CalAIM Assessment
Adults (18 and Older)

MR#:
Name:

❶ = Required for Initial Assessment ❷ = Required for Reassessment
LPHA Only = Only an LPHA may complete this section/item.

Client Information and Registration

Client Information		❶ ❷	
Client Legal Name		Medical Record #	
Client Preferred Name (if different from Legal Name)			
Birth Date		Age	
Agency/Program		Admission Date	
Current Insurance (Check all that apply)	☐ Medicare ☐ Medi-Cal ☐ Private Insurance: ____________________		

Assessment Information ❶ ❷			
Assessment Type	☐ Initial Assessment	☐ Reassessment	☐ Update Assessment
Assessment Date			
Source of Information	☐ Client Interview ☐ Family ☐ ICI ☐ Previous Records ☐ Transfer / Discharge Request Form	☐ SMMC ☐ Mills-Peninsula ☐ Fremont Hospital ☐ PES / 3A-B ☐ HSA / Social Services	☐ Probation / Parole ☐ PCP / Health Care ☐ Stanford Hospital ☐ Other ________________ ________________________

Referral Information			
Referral Source	☐ Self ☐ Family Member ☐ Significant Other ☐ Friend / Neighbor ☐ School ☐ Fee-For-Service Provider ☐ Medi-Cal Managed Care Plan ☐ Federally Qualified Health Center ☐ Emergency Room	☐ Mental Health Facility/ Community Agency ☐ Social Services Agency ☐ Substance Abuse Treatment Facility / Agency ☐ Faith-based Organization ☐ Other County / Community Agency ☐ Homeless Services ☐ Street Outreach	☐ Juvenile Hall / Camp / Ranch/Division of Juvenile Justice ☐ Probation/Parole ☐ Jail / Prison ☐ State Hospital ☐ Crisis Services ☐ Mobile Evaluation ☐ Other referred ___________ __________________________

Referral Contact Name		Agency/Program	
Referrer Phone		Referrer Email	

Client Contact Information

Ensure that all Releases of Information are current for all individuals / entities with whom communication will or may occur.

Client Contact Information				❶		
Phone Number (Primary)		☐ Cell ☐ Home ☐ Work				
Phone Number (Second)		☐ Cell ☐ Home ☐ Work				
Phone Number (Third)		☐ Cell ☐ Home ☐ Work				
Address		Apt/Suite				
City		Zipcode				

Emergency Contact				❶		
Name		Phone Number				
Relationship		ROI Current	☐ Yes ☐ No			

Other Providers Contact Information

Current Provider	Name / Agency	Job Title	Phone	Email
☐				
☐				
☐				
☐				
☐				
☐				
☐				

Other Contact Information

Name	Phone	Email	Relationship

Domain 1 – Presenting Problems

Presenting Problem(s), Current Mental Status, History of Presenting Problem(s), Member-Identified Impairment(s)

Presenting Problem
Description of Presenting Problems *(Current Problem, Acute Condition, Level of Distress, Collateral, Severity, Context, and Cultural Understanding)* ❶ ❷
History of Presenting Problems ❶
Impairments Identified by Client and/or Collateral ❶ ❷

Mental Status Exam — LPHA Only

May ONLY be completed by Licensed/Registered/Waivered MD/OD/NP, MFT/AMFT, LPCC, LCSW/ASW, PhD/PsyD, RN with Psych MS or training or Clinical Trainee with co-signature.

General Appearance 1 2

☐ Appropriate
☐ Bizarre
☐ Inappropriate
☐ Disheveled
☐ Other*

Affect 1 2

☐ Within Normal Limits
☐ Constricted
☐ Blunted
☐ Flat
☐ Angry
☐ Sad
☐ Anxious
☐ Labile
☐ Inappropriate
☐ Other*

Thought Content and Process 1 2

☐ Within Normal Limits
☐ Aud. Hallucinations
☐ Vis. Hallucinations
☐ Delusions
☐ Paranoid Ideation
☐ Bizarre
☐ Suicidal Ideation
☐ Homicidal Ideation
☐ Flight of Ideas
☐ Loose Association
☐ Poor Insight
☐ Attention Issues
☐ Fund of Knowledge
☐ Other*

Physical and Motor 1 2

☐ Within Normal Limits
☐ Hyperactive
☐ Agitated
☐ Motor Retardation
☐ Tremors/Tics
☐ Unusual Gait
☐ Muscle Tone Issues
☐ Other*

Speech 1 2

☐ Within Normal Limits
☐ Circumstantial
☐ Tangential
☐ Pressured
☐ Slowed
☐ Other*
☐ Loud

Mood 1 2

☐ Within Normal Limits
☐ Depressed
☐ Anxious
☐ Expansive
☐ Irritable
☐ Other*

Cognition 1 2

☐ Within Normal Limits
☐ Orientation
☐ Memory Problems
☐ Impulse Control
☐ Poor Concentration
☐ Other*
☐ Poor Judgement

Was a Formal Mental Status Obtained?

☐ Yes ☐ No

Formal Mental Status Exam Results

☐ Impaired S-T Memory
☐ Impaired L-T Memory
☐ Can't Do Serial 7's
☐ Can Do Serial 7's
☐ Paucity of Knowledge
☐ Poor Orientation

***Other Mental Status Exam Information** (also include explanation if "other" was selected for any of the items above)

Domain 2 – Trauma

Trauma History, Trauma Symptoms and Reactions, Trauma Screening Results

Trauma History

Trauma History *(select 1 or more)* ❶ ❷

☐ Physical Abuse	☐ Domestic Violence	☐ Immigration/Displacement	☐ Other
☐ Sexual Abuse	☐ Military Combat	☐ Separation	☐ Unknown
☐ Assault	☐ Torture	☐ Suspected	☐ None

Current Domestic Violence Issues? ❶ ❷	☐ Yes	☐ No	☐ Unknown
Past Domestic Violence Issues? ❶ ❷	☐ Yes	☐ No	☐ Unknown
Victim of Violence? ❶ ❷	☐ Yes	☐ No	☐ Unknown

Trauma History Not Previously Specified *(including but not limited to past or present, juvenile justice, criminal justice, social services involvement, adverse childhood events, etc.)*

Trauma Symptoms and Reactions

Trauma Reactions *The client's reaction / impact of traumatic situations (e.g., PTSD symptoms, avoidance of feelings, irritability, interpersonal problems, etc.).*

Trauma Screening *Trauma Related DHCS Approved Screening Tools (e.g. ACE). – DHCS has not yet identified an approved screening tool. This section not yet required.*

Domain 3 – Behavioral Health History

Behavioral Health History, Co-occurring Substance Use

Mental Health History

Mental Health Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)* ❶ ❷

Psychiatric Hospitalization / Partial Hospitalization History / Residential *(incl. provider and dates)* ❶ ❷

Additional Information Regarding Mental Health History Not Previously Mentioned (incl. Diagnoses History)

Co-Occurring Substance Use

SUD Outpatient Treatment History *(incl. Providers and dates, therapeutic interventions, and responses)*

SUD Hospitalization / Partial Hospitalization History / Residential Treatment History *(incl. provider and dates)*

Substance Use / Abuse / Misuse History

Substance Use Issues Impacting Client (select 1 or more) ❶ ❷

☐ Current Substance Abuse
☐ Abuse / Misuse of Prescription Drugs
☐ Abuse / Misuse of Caffeine
☐ Abuse / Misuse of Narcotics
☐ Abuse / Misuse of OTC Medications
☐ Past Substance Abuse History
☐ Use of Illicit Drugs
☐ Use Impacts Functioning/Presenting Problems
☐ None
☐ Unknown
☐ Other

Does Substance Use Impact Risk? ☐ Yes ☐ No ☐ Unknown

Current and Past Use *(Drug Name, Method, Frequency, and Date of Last Use)* – *You may use the free text box* and/or the grid below.

Substance	Age of 1st Use	Highest Usage Amount and Frequency dur. Time Period	Current Usage with Amount/Frequency/Route	Date of Last Use	Rating of current abuse 0 – 4 minimal- severe
Alcohol					
Amphetamines					
Cocaine					
Opiates					
Sedatives					
PCP					
Hallucinogens					
Inhalants					
Marijuana					
Cigarettes					
RX Drugs					

Toxicology Screen

Client supplied a urine specimen for tox screen. ☐ Yes ☐ No ☐ Not Applicable

Results of Tox Screen

Domain 4 – Medical History

Medical History, Current Medications, Co-occurring Conditions (other than substance use)

Medical History ❶ ❷

Co-Occurring Conditions *(e.g., Treatment History, Diabetes, Sleep Disorders, etc.) (Not Including Co-Occurring Substance Use)* ❶ ❷

Medical History *(Other Conditions Not Mentioned, Including Significant Illnesses, Past Chronic Conditions / Treatment History / Surgeries / Allergies))* ❶

Medication History ❶ ❷

Current Medications *(incl. Prescriber, Medication Name, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start/End Dates)* – You may use the free text box and/or the grid below.

Current RX Med.	Amount	Frequency	Prescribed By	Purpose of Med.
OTC/Herbs	**Amount**	**Frequency**	**Prescribed By**	**Purpose of Med.**

Medication History	❶	❷	
Past Medications (Medication History) *(incl. Prescriber, Medication Name, Dosage, Frequency, Adherence, Adverse Reactions, Response, Start/End Dates)*			

Domain 5 – Social and Cultural History

Social and Life Circumstances, Culture/Religion/Spirituality

Social and Life Circumstances (CSI)	❶ ❷
Number of Children **Under the Age of 18** the Client Cares for or Is Responsible For At Least 50% of the Time (CSI)	
Number of Dependent Adults **Age 18 or Older** the Client Cares for or Is Responsible For At least 50% of the Time (CSI)	

Living Arrangement (CSI)

☐ House or apartment (includes trailers, hotels, dorms, barracks, etc.)
☐ House or apartment and requiring some support with daily living activities (applies to adults only)
☐ House or apartment and requiring daily support and supervision (applies to adults only)
☐ Supported housing (applies to adults only)
☐ Board and Care
☐ Adult Residential Facility, Social Rehabilitation Facility, Crisis Residential, Transitional Residential, Drug Facility, Alcohol Facility
☐ Justice Related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
☐ Community Treatment Facility
☐ Mental Health Rehabilitation Center (24 hour)
☐ Skilled Nursing Facility / Intermediate Care Facility / Institute of Mental Disease (IMD)
☐ Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs (VA) Hospital
☐ State Hospital
☐ Residential Treatment Center (includes Levels 13-14 for children)
☐ Group Home (includes Levels 1-12 for children)
☐ Foster family home
☐ Homeless, no identifiable residence*
☐ Other
☐ Unknown / Not Reported

Homeless Category (CSI)* **Required if indicated Homeless above*	☐ Shelter ☐ Transitional ☐ Doubling Up	☐ Street (Including vehicle, RV, tent) ☐ Permanent Supportive Housing ☐ Unknown

Social and Life Circumstances	❶ ❷
Daily Activities, Social Networks, Community Engagement *Psychosocial History / Family History / Immigration History / Relationships / Interests / Social Activities and Supports*	

Education

Education (Highest Grade level Completed) (CSI) 1 2

☐ None, Kindergarten

☐ Other - Includes vocational education and training.

☐ Unknown / Not Reported

☐ Grade levels - Indicate highest grade completed.

Grades 1-20: __________

(If the highest grade completed is greater than 20, code 20 as the highest grade completed.)

Education Details

Employment

Employment Status (CSI) 1 2

☐ Employed in competitive job market (Full Time, 35 hours or more per week)

☐ Employed in competitive job market (Part Time, less than 35 hours per week)

☐ Employed in noncompetitive job market (Full Time, 35 hours or more per week)

☐ Employed in noncompetitive job market (Part Time, less than 35 hours per week)

☐ Actively looking for work

☐ Homemaker

☐ Student

☐ Volunteer Worker

☐ Retired

☐ Resident / Inmate of Institution

☐ Other

☐ Unknown / Not Reported

Employment Details

Legal Involvement

Conservatorship / Court Status (CSI) ❶ ❷

☐ Temporary Conservatorship
☐ Lanterman-Petris-Short
☐ Murphy
☐ Probate
☐ PC 2974
☐ Representative Payee Without Conservatorship
☐ Juvenile Court, Dependent of the Court
☐ Juvenile Court, Ward - Status Offender
☐ Juvenile Court, Ward - Juvenile Offender
☐ Not Applicable
☐ Unknown / Not Reported

Past / Present Criminal Justice History & System Involvement *(incl. legal issues, arrests, probation, child custody/courts, DUI, CPS involvement, other system involvement)*

Military History

Culture / Religion / Spirituality ❶ ❷

SOGIE

SOGIE			
What is your sexual orientation?	☐ Straight or heterosexual ☐ Lesbian or Gay ☐ Another	☐ Bisexual ☐ Queer ☐ Asexual	☐ Don't know / Declined to Answer ☐ Did not ask
	If Another Sexual Orientation:		
What is your current gender identity?	☐ Male ☐ Female ☐ Another	☐ Male to Female / Transgender Female ☐ Female to Male / Transgender Male	☐ Genderqueer not exclusive male / female ☐ Declined to Answer ☐ Did not ask
	If Another Gender Identity:		
What are your pronouns?	☐ He / Him ☐ Another	☐ She / Him ☐ They / Them	☐ Declined to Answer ☐ Did not ask
	If Another Pronoun:		
What sex were you assigned at birth on your original birth certificate?	☐ Male ☐ Female ☐ Another	☐ Declined to Answer ☐ Did not ask	
	If Another Sex Assigned at Birth:		
Have you been diagnosed by a Doctor with an intersex condition?	☐ Yes ☐ No	☐ Declined to Answer ☐ Did not ask	

Ethnicity

☐ Hispanic or Latino	☐ Puerto Rican	☐ Not Of Hispanic Origin
☐ Cuban	☐ Other Hispanic	☐ Unknown/ Not Reported

Race

☐ Amerasian	☐ Guamanian	☐ Laotian	☐ Other Pacific Islander
☐ American Native	☐ Hawaiian Native	☐ Mien	☐ Samoan
☐ Asian Indian	☐ Hispanic or Latino	☐ Multiple	☐ Tongan
☐ Black or African American	☐ Hmong	☐ Other	☐ Unknown/ Not Reported
☐ Cambodian	☐ Japanese	☐ Other Asian	☐ Vietnamese
☐ Chinese	☐ Korean	☐ Other Asian or Pacific Islander	☐ White / Caucasian
☐ Filipino			

Language for Assessment				❶	❷	
Is Client able to communicate in English?	☐ Yes ☐ No					
Was Interpreter Used?	☐ Yes ☐ No	Name of Interpreter				
Language in which Assessment was conducted						

Client's Language(s)						❶	❷
Client's Primary Language	Client's Preferred Language	Language of Client's Family		Client's Primary Language	Client's Preferred Language	Language of Client's Family	
☐	☐	☐	American Sign Language (ASL)	☐	☐	☐	Mandarin
☐	☐	☐	Arabic	☐	☐	☐	Mien
☐	☐	☐	Armenian	☐	☐	☐	Other Chinese Dialects
☐	☐	☐	Cambodian	☐	☐	☐	Other Non-English
☐	☐	☐	Cantonese	☐	☐	☐	Other Sign Language
☐	☐	☐	English	☐	☐	☐	Polish
☐	☐	☐	Farsi	☐	☐	☐	Portuguese
☐	☐	☐	French	☐	☐	☐	Russian
☐	☐	☐	Hebrew	☐	☐	☐	Samoan
☐	☐	☐	Hmong	☐	☐	☐	Spanish
☐	☐	☐	Llocano	☐	☐	☐	Tagalog
☐	☐	☐	Italian	☐	☐	☐	Thai
☐	☐	☐	Japanese	☐	☐	☐	Turkish
☐	☐	☐	Korean	☐	☐	☐	Unknown / Not Reported
☐	☐	☐	Lao	☐	☐	☐	Vietnamese

Domain 6 – Strengths and Risk Factors

Strengths, Risk Behaviors, and Protective Factors

Strengths and Protective Factors ❶ ❷
Strengths, Positive Coping Skills, Values, Motivations, Desires, Hobbies, Interests, Available Resource and Supports

Risk Factors and Behaviors ❶ ❷	
Risk HARM TO SELF/SUICIDAL Thoughts/Behavior ❶ ❷ ☐ Yes ☐ Undetermined ☐ Denied	**Past HARM TO SELF/SUICIDAL Thoughts/Behavior** ❶ ❷ ☐ Yes ☐ Unknown ☐ Denied
Current HARM TO OTHERS/HOMICIDAL Thoughts ❶ ❷ ☐ Yes ☐ Undetermined ☐ Denied	**Past HARM TO OTHERS/HOMICIDAL Thoughts** ❶ ❷ ☐ Yes ☐ Unknown ☐ Denied
Recklessness / Engaged in Violent Acts? (physical, sexual, vandalism) ❶ ❷ ☐ Yes ☐ Unknown ☐ Denied	**Access to FIREARMS / WEAPONS** ❶ ❷ ☐ Yes ☐ Undetermined ☐ Denied
Risk factors For Danger to Self or Others, and Gravely Disabled ❶ ❷	

Risk Factors and Behaviors	1	2	
Sexual History / HIV Risk (RESTRICTED)			
Triggers for Risk *(if not previously mentioned in Trauma section)*			

Domain 7 – Clinical Summary

Clinical Summary and Recommendations, Diagnostic Impression, Medical Necessity Determination/LOC/Access Criteria. All items in Domain 7 must be completed by an LPHA.

LPHA Required Fields for CSI	1 2 LPHA Only
Has client experienced traumatic events?	☐ Yes ☐ No ☐ Unknown
Does client have a substance abuse/dependence diagnosis?	☐ Yes ☐ No ☐ Unknown / Not Reported
Substance Abuse / Dependence Diagnosis	

Treatment Recommendations

1 2 **LPHA Only**

Treatment is being provided to address an important area of life functioning

☐ School / Work Functioning
☐ Social Relationships
☐ Daily Living Skills
☐ Ability to maintain placement
☐ Symptom Management
☐ Does Not Meet Criteria to Access SMHS

Recommendations for Interventions and Goals

Service Strategies (CSI)

1 2 **LPHA Only**

Evidenced Based Practices

☐ Assertive Community Treatment
☐ Supportive Employment
☐ Supportive Housing
☐ Family Psychoeducation
☐ Integrated Dual Diagnosis Treatment
☐ Illness Management and Recovery
☐ Medication Management
☐ New Generation Medications
☐ Therapeutic Foster Care
☐ Multisystemic Therapy
☐ Functional Family Therapy
☐ Unknown Evidence-Based Practice/ Service Strategy

Service Strategies

☐ Peer/Family Delivered
☐ Psycho-Education
☐ Family Support
☐ Supportive Education
☐ Delivered in Partnership with Law Enforcement
☐ Delivered in Partnership with Health Care
☐ Delivered in Partnership with Social Services
☐ Delivered in Partnership with Substance Abuse Services
☐ Integrated Services for MH & Aging
☐ Integrated Services for MH & Developmental Disability
☐ Ethnic-Specific Service Strategy
☐ Age-Specific Service Strategy

Clinical Impressions			LPHA Only
Clinical Formulation / Summary *(incl. current presenting issues, course of treatment, impairments, diagnostic criteria, strengths)* ❶ ❷			
Additional Factors or Comments			

MR#:
Name:

Problem List						❶	❷ LPHA Only
DSM V Diagnosis / Problem List Item	ICD 10 Code	Date Added	Date Removed	Added or Removed By (Full Name of Staff)	Provider Title / Discipline	Primary Dx	SUD Dx
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

General Medical Conditions (CSI) Check identifying physical health condition(s) as reported by client. ❶ ❷ LPHA Only			
17 = Allergies ☐	11 = Cirrhosis ☐	04 = Hyperlipidemia ☐	31 = Physical Disability ☐
16 = Anemia ☐	07 = Cystic Fibrosis ☐	05 = Hypertension ☐	08 = Psoriasis ☐
01 = Arterial Sclerotic Disease ☐	25 = Deaf/Hearing Impaired ☐	14 = Hyperthyroid ☐	36 = Sexually Transmitted ☐
19 = Arthritis ☐	12 = Diabetes ☐	13 = Infertility ☐	32 = Stroke ☐
35 = Asthma ☐	09 = Digest Reflux, Irritable Bowel ☐	27 = Migraines ☐	33 = Tinnitus ☐
06 = Birth defects ☐	34 = Ear Infections ☐	28 = Multiple Sclerosis ☐	10 = Ulcers ☐
23 = Blind/Visually Impaired ☐	26 = Epilepsy/Seizures ☐	29 = Muscular Dystrophy ☐	00 = No Gen. Medical Condition ☐
22 = Cancer ☐	02 = Heart Disease ☐	15 = Obesity ☐	37 = Other ☐
20 = Carpal Tunnel Syndrome ☐	18 = Hepatitis ☐	21 = Osteoporosis ☐	99 = Unk/Not Report'd. GMC ☐
24 = Chronic Pain ☐	03 = Hypercholesterolemia ☐	30 = Parkinson's Disease ☐	31 = Physical Disability ☐

Diagnosis Comments	1	2	LPHA Only

Contributing Practitioner			LPHA Only
Contributing Practitioner 1			
Area of Contribution			
Contributing Practitioner 2			
Area of Contribution			

Authorized Clinical Staff* involved in assessment interview Signature and Date

Assessor's Name/Discipline – Printed Date
Conducted the Mental Status Exam and provided Diagnosis.

Authorized Clinical Staff* involved in assessment interview Signature and Date

Assessor's Signature and Discipline Date

Assessor **must** be a *Licensed/Registered/Waivered MD/OD/NP, MFT, LCSW, LPCC, PhD/PsyD, RN with Psych MS or Trainee with co-signature.*

(At minimum the assessor is responsible for reviewing the completed assessment, conducting the mental status exam, providing a clinical formulation and providing the diagnosis. Assessor signs here to co-sign for assessments provided by trainees.)