported relationship violence.

Risk of Academic/ Job Trouble: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported risk of academic/ job trouble.

Risk for Psychiatric Hospitalization or Crisis: Select Yes/No/Unknown. For "Yes" response, provide Comments indicating any Client or Family reported concerns for risk of psychiatric hospitalization or crisis.

Dependent Focused Section (Youth/Elderly): Select Yes/No/Unknown to all applicable items. Add Comments for any "Yes" responses. Check all applicable items for "At Risk for Elder or Dependent Adult Abuse."

Summary: Risk and Violence Comments: Indicate safety planning information and plans to address risk factors that have been identified. Indicate what type of planning document can be found in the chart. As an example, safety plan, behavior plan, crisis plan, or relapse prevention plan.

7. Psychosocial History

Significant Developmental Issues/Childhood Events/Family History: List Client reported and, if applicable, family reported issues, events and history.

Immigration/Acculturation/Family of Origin History: Identify client birthplace and immigration/acculturation issues (e.g.,-Client's cultural reference group, level of acculturation, family acculturation, generational differences, etc.).

Cultural/Spiritual Background: Indicate Client and family reported Cultural and Spiritual background information. Indicate any cultural accommodations that have been offered and/ or language access needs that will be provided.

Comments on Sexual Orientation and Gender Identity: Indicate Comments. This is a restricted area that will not be viewable in the Core Assessment report.

Military History: Indicate Comments as applicable.

Social Activities/Relationships/Interests: Indicate Comments and include Gang activity, if applicable.

Education and Employment History: Indicate Comments.

Sexual History STD/HIV-AIDS Risk: Indicate Comments. This is a restricted area that will not be viewable in the Core Assessment report.

Past/Present Criminal Justice History: Include Comments on legal issues, arrests, probation, child custody, DUI if applicable.

Pertinent Intergenerational Issues: Include Comments as applicable. If client is a caregiver to grandchildren, please describe any language barriers and/ or acculturation issues between client and grandchildren. Please also include information regarding the cycle of violence, poverty, substance abuse, divorce, cultural issues, and mental health issues.

Gender/Sexual Orientation: Select the appropriate responses to "Gender Assignment at Birth" and "How Does Client Identify Their Gender?" and "How Does Client Identify Their Sexual Orientation." If applicable, select the appropriate response to "If Transgender, Please Select Direction."

Note: Items identified as "RESTRICTED" will not be viewable in the Core Assessment Report.

Stage of Change Data: Select "Stage of Change" as applicable to both Mental Health and Substance Use recovery. Provide Comments in "Stage of Change Details" and "What Does Client/Child and Support System see as a successful outcome?"

Youth Specific Information: Complete items for Child and Adolescent Clients. Select High/Medium/Low for "Probability the child will not progress developmentally as individually appropriate." Select Yes/No/Unknown for "Is Child Meeting Developmental Milestones?" Select Yes/No for "IEP Eligible?" Add Comments as applicable for "IEP Summary and Recommendations (IEP Report)". (This may also be known as "Educationally Related Mental Health Services.")

8. Supports/Strengths

Sources of Support: Select all applicable "Sources of Support" and add Comments if "Other" is selected. Add Comments in "Sources of Support Details."

Strengths: Provide Comments for "Highest Level of Functioning." Include information provided by Client on what has contributed to their ability to maintain at that level. Provide Comments for "Client's Strengths/Assets/Positive Coping Skills."

9. Clinical Formulation/Finalize

Identify "Contributing Staff", if applicable. These are staff, other than the staff responsible for completing the assessment, who may have contributed additional information to the assessment and/or clinical formulation.

Collateral Assessments: Select from completed Adult or Child MSE and Adult or Child HQ to link to Core Assessment.

Note: An MSE must be selected and linked to "Finalize" the Core Assessment.

Specify Assessment Tools that belong to this Assessment: Select Assessment Tools associated with this Core Assessment. Choose from Co-Occurring Disorders Assessment (CODA); Level of Care Utilization System (LOCUS); Child and Adolescent Needs and Strengths Assessment (CANS); Adult Needs and Strengths Assessment (ANSA).

Reasons for Services: "Please enter the Issues that have been established during the Core and Collateral Assessments." Up to five Reasons for Services can be entered and will be available to populate in the Client Plan for this Client.

Select all applicable areas for "Treatment is being provided to address or prevent significant deterioration in an important area of life functioning."

Clinical Formulation: Provide a clinical formulation of the information obtained from the clinical assessment. The formulation is a hypothesis and provides a framework in developing the most suitable treatment plan and approach for diagnostic considerations for the client. The formulation is a narrative that describes the overall condition of the client and your plan for wellness.

Draft and Finalize: Select supervisor in "Send to" field if supervisor approval is required. Include comments for supervisor in "Send to Outgoing Comments" field if applicable. Select "Workflow Control" as Draft, Final, or Pending Approval.

Note: "Submit" must be clicked after selecting Workflow Control to save in draft, submit to supervisor for approval, or finalize Core Assessment.

REFERENCE(S)/ATTACHMENTS:

- Avatar CWS Documentation Matrix
- Staff Billing Privileges Matrix
- Mental Health Plan Contract
- California Code of Federal Regulations, Title 9, Chapter 11, Section § 1810.204. Assessment
- MHSUDS IN# 17-040

RELATED POLICIES:

- QM 10-27 Client Plan
- QM 01-07 Determination for Medical Necessity and Target Population
- QM 10-02 Health Questionnaire
- QM 10-29 Mental Status Exam

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff		DHHS Human Resources
X	Mental Health Treatment Center		
X	Adult Contract Providers		
X	Children's Contract Providers		
X	Substance Use Prevention and Treatment		
X	Specific grant/specialty resource		

CONTACT INFORMATION:

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