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| **Mental Health Intake/Assessment Checklist** | | | | |
| Person Served Name: Click or tap here to enter text. ID#: Click or tap here to enter text. | | | | |
| **Form Name** | **Age** | **Process/Notes** | **Done** | **N/A** |
| Client Programs (Client) | All | Complete enrollment in intake program(s) |  |  |
| Consent(s) | All | Verify consent for treatment, consent for telehealth, consent for e mail communication, consent for text communication, complete minor checklist protocol \*if applicable\*  Ensure Notice of Privacy Practices and consumer rights information have been offered |  |  |
| Caregiver's Affidavit \*if applicable\*/ Attestation of Consent | **0-17** | Ensure documents have been completed, if not then complete and scan/upload into chart |  |  |
| Release(s) of Info. | All | Verify any electronic forms were completed or paper copies were scanned into chart. |  |  |
| Introduction | All | Introduce name, license, supervisor if Associate, confidentiality, mandated reporting, disclosures. For telehealth: confirm address of current location, risks & benefits, emergency procedures, telehealth-specific confidentiality. |  |  |
| PSC-35 | **3-18** | Review or complete in SmartCare before submitting CalAIM Assessment. |  |  |
| CalAIM Assessment | All | Complete **CalAIM Assessment (Client)** in SmartCare, (includes reviewing and incorporating assessment contributions completed by other staff (e.g. CMHS staff).   * For **Mental Status Exam**: Either insert and complete a Mental Status Exam template in Domain #1, OR complete separate Mental Status Exam document. * For ages 0-5, use 0-5 specific template |  |  |
| Problem List | All | Complete in SmartCare, \*if not already populated from CALAIM Assessment\* |  |  |
| Diagnosis Document | All | Complete "**Diagnosis Document (Client**)" form in SmartCare and **SIGN** |  |  |
| Service Note | All | "Service Note" = Progress Note. Use to bill for assessment, ensure care plan section has been completed |  |  |
| Treatment Plan | All | Complete in a service note \*If applicable\*  **FYI:** Treatment plan needed for ICC/IHBS; TBS; TCM and Peer Support Services. |  |  |
| ICC/IHBS Evaluation Tool | **0-21** | Complete paper or electronic copy and scan to chart. \*If youth qualifies for ICC/IHBS\*, ensure that you offer the services to the family and document decision. (If they agree to receive ICC/IHBS create a Treatment Plan). |  |  |
| ASQ & ASQ-SE | **0-5** | Obtain most recent copy from referring party/school to review. If not available, determine if one is needed. If so, complete hard copy and upload to chart. |  |  |
| CANS | **6-20** | Complete in SmartCare before submitting CalAIM Assessment. |  |  |
| Safety Plan\* | All | Complete and upload to SmartCare or use safety plan form already in SmartCare. Consult with supervisor as needed. \*Only if indicated\* |  |  |
| Application for a 5150/5585 hold | All | Complete \*only indicated\* |  |  |
| APS/CPS Report\* | All | Complete per reporting requirements. Copies may be scanned/uploaded to the EHR based on program’s protocols. |  |  |
| Results | All | Discuss results of the assessment to the person served/family member(s). |  |  |
| NOABD | All | \*If applicable\*, Complete form in SmartCare, or paper copy for non-English versions, if client does not meet medical necessity and mail to person served/legal guardian. Upload copy to chart if applicable. |  |  |
| Referred To: | All | Use message options, or e-mail separate forms, depending on the referral indicated: Meds / SUD / Outpatient / Managed Care Plan / Full-Service Partnership (FSP) / Private Provider/Other: |  |  |
| MH Non-Psychiatric SMHS Timeliness Tool (Timely Access Data Tool (TADT)) | All | Formerly known as the "CSI Standalone Assessment". Complete in SmartCare with all relevant information, \*if needed\*. |  |  |
| Transition of Care Tool | All | Complete form in SmartCare if transitioning to Managed Care Plan (MCP) and send to designated person. |  |  |
| Client Programs (Client) | All | Complete discharge from program if discharging and/or transitioning from intake programs \*If applicable\* |  |  |

**NOTE: If any document is not in SmartCare, complete a paper or electronic copy and upload copy to chart.**