

# MCBH MyAvatar: CalAIM Assessment

Assignment Date		PATID
		Completed by
		Clinical Staff Approving Assessment

Domain 1: Presenting Problem(s)
Presenting Problems, Functional Impairments, and Mental State

Domain 2: Trauma
Trauma Exposure and Reactions

The individual has experienced the following:			
	Child Welfare System		Orientation/sexuality
	Emotional Abuse		Partner Violence
	Homelessness		Physical Abuse
	Immigration		Race/Ethnicity
	Justice Involvement		Sexual Abuse



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Domain 3: Behavioral Health History and Updates
Current mental health conditions and current substance use and services
History of previous mental health conditions and/or previous substance use and services
Domain 4: Medical History and Comorbidity with Behavioral Health
Description of current Physical Health conditions and current medications



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Description of previous Physical Health conditions and past medications

Person in care has a primary care provider			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name of the primary care provider

Date of last visit

Domain 5: Psychosocial Factors
Family, social life circumstances, and cultural considerations



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Domain 6: Strengths, Risk/Safety, and Protective Factors
Strength and protective factors, risk behaviors, and safety planning

Domain 7: Clinical Summary, Recommendations, and LOC Determination
Base on the above findings, the following clinical impression, diagnosis, and treatment recommendations are as follows

Type of Services	
Specialty Mental Health Services	
Mental Health Services	Medication Services
Day Treatment Intensive	Day Rehabilitation
Crisis Intervention	Crisis Stabilization
Adult Residential	Crisis Residential
Psychiatric Health Facility Services	Intensive Home-Based Services
Therapeutic Behavioral Services	Therapeutic Foster Care
Psychiatric Inpatient Hospital Services	Case Management Services
Intensive Care Coordination	



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Non-Specialty Mental Health Services			
<input type="checkbox"/>	Referral to Primary Care	<input type="checkbox"/>	Referral to Managed Care Plan

Other			
<input type="checkbox"/>	No Services Recommended	<input type="checkbox"/>	Client Declined
<input type="checkbox"/>		<input type="checkbox"/>	Unable to complete assessment

SUD Risk Rating							
Dimension 1 – Acute intoxication and/or withdrawal potential							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe
Dimension 2 – Biomedical conditions and complication							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe
Dimension 3 – Emotional, behavioral, or cognitive condition and complication							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe
Dimension 4 – Readiness to change							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe
Dimension 5 – Relapse, continued use, or continued problem potential							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe
Dimension 6 – Recovery/living environment							
<input type="checkbox"/>	None	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Very Severe

SUD/NTP Required			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Assessed Level of Care Need Score	
<input type="checkbox"/>	None
<input type="checkbox"/>	1 – Outpatient
<input type="checkbox"/>	2.1 – Intensive Outpatient
<input type="checkbox"/>	3.1 – Low Intensity Residential
<input type="checkbox"/>	3.2 – Residential Withdrawal Management
<input type="checkbox"/>	3.5 – High Intensity Residential
<input type="checkbox"/>	Recovery Services



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Level of Care Accepted by Client	
	None
	1 – Outpatient
	2.1 – Intensive Outpatient
	3.1 – Low Intensity Residential
	3.2 – Residential Withdrawal Management
	3.5 – High Intensity Residential
	Recovery Services

Reason for Level of Care Difference	
	Clinical Judgement
	Lack of Insurance / Payment Source
	Legal Issues
	Level of Care Not Available
	Managed Care Refusal
	Patient Preference
	Geographical Accessibility
	Family Responsibility
	Language
	Used 2 Res Stays in a Year Already

Describe Level of Care Difference

