

**DOH Form 5075: Mental Health Evaluation Form
Questions and Answers**

1. Section III B 8 b states if you checked No for all seven questions 1 through 7 state whether the individual has a substantial functional disability..... Taken literally we would not be expected to respond to this question if one or more of the answers were “unknown”. Is this accurate?

Answer:

If the authorized mental health evaluator has responded “Yes” to any of the questions (1 through 7) in Section III.B. the individual assessed should be considered to have a substantial functional disability as the result of mental illness and the mental health evaluator would select “Yes” to Question 8.a.

However, if the qualified mental health evaluator has responded “Yes” to any of the questions (1 through 7) in Section III.B. and has determined that the individual does not have a substantial functional disability as the result of mental illness, they must select “No” to Question 8.a. and must provide a clear explanation of their decision.

In either of the cases above, Question 8.b. would not be required.

If the qualified mental health evaluator has not responded yes to any of the questions (1 through 7) in Section III.B., Question 8.a. is not required. However, they must respond to Question 8.b. The mental health evaluator must indicate either:

- “Yes” the individual has a substantial functional disability; or
- “No” the individual does not have a substantial functional disability.

In either case, Question 8.b. requires a clear explanation of their decision.

2. The administrators are only expected to fill out the bottom of Section X (name, signature, etc.) for initial evaluations, or is that portion of the form considered separate from Section X and expected to be filled out in all subsequent mental health evaluations?

Answer:

A signature, with appropriate information (i.e., Title, facility name, and contact information, etc.) is required to attest that the signatory has reviewed the evaluation.

The date of admission and section confirming the signatory’s understanding of the evaluation as it relates to a Serious Mental Illness determination, must be completed if the examination was conducted for the purpose of an initial evaluation.

3. Section "II Type/Date of evaluation": The 3rd box states "an evaluation following a resident's change in condition. I take this to mean a change in the person's mental health condition **AND NOT** a change in their physical condition. For example, if a resident is admitted to the hospital for a fall and a broken leg (or a UTI, or heart attack, etc.) and then goes to a nursing Home for rehab. When they return to the ACF, I believe a mental health evaluation would not be necessary. Is that correct?

Answer:

This form must be completed prior to admission for any proposed adult care facility resident who has a known history of chronic mental disability or for whom the medical evaluation or resident interview suggests such disability; for annual evaluations thereafter; and for any change in condition of a resident that would warrant such evaluation.

In the example you have provided above, if the medical professional providing care determined that a mental health evaluation was needed, the facility must ensure that the resident undergoes such an evaluation using the DOH Form 5075.