

Comprehensive Assessment Update - Adult Version

This form has been designed to reduce provider agency risks and to save time. It provides a standard and efficient format for updating diagnostic information, re-admitting persons served (according to agency policy and procedures), and/or updating the clinical formulation and treatment recommendations. This new/additional information, which is often not easily identifiable in progress notes, creates audit risks for provider agencies. It must be clear to auditors how assessed needs, treatment recommendations and treatment are linked, especially when the information in the diagnostic assessment is outdated.

This form does not replace initial evaluations or assessments.

It is recommended that this form be kept in date order in the diagnostic assessment portion of the person's record. In all cases, provider agencies should determine whether the new/additional information contained in this form requires an updated Individualized Action Plan (IAP) to be completed.

This form can be used whenever the provider believes that updated diagnostic information should be included in the medical record. Some organizations may want to routinely require updates on an annual basis, or when the person returns to care within a fairly short time period, or when the person changes level of care. This form does not replace existing formats for original evaluations/assessments. Completion of a Comprehensive Assessment Update form does not necessarily assume billing of a diagnostic assessment service. For example, data obtained during an individual therapy session that constitutes important new assessment information can be recorded on the Comprehensive Assessment Update while the service itself would have been documented and billed as Individual Therapy.

Data Field	Identifying Information
Person's Name	Record person's first name, last name and middle initial. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Organization Name	Record the organization for whom you are delivering the service.
Data Field	Section I: Reason for Update
Annual Update, Re-Admission and Interim Update of New Information	<p>Check the appropriate box to indicate whether the Update is:</p> <ul style="list-style-type: none"> • an Annual Update of the Comprehensive Assessment (if required by agency policy and procedures and/or accreditation), • a Re-Admission Update for a person who left services and has returned to services within one year of the date of the last Comprehensive Assessment in the health record, or • an Interim Update of New Information while the person is in service that provides a therapeutic basis for additional services. Refer to the introduction above for clarification of each type of indicator.
Data Field	Date of Original CA and Sections
Date of Most Recent Comprehensive Assessment	Enter the date of the last Comprehensive Assessment in the chart
Adult Comprehensive Assessment Sections	<p>Check all applicable boxes next to the section(s) of the Comprehensive Assessment being updated. All additional information being updated must be labeled in the narrative section of this form with the Comprehensive Assessment section heading.</p> <p>* Updates may require an IAP Revision or a new IAP. Annual Updates and Re-Admissions may require a new IAP if there are changes to treatment including goals, objectives and services offered.</p>

Data Field	Update Narrative
Update Narrative	Provide a narrative explanation for each box selected in the section above. List each as a separate heading and write the narrative below.
Signature/Credentials	<p>If the above sections are completed by an unlicensed staff person (e.g., CSP Outreach Worker), the person completing these sections signs here and adds his or her credentials.</p> <p>*The remainder of this document must be completed by a licensed clinician who will sign in the box below and again at the bottom of the completed document.</p>
Date	Enter date the unlicensed staff completed and signed Section I.
Data Field	Section II: Diagnosis Change
Diagnosis Change	<p>If there is any change or addition to the diagnosis, this section should be used to record a full diagnostic picture including any changes to diagnoses using the following instructions.</p> <p>Record all current, active diagnoses (including changed diagnoses) that will provide support for the medical necessity of the services that will be provided for the person.</p> <p>The diagnoses can be recorded in either ICD-9 CM codes and narrative or DSM codes and narrative. Check the appropriate box at the top of this section to indicate if you are using ICD or DSM codes.</p> <p>ICD-9 CM Codes: List codes in appropriate order using ICD coding conventions. List next to each code the narrative description of the code from the ICD-9 CM code book. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.</p> <p>DSM Diagnostic Codes: List codes next to appropriate Axis designation using DSM coding conventions. Up to two Axis I and Axis II diagnoses can be recorded. All five axes can be recorded in this section. Next to the codes list their narrative description from the DSM code book being used by the Agency. All five diagnoses can be recorded on the document. Place a check next to the diagnosis that is the primary diagnosis for this treatment episode.</p> <p>Note: Providers should ensure familiarity with regulations governing who can diagnosis mental illness and adhere to state licensing laws as applicable.</p>
Data Field	Expression of Services Preferences
Service Preferences	<p>It is important that the clinician engage in a meaningful recovery focused dialogue with the person (and/or primary support person) which allows the person (and/or primary support person) to express his/her desired treatment, support preferences and priorities. Record the prioritized service preferences for the full range of behavioral health and community-based rehabilitative services, and environmental support services available, as identified by the person (and others involved with the person) based on the areas covered in the Assessed Needs.</p> <p>Include the person's preferences to develop or have available additional natural and community supports, as a part of his/her Recovery Process. If applicable to the person, discuss peer support, family education, other support, housing, transportation, social opportunities, and community involvement. Identify available resources. Discuss the person's preferences for activities focused on reducing prejudice and discrimination against him/her and/or increasing his/her power and control over his/her life and future.</p>
Data Field	Treatment Recommendations
Treatment Recommendations / Assessed Needs	<p>If, upon review of the most recent Adult Comprehensive Assessment and the information from this update there are no additional recommendations or assessed needs, check the box No Additional Recommendations Clinically Indicated.</p> <p>If there are additional Treatment Recommendations/Assessed Needs, the clinician, person served and others involved with the person, including family as appropriate, should collaborate to identify and prioritize needs. These identified needs should be considered as the basis for subsequent treatment goals and/or objectives and all should be geared to improving the functioning of the person or reducing his or her signs and symptoms.</p>

	<p>Examples:</p> <ul style="list-style-type: none"> • Decrease symptoms of depression • Reduce suicidal ideation • Education about illness and treatment options • Enhanced management of active symptoms • Medication stabilization • Reduction of anger episodes • Development of symptom management skills
<p>Person Declined/Deferred/Referred Out Rationale(s) (Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred or Referred Out)</p>	<p>Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by person served to decline a recommendation at this time.</p>
Data Field	ASAM Degree of Severity at Admission for the following Dimensions (SU persons served only)
	<p>The following websites provide additional information on the use of the ASAM matrix:</p> <p>http://www.asam.org/PatientPlacementCriteria.html http://mass.gov/dph/bsas http://www.neias.org/</p>
Data Field	Further Evaluations Needed
<p>Further Evaluations Needed</p>	<p>Check the box(es) that identify additional assessment(s) needed for the person (if any).</p>
Data Field	Was Outcomes Tool Administered?
<p>Was outcomes tool administered?</p>	<p>This is an optional field. Providers may choose to or have contract requirements relative to outcomes. Information pertaining to outcomes should be entered in this section. In some cases, the provider may wish to note the name of the instrument and most recent administration. The instrument and results may be located elsewhere in the medical record, however, this information should be used to assist in the development of treatment plan updates.</p>
Data Field	Services and Supports Needed
<p>Level of Care/ Indicated Services Recommendation</p>	<p>Recommend and record the least restrictive level of care that is safe for the person based upon his or her current clinical presentation. This recommendation needs to be <u>strongly supported by the symptoms, behaviors, skills deficits and abilities/needs documented in the earlier sections of the assessment or this update.</u> The Level of Care should be directly linked to medical necessity which should be evidenced by the documentation throughout the assessment. Also, indicate the services that can be utilized within each Level of Care to meet the identified clinical needs and the service preferences provided by the person/family. Example: Outpatient Level of Care with emphasis on Community Support, Individual Therapy and medication management Services.</p> <p>If there is no change to the Level of Care/Indicated Services Recommendation, check the "No Change" box.</p>

Data Field	Response to Recommendations
Person Served/Guardian/ Family Response to Recommendations	Record person's reactions and opinions to your recommendations in this section. You may record a summary or specific verbal responses provided by the person served/family/guardian. Record the person's and/or family's willingness and ability to participate in treatment. If there was no change to the Level of Care/Indicated Services Recommendation above, check "Not Applicable".
Data Field	Change in IAP Determination
Change In IAP Required	If the assessed therapeutic needs can be supported by the Goals, Objectives, Interventions, services, frequency, duration and responsible provider(s) in the current IAP, then an IAP Revision/Review is not required. If the assessed treatment needs cannot be supported by the current IAP, then a change in the IAP is required. Please indicate the change by completing an IAP Revision/Review form.
Data Field	Signatures
Provider - Print Name, Signature and Credential	Legibly print name and record legible signature of the clinician involved in the gathering and completion of the assessment. Record the educational level and the highest license level of the clinician involved in the gathering and completion of the assessment.
Supervisor Print Name, Signature and Credential (If needed)	Legibly print name and record legible signature of the supervisor involved in the gathering and completion of the assessment. Some agencies may have policies requiring supervisor signatures on diagnostic assessments. Record the educational level and the highest license level of the supervisor involved in the gathering and completion of the assessment.
Parent/Guardian Signature (if appropriate)	Record legible signature of the person's parent or guardian, if appropriate.
MD Signature (required for Opiate Addiction Programs)	Record legible signature of the physician involved in the gathering and completion of the assessment, if applicable.
Person's Signature (if appropriate)	If appropriate, record the legible signature of the person served.
Date	Record the date of each signature.
Next Appointment Date/Time	Record the date and time of the person's next appointment.