



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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Date: November 4, 2016
To: Adult and Older Adult System of Care Providers
From: Alexander Jackson
RE: 30-Day Notice: CFE to ANSA 25+ Transition

Effective **December 5, 2016**, the Adult and Older Adult Systems of Care will begin administering the **Adult Needs and Strengths Assessment (ANSA 25+)** tool in Level -1 Outpatient Programs (Service Teams, Full Service Partnerships, Assertive Community Treatment programs) and selected programs (Sub-Acute, Day Treatment, Residential Treatment and Vocational). The ANSA 25+ will officially replace the administration of the Community Functioning Evaluation (CFE).

This System-wide start date for the ANSA 25+ is **not** contingent upon your **Objective Arts - Service Management Record (OA-SMR)** Onboarding date. All required Adult and Older Adult providers will start implementing the ANSA 25+ on December 5, 2016 regardless of whether you are using the OA-SMR Automated CANS/ANSA System for data input or not.

Procedure:

1. All existing charts as of December 2016 require an Initial ANSA 25+ at the time of the next required update of the assessment or treatment plan.
2. All new charts opened in December 2016 or later require an Initial ANSA 25+ within 60 days from Episode Opening Date. This is typically falls between the Full Assessment due date (30 days) and Treatment Plan due date (60 days).
3. Should your OA-SMR Onboarding date be delayed beyond the month of December 2016, please proceed with administering the paper ANSA 25+ and hold onto them so that they may be entered into the OA-SMR System once your organization goes live.
4. The expectation is to enter up to 90 days of paper ANSA 25+ assessments into the OA-SMR system from Onboarding "Go Live" date. For example, if your OA-SMR Onboarding date is February 1, 2017; then the expectation is to enter all of your ANSA 25+ assessments from the months of December and January into the OA-SMR System.
5. Note: The ANSA 25+ is **not** a requirement for providers of the following services: Inpatient, Crisis, Medication-Only, Out-of-County, and Prevention and Early Intervention). Other exemptions may be granted on a case by case basis with the approval of BHCS Leadership.

