

## SECTION I

**MCO** (check one) ☐ **Anthem** ☐ **Beacon/Humana** ☐ **Virginia Premier**

|                                 |                                              |                                                 |
|---------------------------------|----------------------------------------------|-------------------------------------------------|
| Individual's Name:              | ID#:                                         | Current MHSS Assessment Date:                   |
| Initial Admission Date to MHSS: | Initial Assessment: <input type="checkbox"/> | Subsequent Assessment: <input type="checkbox"/> |

Length of time individual has received MHSS to Date:

Current service authorization request is for MHSS from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ for a total of \_\_\_\_\_ units of service.

| <b>Diagnostic Information</b> | <b>List of Known Medical Conditions</b> |
|-------------------------------|-----------------------------------------|
| Axis I:                       |                                         |
| Axis II:                      |                                         |
| Axis III:                     |                                         |
| Axis IV:                      |                                         |
| Axis V:                       |                                         |

| <b>List of Medications Prescribed</b> |        |           |                    |                                                          |
|---------------------------------------|--------|-----------|--------------------|----------------------------------------------------------|
| Name of Medication                    | Dosage | Frequency | Name of Prescriber | Past Medication Compliance Issues                        |
|                                       |        |           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                       |        |           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                       |        |           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                       |        |           |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## SECTION II

Does the individual have an Integrated Care Plan that was designed by the MCO Care Team?

☐ Yes (Proceed to Section IV) ☐ No (Complete Sections III and IV).

## SECTION III

| <b>List of Specific Skill-Building Deficits/Needs</b>                                                                        |                  |
|------------------------------------------------------------------------------------------------------------------------------|------------------|
| Description                                                                                                                  | Identified Needs |
| <b>PERSONAL CARE</b>                                                                                                         |                  |
| Maintains acceptable personal hygiene to minimize health related problems (bathing, feminine hygiene, grooming, dental care) |                  |
| Maintains acceptable personal appearance; does not restrict where he/she can live, work, socialize.                          |                  |
| Wears appropriate clothing (size, style, weather).                                                                           |                  |
| Other:                                                                                                                       |                  |
| <b>DAILY LIVING</b>                                                                                                          |                  |
| Plans balanced meals; plans within diet restrictions; plans within budget; etc.                                              |                  |
| Safely prepares/cooks food and stores food/leftovers correctly.                                                              |                  |
| Launders and maintains clothing/linens routinely.                                                                            |                  |
| Cleans house routinely.                                                                                                      |                  |
| Follows daily schedule of activities                                                                                         |                  |
| Orders/eats foods appropriately in a restaurant/community setting.                                                           |                  |
| Other:                                                                                                                       |                  |
| <b>FAMILY SUPPORT</b>                                                                                                        |                  |
| Maintains positive contact with family members and manages family issues.                                                    |                  |

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| Has supportive relationship with family that encourages independence.                                             |  |
| Communicates needs/wishes to family.                                                                              |  |
| Other:                                                                                                            |  |
| <b>SOCIALIZATION/RECREATION</b>                                                                                   |  |
| Has a daily routine that incorporates social and leisure activities that provide opportunity for personal growth. |  |
| Participates in personal or group activities that provide opportunity for personal growth.                        |  |
| Has relationship with friends and others who provide companionship, intimacy, and support.                        |  |
| Other:                                                                                                            |  |
| <b>HOUSING</b>                                                                                                    |  |
| Has adequate, safe housing/shelter.                                                                               |  |
| Has the basic furnishing necessary for daily living (bed, chairs, table, lighting, housewares).                   |  |
| Follows leasing/rent subsidy requirements.                                                                        |  |
| Communicates needs to the landlord.                                                                               |  |
| Maintains good relationships with neighbors, landlords.                                                           |  |
| Other:                                                                                                            |  |
| <b>SAFETY</b>                                                                                                     |  |
| Keeps home secure (locks doors, windows, locks in working order).                                                 |  |
| Safely uses & maintains electrical equipment/small appliances.                                                    |  |
| Maintains/uses fire safety equipment (smoke detector, fire extinguishers, escape ladder).                         |  |
| Demonstrates appropriate fire evacuation procedures.                                                              |  |
| Observes safety precautions in community and removes self from dangerous situations.                              |  |
| Keeps exits free from obstacles; heating units, ventilation systems free from clutter.                            |  |
| Contacts emergency services as needed.                                                                            |  |
| Demonstrates safety when smoking.                                                                                 |  |
| Other:                                                                                                            |  |
| <b>HEALTH/MEDICAL</b>                                                                                             |  |
| Health is maintained through adequate nutrition, exercise, and safe behavior.                                     |  |
| Lifestyle encourages wellness (does not smoke, does not drink alcohol in excess, or abuse drugs).                 |  |
| Schedules/attends appointments for illness or ongoing medical care.                                               |  |
| Self- administers medication as prescribed.                                                                       |  |
| Treats simple injuries/follows doctor's treatment plan.                                                           |  |
| Manages chronic health conditions.                                                                                |  |
| Other:                                                                                                            |  |
| <b>PSYCHIATRIC/BEHAVIORAL</b>                                                                                     |  |
| Is able to identify symptoms of illness.                                                                          |  |
| Keeps regular/prn appointments with service providers.                                                            |  |
| Complies with prescribed medication regimen, including self- administration if appropriate.                       |  |
| Sets and complies with treatment objectives and goals.                                                            |  |
| Does not engage in self destructive/self-injurious behaviors                                                      |  |
| Manages stress appropriately                                                                                      |  |
| Handles conflicts/anger in an appropriate manner.                                                                 |  |
| Asserts self appropriately in social settings.                                                                    |  |
| Communicates needs/wishes.                                                                                        |  |

|                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Abstains from alcohol/drugs; avoids situations where alcohol/drugs are present.                                                                       |  |
| Other:                                                                                                                                                |  |
| <b>FINANCIAL</b>                                                                                                                                      |  |
| Effectively manages income to ensure that basic and monthly needs are met.                                                                            |  |
| Participates in decision making as fully as possible about the use of his/her personal income through budgeting concepts and prioritization of needs. |  |
| Other:                                                                                                                                                |  |
| <b>TRAVEL</b>                                                                                                                                         |  |
| Travels safely and independently to daily activities (work, recreation, shopping, medical).                                                           |  |
| Has access to transportation services (bus, taxi) for daily travel needs.                                                                             |  |
| Other:                                                                                                                                                |  |
| <b>CLIENT RIGHTS/SERVICES</b>                                                                                                                         |  |
| Is aware of legal rights as provided by state and federal laws; follows basic laws.                                                                   |  |
| Is aware of rights, privacy and confidentiality policies of agency/program                                                                            |  |
| Uses legal services/assistance as needed.                                                                                                             |  |
| Votes; has opportunity to express opinions in community/state/national elections/policy making.                                                       |  |
| Other:                                                                                                                                                |  |

**TREATMENT GOALS:**

(Describe Mental Health treatment goals for the individual including progress/lack of progress toward treatment goals, as they relate to requested treatment):

**ASSESSMENT SUMMARY:**

Major Skills:

Strengths:

(Summarize major skills, Strengths and Deficits of Individual)

Deficits:

**SECTION IV**

The needs assessment above indicates this individual is in need of and is appropriate for Mental Health Skill-Building Services.

\_\_\_\_\_  
Signature of LMHP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of QMHP

\_\_\_\_\_  
Date

Community Services Board (CSB):

**FAX COMPLETED FORM TO THE MCO INDICATED IN SECTION I ABOVE, USING THE APPROPRIATE FAX NUMBER BELOW**

|                                              |                |
|----------------------------------------------|----------------|
| <b>Anthem:</b>                               | 1-800-505-1193 |
| <b>Humana/Beacon:</b>                        | 1-855-765-9705 |
| <b>Virginia Premier/Magellan Commercial:</b> | 1-866-354-8758 |