OMHC – Assessment for an **ADULT** (COMAR 10.21.20.05)

The medical director shall ensure that an appropriate licensed mental health professional shall, by the individual's 2^{nd} visit and based on the initial face-to-face diagnostic evaluation of the individual:

Formulate and document in the individual's medical record information that includes:

- 1. A description of the presenting problem
- 2. Relevant history, including family history and somatic problems
- 3. Mental status examination
- 4. A diagnosis and the rationale for the diagnosis; **OR** the rationale for not formulating a diagnosis and a plan, including time frame for formulating a diagnosis

OMHC – Assessment for a MINOR (COMAR 10.21.20.05)

In addition to the requirements outlined above, before a minor's 5th visit, the minor's assigned treatment coordinator shall:

A. Conduct a face-to-face evaluation with the minor to assess the minor's level of functioning and availability of family and other social supports

B. If a comprehensive assessment, that includes the elements listed below, has not been completed within the 6 months before enrollment, assure the completion of an assessment, that includes, at a minimum, the minor's:

- 1. Developmental history
- 2. Educational history and current placement
- 3. Home environment
- 4. Family history and evaluation of the current family status, including legal custody status
- 5. Social, emotional, and cognitive development
- 6. Motor, language, and self-care skills development
- 7. History, if any, of substance abuse
- 8. History, if any, of physical or sexual abuse
- 9. History, if any, of out-of-home placements
- 10. Involvement, if any, with the local Department of Social Services or Department of Juvenile Services