



Last Name: [] CMBHS Client Number: [] Suffix: [] [] [] Local Case Number: [] First Name: [] Component: [] [] [] Middle Name: [] Location: [] [] [] [] [] [] Medicaid ID: - - - - - Local Assessment Number: []

Assessment Type: Crisis Initial Update Discharge Initial Non-Admission
If Discharge: Discharge Date : _ _ - _ - _ Reason For Discharge: _____ Referred To _____

Action Type: Add: ___ Update/Modify: ___ Delete: ___
Section 1: Adult Needs and Strengths Assessment (ANSA)
(Initial completed by LPHA or Provider QMHP; Update/Discharge completed by Provider QMHP)
A. ANSA Assessment Date: [] [] - [] [] - [] [] [] [] []
B. ANSA 18 or older (Complete and attach appropriate form)
C. Calculated Level Of Care-Recommendation (LOC-R): _____
D. Provider Recommended Deviation (LOC-D): _____
E. TCOOMI Consumer
F. Performed By: _____ Credentials: _____

Section 2: Authorized Level of Care (LOC-A)
(Completed by LMHA Utilization Management Staff)
A. Authorized Level of Care (LOC-A) (Circle the actual LOC - A)
0= Crisis Services
1M= Medication Management
1S= Skills Training
2= Counseling
3= Intensive Services
4= Assertive Community Treatment
5= Transitional Services
6= Consumer Refuses Services
8= Waiting for All Authorized Services
9= Priority Population or not eligible for Services
B. Reasons for Deviation from LOC-R
(If LOC-A is different from LOC - R, check appropriate reasons below*)
1. Resource Limitations
2. Consumer Refused
3. Clinical Need
4. Continuity of Care
5. Other
Comments: _____
*See help file for instances when a note for reason for deviation is required
A. Authorization Date: [] [] - [] [] - [] [] [] [] []
B. Authorization End Date: [] [] - [] [] - [] [] [] [] []
C. Subject to Medicaid Fair Hearing
D. Authorized By: _____ Credentials: _____
E. Notes: _____

Section 3: Diagnosis-Specific Clinical Symptom Rating Scales
(Completed by Provider RN, LVN or QMHP staff)
Choose one algorithm and complete all items for that algorithm
A. Schizophrenia Algorithm (PSRS & BNSA)
Total Positive Symptom Rating Scale (PSRS) (4-28) _____
Total Brief Negative Symptom Assessment (BNSA) (4-24) _____
B. Bipolar Algorithm (PSRS & BNSA)
Total Brief Bipolar Disorder Symptom Scale (BDSS) (10-70) _____
C. Major Depression Algorithm (QIDS-SR or QIDS-C)
Total Quick Inventory of Depressive Symptomatology (0-27) _____
QIDS Version
1 = QIDS-SR (Self Report)
2 = QIDS-C (Clinician)
D. Assessment Date: [] [] - [] [] - [] [] [] [] []
Assessed by: _____ Credentials: _____
Notes: _____

Section 4: Community Data (Completed by Provider QMHP staff)
A. Residence Type (Current) (Circle one)
1 = Independent/Dependent in Family Home/Supported Housing
2 = Group Home/Assisted Living/Treatment-Training-Rehab Center
3 = Nursing Home/Intermediate Care Facility (ICF)/Hospital
4 = Homeless
5 = Jail or Correctional Facility
6 = Foster Care
7 = Other _____
B. Paid Employment Type (Current) (Circle one)
1 = Independent/Competitive/Supported/Self-employment
2 = Transitional/Sheltered Employment
3 = Unemployed but wants or needs to work
4 = Not in the labor force (Complete Section C below.)
C. Main Reason for Being Out of the Labor Force
(Circle one only if Section B is 4 = Not in the labor force)
1 = Currently receives SSI/SSDI and can't work
2 = Worries that working will affect SSI/SSDI or other benefits
3 = Doesn't want or need to work
4 = Unable to find or keep a job
5 = Stay-at-home parent, homemaker, or full-time student
6 = Over 65 or retired
7 = Other _____
D. Number of Arrests in Last 30 _____ (0-96)
E. Is there a child under 18 in the household? Y or N
F. Current or Highest Grade Level: _____
G. LTSS Terms of Use Signed? Y or N or Unknown
H. LTSS Terms of Use Acknowledged By? LAR or Self or Non-LAR
I. Assessment Date: [] [] - [] [] - [] [] [] [] []
Assessed by: _____ Credentials: _____

Form marked as Completed by: _____

ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA)

TEXAS COMPREHENSIVE – 18 YRS +

First Name		Middle Name		Last Name		Date	
Date of Birth		Component Code		Case ID		Provider ID	

RISK BEHAVIORS

0 = no evidence 2 = recent, act	1 = history, watch/prevent 3 = acute, act immediately				
		0	1	2	3
Suicide Risk ¹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others ²		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploitation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression ³		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Criminal Behavior ⁴		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEHAVIORAL HEALTH NEEDS

0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/ dangerous problems					
		0	1	2	3
Psychosis/Thought Disturbance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognition		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mania		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse Control		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Problems		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antisocial Behavior		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ⁵		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁶		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbances		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING

0 = no evidence of problems 2 = moderate	1 = history, mild 3 = severe					
		N/A	0	1	2	3
Physical/Medical ⁷		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment ⁸		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual/Development ⁹		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision-making		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Recovery		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY/CAREGIVER STRENGTHS & NEEDS

<input type="radio"/> Not applicable					
0 = no evidence 2 = moderate needs	1 = minimal needs 3 = severe needs				
		0	1	2	3
Physical/Behavioral Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Financial Resources		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STRENGTHS

0 = centerpiece 2 = identified	1 = useful 3 = not yet identified					
		NA	0	1	2	3
Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Connectedness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteering		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job History		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CULTURE

0 = no evidence 2 = moderate needs	1 = minimal needs 3 = severe needs				
		0	1	2	3
Language		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHIATRIC HOSPITALIZATION(S)

		0	1	2	3+
Number of hospitalizations in the past 180 days		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of hospitalizations less than or = to 30 days within past 2 years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of hospitalizations greater than 30 days within the past 2 years		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHIATRIC CRISIS HISTORY

		0	1	2	3+
Number of psychiatric crisis episodes in the past 90 days		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: Shaded ratings on page 1 trigger required corresponding Extension Modules on page 2.

¹ go to Suicide Risk Module	⁶ go to Substance Use Module			
go to Dangerousness Module	⁷ go to Physical/Medical Module			
³ go to Sexually Aggressive behavior Module	⁸ go to Vocational/Career Module			
⁴ go to Criminal Behavior Module	⁹ go to Developmental Needs Module			
⁵ go to Trauma Module				
1. SUICIDE RISK				
	0	1	2	3
Ideation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Family/Friend Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. DANGEROUSNESS				
	0	1	2	3
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitments to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. SEXUALLY AGGRESSIVE BEHAVIOR				
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. CRIMINAL BEHAVIOR				
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediate Family Criminal Behavior Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. TRAUMA (<i>Characteristics of the trauma experience</i>)					
	0	1	2	3	
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness/Victim - Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
War Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. SUBSTANCE USE					
	0	1	2	3	
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Phase of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recovery in Support Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7. PHYSICAL/MEDICAL					
	0	1	2	3	
Primary Care Physician Connected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Chronic Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical/ER hospital visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. VOCATIONAL/CAREER					
	NA	0	1	2	3
Career Aspirations		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Time		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. DEVELOPMENTAL NEEDS					
	0	1	2	3	
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	