

**MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN  
H0031\*AJ**

<b>Provider:</b>		<b>Member ID:</b>	
<b>Review Date:</b>		<b>Reviewer Name:</b>	

1.	Does the purpose of the evaluation or reassessment meet medical necessity criteria? <b>(NOTE: If Question #1 is scored 1.5, then the purpose did not meet medical necessity, but the documentation demonstrated medical necessity. If Question #1 scores 0, then all remaining questions will be scored 0.)</b>	3	1.5	0	
2.	Does the documentation reflect that the member was present for the evaluation? <b>(NOTE: If Question #2 is scored 0, then all remaining questions will be scored 0.)</b>	1	0		
3.	Does the report demonstrate a rationale for the diagnosis? <b>(NOTE: If question #3 scores 0, then all remaining questions score 0.)</b>	3	1.5	0	
4.	Does the report contain the following: <ul style="list-style-type: none"> <li>• Date of the service</li> <li>• Location of the service</li> <li>• Clinician’s signature with appropriate credentials</li> <li>• Signature, appropriate credential &amp; date of licensed clinical professional when required</li> <li>• Service code and/or descriptor?</li> </ul> <b>(Note: if there is no signature by approved clinician(s), all questions on this tool score 0.)</b>	3	1.5	0	
5.	Does the report include demographic data on the member including: <ul style="list-style-type: none"> <li>• Name</li> <li>• Age/date of birth</li> <li>• Sex</li> <li>• Education level</li> <li>• Marital Status</li> <li>• Occupation</li> </ul>	3	1.5	0	
6.	Does the report include documentation of the presenting problem that includes: <ul style="list-style-type: none"> <li>• A description of the frequency, duration, and intensity of all symptoms?</li> <li>• (If a Re-Assessment: changes in situation and behavior are</li> </ul>	3	2	1	0

	documented)				
7.	Does the report detail how the symptoms impact the member's current level of functioning? This may include: <ul style="list-style-type: none"> <li>• How symptoms impact activities of daily living</li> <li>• How symptoms impact social skills including establishing and maintaining relationships</li> <li>• Role functioning</li> <li>• Concentration</li> <li>• Persistence and pace</li> <li>• For children, current behavioral and academic functioning</li> <li>• If a Re-Assessment – Changes [or lack of changes] in functioning since prior evaluation are documented.</li> </ul>	3	1.5	0	
8.	Does the report include a history of both current and prior behavioral health treatment that includes the efficacy and compliance with those treatments? <ul style="list-style-type: none"> <li>• If Re-Assessment a summary of treatment since prior evaluation including a description of treatment provided over the interval and the responsiveness of the member is documented.</li> </ul>	3	1.5	0	
9.	Does the report include a discussion of high risk or self-injurious behaviors, including suicidal or homicidal ideation or attempts?	3	1.5	0	
10.	Does the report include a Screening, Brief Intervention, and Referral to Treatment (SBIRT) for members aged 10 or above? [If initial Assessment].	3	1.5	0	
11.	Does the report include a medical history including: <ul style="list-style-type: none"> <li>• Any pertinent medical conditions/problems and treatments in the member's history (current or remote)</li> <li>• Psychotropic or pertinent medications prescribed (current or remote) including efficacy and compliance?</li> </ul>	3	2	1	0
12.	Does the report include a relevant social history?	3	1.5	0	
13.	Does the report include an analysis of available social support systems (including familial if available)?	3	0		
14.	Does the report include a mental status examination? <ul style="list-style-type: none"> <li>• Appearance</li> <li>• Behavior</li> <li>• Attitude</li> <li>• Level of Consciousness</li> <li>• Orientation</li> <li>• Speech</li> <li>• Mood &amp; Affect</li> <li>• Thought Process/Form &amp; Thought Content</li> <li>• Suicidality &amp; Homicidality</li> </ul>	3	2	1	0

	• Insight & Judgment				
15.	Does the report include a diagnostic impression as per DSM or ICD methodology?	3	2	1	0
16.	Does the report contain appropriate recommendations consistent with the findings of the evaluation? Or, if a Re-Assessment, amendments in treatment/intervention and/or recommendations for continued treatment or discharge are documented?	3	1.5	0	

- **Medical necessity criteria suggestions (for full medical necessity criteria, please reference WV Medicaid Manual):**
  - **Suspected behavioral health condition that requires treatment - initial assessment,**
  - **Proposed increase in level of care (Not bundled CSU) - reassessment,**
  - **Critical treatment juncture or unusual or significant change in symptoms and**
    - **status that would indicate an increase in level of care - reassessment,**
  - **Readmission after 90 days of no contact - reassessment.**

Total Score \_\_\_\_\_ [Possible 46]