ASSESSMENT CONTRIBUTION NON-LPHA – H0031

Assessment Contribution non-LPHA – H0031: Assessment services completed by non-licensed staff: SCSS/MHRS, Other Qualified Providers, & Certified Peer Support Specialists

- **Cannot perform MSE, diagnose, gather medication history, or analyze psychosocial factors (e.g., analyze for diagnosing).
- Only time spent directly with the client/significant supports/other professionals (in person, on phone/telehealth), should be included in the "Direct Service Time."
- Anytime reviewing the chart, writing up the assessment, etc. belongs in "Documentation Time."

CANS/ANSA - CLIENT DID NOT PARTICIPATE

IF YOU ARE COMPLETING A CANS/ANSA WITHOUT THE PARTICIPATION OF THE CLIENT, THERE NEEDS TO BE MULTIPLE ATTEMPTS DOCUMENTED IN THE CHART THAT YOU LEFT MESSAGES OR OTHERWISE ATTEMPTED TO INVOLVE THE CLIENT IN THE PROCESS

- **P (Purpose):** To complete twelve-month ANSA Reassessment.
- **I (Intervention):** Reviewed client's progress notes from the last twelve months. Based on chart review, completed ANSA Reassessment and updated Problem List.
- **R (Response):** Client has a diagnosis of Schizoaffective Disorder, the symptoms of which are severely impairing her employment, social functioning, and decision-making. She therefore meets criteria for specialty mental-health services through Sonoma County Behavioral Health.
- PL (Plan): Treatment team to continue providing services.

- **P (Purpose):** To complete six-month CANS Reassessment.
- **I (Intervention):** Reviewed client's progress notes from the last six months. Based on chart review, completed CANS Reassessment and updated Problem List.
- **R (Response):** Client has anxiety as well as a history of involvement in the foster and juvenile justice systems, putting her at high risk for later mental health disorders. She therefore meets criteria for specialty mental-health services through Sonoma County Behavioral Health.
- PL (Plan): Treatment team to continue providing services.

ANSA/CANS – CLIENT INTERVIEW ONLY

- **P (Purpose):** To complete ANSA Reassessment.
- **I (Intervention):** Met with client and discussed client's current life-domain functioning, strengths, acculturation, mental-health needs, and risk factors.

R - (Response): Client reported symptoms of psychosis, anxiety, and depression, and these symptoms are impairing her employment, social functioning, and decision-making. [THIS IS BASED ON ANSA 2'S AND 3'S.]

PL - (Plan): Clinician will complete ANSA Reassessment.

ANSA/CANS - PARTIALLY COMPLETED

- **P (Purpose):** To complete ANSA Reassessment.
- I (Intervention): Discussed client's current life-domain functioning, strengths, acculturation, mental-health needs, and risk factors. Based on information gathered from client, began ANSA Reassessment, including [LIST SECTIONS COMPLETED: Life-Domain Functioning, Strengths, Acculturation, Mental-Health Needs, Risk Behaviors, Caregiver Needs, Summary of Treatment, Level of Care].
- **R (Response):** Client reported symptoms of psychosis, anxiety, and depression, and these symptoms are impairing her employment, social functioning, and decision-making.
- PL (Plan): PSC will complete ANSA Reassessment and Adult Client Plan.

CANS/ANSA

- **P (Purpose):** To complete twelve-month ANSA Reassessment.
- **I (Intervention):** Discussed client's current life-domain functioning, strengths, acculturation, mental-health needs, and risk factors. Based on information gathered from client, completed ANSA Reassessment and updated Problem List.
- **R (Response):** Client has a diagnosis of Schizoaffective Disorder, the symptoms of which are severely impairing her employment, social functioning, and decision-making. She therefore meets criteria for specialty mental-health services through Sonoma County Behavioral Health.
- PL (Plan): Client scheduled to see psychiatrist in one week.

- **P (Purpose):** To complete six-month CANS Reassessment.
- **I (Intervention):** Discussed client's current life-domain functioning, strengths, acculturation, behavioral and emotional needs, and risk factors. Based on information gathered from client, completed CANS Reassessment and updated Problem List.
- **R (Response):** Client has a diagnosis of Oppositional Defiant Disorder, the symptoms of which are severely impairing her school functioning, social functioning, and family functioning. She therefore meets criteria for specialty mental-health services through Sonoma County Behavioral Health.
- **PL** (**Plan**): Treatment team will continue working with client.