



Home and Community Based Services-Adult Mental Health (HCBS-AMH)

Uniform Assessment

Last Modified 4/12/16

I. Demographic Information:		
Last Name:	First Name:	
DOB:	Medicaid Number: Is Medicaid Number Active? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, skip section III)	
CARE ID:	CMBHS Client Nbr:	Preferred Language:
Target Criteria (select only one): <input type="checkbox"/> Long-term psychiatric hospitalization <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Emergency Department Diversion		
HCBS Status: Is the individual currently enrolled in a home and community-based program other than HCBS-AMH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list HBCS program	Custodial Status: <input type="checkbox"/> Independent Adult <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Waiting on the Appointment of a Legal Guardian	
Assessment Type: <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Discharge If Discharge: Discharge Date: Reason for Discharge: Referred To :	Current Legal Status: <input type="checkbox"/> N/A <input type="checkbox"/> Charges Pending <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Incarcerated <input type="checkbox"/> Forensic Commitment <input type="checkbox"/> Conditional Release	
Individual and/or Guardian's Contact Information: Phone # _____ Mailing Address: _____		
Psychiatric Diagnosis (Use ICD-10 Codes): Principle Diagnosis: _____ Secondary Diagnosis: _____	Does the individual have an IDD diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate severity level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound	
Assessment Date:	Performed by:	Credentials:

II. Community Data:	III. * SSI Eligibility Status (If applicable)
<p>A. Is the individual unable to engage independently or do they require assistance in 2 or more of the following activities of daily living (ADL)? <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Continence <input type="checkbox"/> Transferring <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Housework <input type="checkbox"/> Managing Personal Finances <input type="checkbox"/> Basic Communication Skills <input type="checkbox"/> Managing Medication <input type="checkbox"/> Meal Preparation</p> <p>B. Current Living Situation: Primary Residence <input type="checkbox"/> Own Home <input type="checkbox"/> Apartment <input type="checkbox"/> Relative's Home <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless <i>(if in hospital: check living situation prior to hospitalization)</i></p> <p>C. Does the individual <u>require</u> a skilled nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Is the individual at or below 150% of the federal poverty limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Families USA Federal Poverty Guidelines</p> <p>E. Community Readiness: <input type="checkbox"/> Individual is currently in the community and has access to all necessary supports. <input type="checkbox"/> Individual is currently in the community but may need additional supports to maintain tenure/or individual is in the hospital and able to be discharged with supports in place making them eligible for discharge in less than 6 months. <input type="checkbox"/> Individual is currently in the hospital and has barriers that must be addressed prior to discharge. Barriers are such that discharge date cannot be projected at this time. <input type="checkbox"/> Individual is currently in the hospital and future discharge is unlikely due to level of need or severity of barriers.</p>	<p>A. Has the individual ever received: <input type="checkbox"/> SSI <input type="checkbox"/> RSDI/SSDI <input type="checkbox"/> Unknown</p> <p>B. Has the individual received Medicaid in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Does the individual have a Social Security number? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. If the individual's Social Security number is unknown does the individual have or have access to any of the following documents to verify proof of identity? (check all that apply) <input type="checkbox"/> Employee ID Card <input type="checkbox"/> School ID Card <input type="checkbox"/> Health Insurance Card <input type="checkbox"/> U.S. Military ID Card <input type="checkbox"/> U.S. Driver's License <input type="checkbox"/> U.S. Passport <input type="checkbox"/> State-issued Non-driver ID Card</p> <p>F. Does the individual receive income from any of the following that is above the standard income level? <input type="checkbox"/> No Income <input type="checkbox"/> Earned Income (work) <input type="checkbox"/> Unearned Income (trust, retirement, rental property, survivor benefits, etc.)</p>

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 Self or 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"/>
Family Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment ⁸	<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 = 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"/>
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"/>				
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

	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"/>
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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
² 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	* triggers a crisis when scored at a 3 (Exception: suicide risk at a 2 or 3 indicates a crisis)

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 (Characteristics of the trauma experience)

	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 to 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 Support in 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 Conditions	<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"/>				
Job Performance	<input type="radio"/>				
Job Relations	<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"/>