



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

Referral Source: _____

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 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		
Physical/Medical ⁷	<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"/>
Employment ⁸	<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"/>
Recreational	<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"/>
Sexuality	<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"/>
Residential Stability	<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"/>
Sleep	<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"/>
Decision-making	<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"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FAMILY/CAREGIVER STRENGTHS & NEEDS				
○ Not applicable		0 1 2 3		
0 = no evidence 2 = moderate needs		1 = minimal needs 3 = severe needs		
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"/>
Social Connectedness	<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"/>
Talents/Interests	<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"/>
Volunteering	<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"/>
Spiritual/Religious	<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"/>
Natural Supports	<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"/>
Resourcefulness	<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		
N/A	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	○ ○ ○ ○
Intent	○ ○ ○ ○
Planning	○ ○ ○ ○
Suicide History	○ ○ ○ ○
History of Family/Friend Suicide	○ ○ ○ ○
2. DANGEROUSNESS	
	0 1 2 3
Frustration Management	○ ○ ○ ○
Hostility	○ ○ ○ ○
Paranoid Thinking	○ ○ ○ ○
Secondary Gains from Anger	○ ○ ○ ○
Violent Thinking	○ ○ ○ ○
Awareness of Violence	○ ○ ○ ○
Potential	○ ○ ○ ○
Response to Consequences	○ ○ ○ ○
Commitments to Self-Control	○ ○ ○ ○
Treatment Involvement	○ ○ ○ ○
3. SEXUALLY AGGRESSIVE BEHAVIOR	
	0 1 2 3
Relationship	○ ○ ○ ○
Physical Force/Threat	○ ○ ○ ○
Planning	○ ○ ○ ○
Age Differential	○ ○ ○ ○
Type of Sex Act	○ ○ ○ ○
Response to Accusation	○ ○ ○ ○
4. CRIMINAL BEHAVIOR	
	0 1 2 3
Seriousness	○ ○ ○ ○
History	○ ○ ○ ○
Arrests	○ ○ ○ ○
Planning	○ ○ ○ ○
Community Safety	○ ○ ○ ○
Legal Compliance	○ ○ ○ ○
Peer Influences	○ ○ ○ ○
Immediate Family Criminal Behavior Influences	○ ○ ○ ○
Environmental Influences	○ ○ ○ ○

5. TRAUMA (Characteristics of the trauma experience)

	0	1	2	3
Sexual Abuse	○ ○ ○ ○			
Physical Abuse	○ ○ ○ ○			
Emotional Abuse	○ ○ ○ ○			
Medical Trauma	○ ○ ○ ○			
Natural Disaster	○ ○ ○ ○			
Witness to Family Violence	○ ○ ○ ○			
Witness to Community Violence	○ ○ ○ ○			
Witness/Victim - Criminal Activity	○ ○ ○ ○			
War Affected	○ ○ ○ ○			
Terrorism Affected	○ ○ ○ ○			
Affect Regulation	○ ○ ○ ○			
Intrusions	○ ○ ○ ○			
Attachment	○ ○ ○ ○			
Dissociation	○ ○ ○ ○			

6. SUBSTANCE USE

	0	1	2	3
Severity of Use	○ ○ ○ ○			
Duration of Use	○ ○ ○ ○			
Phase of Recovery	○ ○ ○ ○			
Peer Influences	○ ○ ○ ○			
Environmental Influences	○ ○ ○ ○			
Recovery in Support Community	○ ○ ○ ○			

7. PHYSICAL/MEDICAL

	0	1	2	3
Primary Care Physician Connected	○ ○ ○ ○			
Chronic Health Issues	○ ○ ○ ○			
Medical/ER hospital visits	○ ○ ○ ○			
Medical Prescriptions	○ ○ ○ ○			

8. VOCATIONAL/CAREER

	NA	0	1	2	3
Career Aspirations		○ ○ ○ ○			
Job Time		○ ○ ○ ○			
Job Attendance	○	○ ○ ○ ○			
Job Performance	○	○ ○ ○ ○			
Job Relations	○	○ ○ ○ ○			
Job Skills	○	○ ○ ○ ○			

9. DEVELOPMENTAL NEEDS

	0	1	2	3
Cognitive	○ ○ ○ ○			
Communication	○ ○ ○ ○			
Developmental	○ ○ ○ ○			