



Department of Health

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September 23, 2020

DAL: DAL #20-09
Subject: Mental Health Evaluation Form

Dear Adult Care Facility (ACF) Operator/Administrator:

A mental health evaluation is required under Department of Health (“Department”) adult home regulation at Title 18 of the New York Code of Rules and Regulations (NYCRR) §487.4(g)(3) and enriched housing program regulation at Title 18 NYCRR §488.4(e)(3) whenever a resident or prospective resident has a known history of chronic mental disability or when such individual’s requisite medical evaluation or pre-admission interview suggests presence of such disability. Title 18 NYCRR §487.4(i) and §488.4(e)(3) detail the minimum required elements of a mental health evaluation. ACFs must rely on the mental health evaluation to provide adequate, individualized case management services to residents evidencing a history of chronic mental disability or whose medical evaluation or preadmission interview evidence such disability, and to gauge programmatic appropriateness. In addition, via its required quarterly statistical information report, the ACF is required to identify its census of such residents.

Through routine surveillance activities, the Department has identified substantial variability in the mental health evaluation reports obtained by ACFs, and case management violations are historically among the top three cited regulatory categories related to ACF resident care and services. To assist ACFs in obtaining documentation that supports the intent of the regulatory requirement, the Department, in conjunction with the New York State Office of Mental Health, has developed the enclosed form *Adult Care Facility Mental Health Evaluation* (DOH-5075).

The Form DOH-5075 allows for consistency with Department regulation at Title 18 NYCRR §487.4(i) and §488.4(e)(3) by requiring that the applicable medical practitioner identify key components including, but not limited to, the name of the individual being evaluated; whether the individual has mental illness with substantial functional disability (i.e., meets the definition of SMI as defined at 18 NYCRR §487.2(c)); the individual’s current and historical psychiatric status and substance abuse disorder course of treatment; mental status examination results; current medication regimen and compliance status; and a determination regarding appropriateness of ACF placement. Further, the Form DOH-5075 requires that the ACF representative acknowledge receipt of the information from the medical practitioner and attest to an understanding whether the individual has SMI based on the information contained on the Form DOH-5075. This attestation is intended to assist the ACF in understanding its resident

population for appropriate case management and in accurate completion of quarterly census information and other applicable reporting requirements.

The Form DOH-5075 is available for use by all ACFs effective immediately. Please understand the Department's requirements for mental health evaluation documentation and record retention remain unchanged and consistent with existing requirements.

If you have any questions, please consult the appropriate regional office of the Department or contact the Division of ACFs and Assisted Living Surveillance, Bureau of Quality and Surveillance via email to acfinfo@health.ny.gov. Thank you for your anticipated cooperation.

Sincerely,

Heidi L. Hayes, Acting Director
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and Assisted Living Surveillance

Enclosure

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