

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

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

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|----|--|---|-----|---|---|
| 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 with appropriate credentials, 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 documented)</li> </ul>  | 3 | 2   | 1 | 0 |
| 7. | Does the report detail how the symptoms impact the member’s current level of functioning? This may include:  | 3 | 1.5 | 0 |   |

|     |   |   |     |   |   |
|-----|---|---|-----|---|---|
|     | <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> |   |     |   |   |
| 8.  | <p>Does the report include a history of both current and prior behavioral health treatment that includes the efficacy and compliance with those treatments?</p> <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 age 10 or above? [If initial Assessment].  | 3 | 1.5 | 0 |   |
| 11. | <p>Does the report include a medical history including:</p> <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. | <p>Does the report include a mental status examination?</p> <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> <li>• Insight &amp; Judgment</li> </ul>  | 3 | 2   | 1 | 0 |
| 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-  | 3 | 1.5 | 0 |   |

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|--|--|--|--|--|--|
|  | Assessment, amendments in treatment/intervention and/or recommendations for continued treatment or discharge are documented? |  |  |  |  |
|--|--|--|--|--|--|

- **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]