

DIVISION SCOPE OF SERVICE

Division: FAR WEST
Classification: MENTAL HEALTH ASSESSOR
Applicant Name:
<p>Mental Health Assessor: The Mental Health Assessor must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p>Definition of Care or Service: The Mental Health Assessor assists the behavioral health team with assessments in order to determine any problems, strengths, needs, abilities and preferences that the patient requires. This information should help support the determination of a differential diagnosis and assist in screening for/ruling-out potential co-occurring disorders. Scope of Service may include:</p> <ul style="list-style-type: none"> • Facilitates the patient's access to the appropriate level of care and setting • Consults with admissions department, CNO, and CEO about the acceptability of admissions • Maintains equipment and records • Assesses need for involuntary hospitalization evaluation and contacts county crisis team, law enforcement etc. as needed to ensure the safety of patient and others. • Prepares written report of assessment results in a timely manner (immediately following completed assessment) and includes recommendations for the level of care and treatment needs. • Performs quality assurance activities related to the behavioral health assessment and disposition process • Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices
<p>Supervision:</p> <ul style="list-style-type: none"> • Director of Behavioral Medicine Services or designee <p>Evaluator: Department director or designee in conjunction with supervising physician or licensed independent Practitioner</p> <p>Tier Level: 2</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Graduate from a Masters level program in counseling, psychology, social work or related field. • A current license, intern license or certification as one or more of the below:: <ul style="list-style-type: none"> ○ State RN License ○ LMFT (Licensed Marriage and Family Therapist) ○ LCPC (Licensed Clinical Professional Counselor) ○ LCSW (Licensed Clinical Social Worker) <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>State Requirements:</p> <ul style="list-style-type: none"> • License or Intern License as one of the below in state of practice: <ul style="list-style-type: none"> ○ State RN License ○ LMFT (Licensed Marriage and Family Therapist)



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<ul style="list-style-type: none"> o LCPC (Licensed Clinical Professional Counselor) o LCSW (Licensed Clinical Social Worker)
<p>Experience: At least 1 year of behavioral health counseling, or experience in related field and evidence of continuing professional development preferred</p>
<p>Competencies: The Mental Health Assessor will demonstrate:</p> <ul style="list-style-type: none"> • Trouble-shooting difficult testing situations and administering tests that are appropriate <ul style="list-style-type: none"> o Demonstrates proficiency in using psychological tests o Assists in selection of test to be administered. o Review test scores administered, including objective personality tests o Maintains confidentiality and privacy in accordance with HIPAA regulations • Accurate patient information review and evaluation <ul style="list-style-type: none"> o Uses at least two ways to identify patients o Verifies that the requested services correlates with the patient’s clinical history, presentation and physician order o accesses patient’s medical record appropriately • Infection Prevention <ul style="list-style-type: none"> o Practices consistent hand hygiene o Uses personal protective equipment (PPE) o Required immunizations per Division requirements o Complies with Isolation precautions
<p>References: MFT Licensing Boards: https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx California Board of Behavioral Sciences: https://www.bbs.ca.gov/ California LMFT, LCPC, LCSW License Search: https://search.dca.ca.gov/ Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors: http://marriage.nv.gov/Services/CPC/ Nevada Verification of License Form: http://marriage.nv.gov/uploadedFiles/marriagenvgov/content/Services/VerificationLicenseForm.pdf Nevada Board of Examiners for Social Workers: https://services.socwork.nv.gov/verify/index.asp California Board of Registered Nursing: https://www.rn.ca.gov/online/verify.shtml Nevada State Board of Nursing: https://nevadanursingboard.org/licensure-and-certification/verify-licenses-and-certificates/</p>
<p>Document Control:</p> <ul style="list-style-type: none"> • Cosmetic update 1/22/2019 • Content update 7/7/2021



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Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____