**MH Adult Uniform Assessment for Texas Resilience and Recovery**

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<th>CMBHSHS Client Number:</th>
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<td>Component:</td>
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<tr>
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**Assessment Type:**  
- Crisis [ ]  
- Initial [ ]  
- Update [ ]  
- Discharge [ ]  
- Initial Non-Admission [ ]

- 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
  - 4m= 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)**
    - 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 (Literally/Marginally Homeless)
  - 5 = 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 days:** 0-96 ______ 97, unknown [ ]
- **E. Is there a child under 18 in the household?** Y or N
- **F. Current or Highest Grade Level:**
- **G. Assessment Date:** ________ - ________ - ________
- **Assessed by: __________________ Credentials: ____________**

Notes:

Form marked as completed by: __________________

Last Modified: 9/27/2013
### ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA)

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<th>Middle Name</th>
<th>Last Name</th>
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#### RISK BEHAVIORS
- **Suicide Risk**
- **Danger to Others**
- **Self-Injurious Behavior**
- **Other Self Harm**
- **Exploitation**
- **Gambling**
- **Sexual Aggression**
- **Criminal Behavior**

#### BEHAVIORAL HEALTH NEEDS
- **Psychosis/Thought Disturbance**
- **Cognition**
- **Depression**
- **Anxiety**
- **Mania**
- **Impulse Control**
- **Interpersonal Problems**
- **Antisocial Behavior**
- **Adjustment to Trauma**
- **Anger Control**
- **Substance Use**
- **Eating Disturbances**

#### LIFE DOMAIN FUNCTIONING
- **Physical/Medical**
- **Family Functioning**
- **Employment**
- **Social Functioning**
- **Recreational**
- **Intellectual/Development**
- **Sexuality**
- **Living Skills**
- **Residential Stability**
- **Legal**
- **Sleep**
- **Self-Care**
- **Decision-making**
- **Involvement in Recovery**
- **Transportation**

#### FAMILY/CAREGIVER STRENGTHS & NEEDS
- **Physical/Behavioral Health**
- **Involvement with Care**
- **Knowledge**
- **Social and Financial Resources**
- **Family Stress**
- **Safety**

#### STRENGTHS
- **Family**
- **Social Connectedness**
- **Optimism**
- **Talents/Interests**
- **Educational**
- **Volunteering**
- **Job History**
- **Spiritual/Religious**
- **Community Connection**
- **Natural Supports**
- **Resiliency**
- **Resourcefulness**

#### CULTURE
- **Language**
- **Identity**
- **Ritual**
- **Cultural Stress**

#### PSYCHIATRIC HOSPITALIZATION(S)
- Number of hospitalizations in the past 180 days
- Number of hospitalizations less than or = to 30 days within past 2 years
- Number of hospitalizations greater than 30 days within the past 2 years

#### PSYCHIATRIC CRISIS HISTORY
- Number of psychiatric crisis episodes in the past 90 days

Note: Shaded ratings on page 1 trigger required corresponding Extension Modules on page 2.
### 5. TRAUMA (Characteristics of the trauma experience)

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