

# DIVISION SCOPE OF SERVICE

<b>Division: GULF COAST</b>
<b>Classification: MENTAL HEALTH ASSESSOR</b>
<b>Applicant Name:</b>
<p><b>Mental Health Assessor:</b> 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><b>Definition of Care or Service:</b> 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"> <li>• Facilitates the patient's access to the appropriate level of care and setting</li> <li>• Consults with admissions department, CNO, and CEO about the acceptability of admissions</li> <li>• Maintains equipment and records</li> <li>• Assesses need for involuntary hospitalization evaluation and contacts county crisis team, law enforcement etc. as needed to ensure the safety of patient and others.</li> <li>• 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.</li> <li>• Performs quality assurance activities related to the behavioral health assessment and disposition process</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b></p> <ul style="list-style-type: none"> <li>• Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers, and physician practices</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li>• Director of Behavioral Medicine Services or designee</li> </ul> <p><b>Evaluator:</b> Department director or designee in conjunction with supervising physician or licensed independent Practitioner</p> <p><b>Tier Level:</b> 2</p> <p><b>eSAF Access Required:</b> YES</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>○ Master's degree or higher in counseling, psychology, social work or related field.</li> <li>○ A current state license for one or more of the following: <ul style="list-style-type: none"> <li>○ State RN License</li> <li>○ MFT (Marriage and Family Therapist)</li> <li>○ CPC (Certified professional counselor)</li> <li>○ LCSW (Licensed Clinical Social Worker)</li> <li>○ LMSW (Licensed Master Social Worker)</li> </ul> </li> </ul> <p><b>NOTE:</b> Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p><b>State Requirements:</b> Texas state license for the one of the below:</p> <ul style="list-style-type: none"> <li>○ Current RN license for Texas or Compact license</li> </ul>

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<ul style="list-style-type: none"> <li>○ Licensed Marriage and Family Therapist</li> <li>○ Licensed Clinical Social Worker</li> <li>○ Licensed Master Social Worker</li> </ul>
<p><b>Experience:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><b>Preferred Experience:</b></p> <ul style="list-style-type: none"> <li>• At least 1 year of behavioral health counseling, or experience in related field and evidence of continuing professional development preferred</li> </ul>
<p><b>Competencies:</b></p> <p>The Mental Health Assessor will demonstrate:</p> <ul style="list-style-type: none"> <li>• Trouble-shooting difficult testing situations and administering tests that are appropriate <ul style="list-style-type: none"> <li>○ Demonstrates proficiency in using psychological tests</li> <li>○ Assists in selection of test to be administered.</li> <li>○ Review test scores administered, including objective personality tests</li> <li>○ Maintains confidentiality and privacy in accordance with HIPAA regulations</li> </ul> </li> <li>• Accurate patient information review and evaluation <ul style="list-style-type: none"> <li>○ Uses at least two ways to identify patients</li> <li>○ Verifies that the requested services correlates with the patient’s clinical history, presentation and physician order</li> <li>○ accesses patient’s medical record appropriately</li> </ul> </li> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> </ul> </li> </ul>
<p><b>References:</b></p> <p>Texas Board of Nursing License Verification: <a href="https://www.bon.texas.gov/licensure_verification.asp">https://www.bon.texas.gov/licensure_verification.asp</a></p> <p>Nursing Compact States &amp; Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/">https://www.travelnursing.com/what-is-travel-nursing/nursing-compact-states/</a></p> <p>Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a></p> <p>Texas State Board of Social Worker Examiners Find a Licensee : <a href="https://www.dshs.texas.gov/socialwork/sw_search.shtm">https://www.dshs.texas.gov/socialwork/sw_search.shtm</a></p> <p>Texas State Board of Examiners of Marriage and Family Therapists: <a href="https://www.dshs.texas.gov/mft/">https://www.dshs.texas.gov/mft/</a></p>
<p><b>Document Control:</b></p> <ul style="list-style-type: none"> <li>• Cosmetic update 9/27/2019</li> <li>• Content update 11/11/2021</li> </ul>



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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:** \_\_\_\_\_