Assessment and Diagnosis Insurance# **Client Name** ______ Date: ______ site: _____ start time: ___ end time Client age_____ male ___female ___other ____ Persons and resources utilized in this assessment: _____ **Presenting problem** How are these problems evidenced at? Home Cafas score: School Cafas score _____ **Community life** Cafas score How are these problems evidenced in the client's? **Emotional Stability** Cafas score ____ **Thoughts** Cafas score _____ **Health and routines**

Assessment and Diagnosis				
Client Name Insurance#				
				
Substance use				
Cafas score				
Other life stressors				
Cafas score/caregiver Previous attempts to solve problems and their				
therapy medication				
by client				
other				
Desired results of treatment				
Stage of Change:		by Client	Caregiver	
I do not need to make any changes				
I have thought about making some changes				
I am making changes				
I have made changes and things are going we	11			
		·	·	
D. 1				
Risk assessment				
Suicidal behavior: yesno Acc	ess to weapons: ves	no		
Suicidui benuviori. yesno rec	cess to weapons. yes			
Homicidal behavior: yesno	Potentially agg	ressive pets: yes _	no	

Anger management issues: yesno	Illegal activities	s in home: yes	no	
Self-abuse: yesno	Family	violence: yes	_no	
Is client currently at risk of harm toward self	or others: yes	_:	or no	
TO	•			
If yes include an explanation and a safety	plan			

Assessment and Diagnosis Client Name	Insurance#
Trauma History:	
physical abuse ph	nysical neglect sexual abuse emotional abuse her traumatic experiences: suicide of
Strengths and Protective Factors:	
routines and age appropr	iate rules such as with food, bed time, curfew etc.
secure attachments with p	rimary caregiver, positive peers, pets
community supports sucl	h as mentors, coaches, religious leaders
skills such as reading leve	el and language development
care giver consistency ar	nd stability
extended family support	
Diagnosis:	
I	
П	
III	
IV	
V GAF: current	highest in past year
GARF current	highest in past year
Recommendations for treatment:	
CAFAS total score:	
Level of care recommendations based of	on the CAFAS score:
0-30 to qualified health pr	ofessional (non-SED)
40-70 outpatient services	
80-100 outpatient care w	ith additional intensive/supportive services
110-130 intensive, comm	unity based services, some may require acute residential
140 + Very intensive serv	rices: residential/in-patient

Assessment and Diagnosis Insurance# Client Name Does this client meet the criteria for SED? yes _____ no____ Does this client meet the criteria for case management services? yes _____ no ____ Provider summary and recommendations for care: Recommendations for referrals: ____ medication therapy _____ ____ case management services _____ substance abuse _____ group therapy _____ _____ self-help groups ______ _____ psychological testing_____ ____ art therapy_____

Assessment and Diagnosis Client Name Insurance#
Case Management criteria 907 KAR 15:040E, 907KAR 15:050E, and 907KAR 15:060E:
Γype I: for individuals with Serious Emotional Disability (SED) or Serious Mental Illness (SMI)
The client must have one of the following conditions:
 A a serious mental illness (SMI) with DSM diagnosis or exhibits significant symptoms for 2 years; or B been hospitalized for mental illness more than once with in the past 2 years and be impaired to function both socially or occupationally or both; or C a severe emotional disability (SED) that was based on the DSM and presents substantial limitation that have persisted for 1 year in at least 2 of the following areas: Self-care Interpersonal relationships Family life Self-direction and education The individual has been removed from the home by DCBS and has been unable to maintain in a stable setting due to a behavioral or emotional disturbance been judged by a mental health professional to be a high risk for being substantially limited in at least 2 of the areas listed above for 1 year without professional intervention and have
 not be between the ages of 22 and 64 years while receiving services in an institution for mental diseases; or an inmate in a public institution; And need assistance with access to:
 AHousing BVocational medical social educational or other community services or supports and 1Have been involved with at least one child welfare agency or criminal justice agency or 2In the custody of DCBS, or 3At risk of impatient mental health treatment 4At risk of out of home placement
Type II: for individuals with co-occurring Mental Health or Substance Use Disorders (SUD) and chronic complex physical health issues
The client must have one of the following conditions:
 A a serious mental illness (SMI) with DSM diagnosis or exhibits significant symptoms for 2 years; or B been hospitalized for mental illness more than once with in the past 2 years and be impaired to function both socially or occupationally or both; or

	ent and Diagnosis ame Insurance#
C	a severe amortional disability (SED) that was based on the DSM and appeared
C.	a severe emotional disability (SED) that was based on the DSM and presents substantial limitation that have persisted for 1 year in at least 2 of the following areas:
	6 Self-care
	7 Interpersonal relationships
	8 Family life
	9 Self-direction and education
	10 The individual has been removed from the home by DCBS and has been
Б	unable to maintain in a stable setting due to a behavioral or emotional disturbance
D.	been judged by a mental health professional to be
	1 a high risk for being substantially limited in at least 2 of the areas listed above
	for 1 year without professional intervention and have
	2a chronic complex physical health issue;
	3 not be between the ages of 22 and 64 years while receiving services in an
	institution for mental diseases; or an inmate in a public institution;
And need	assistance with access to:
A.	Housing
	Vocational medical social educational or other community services or supports and
	aHave been involved with at least one child welfare agency or criminal justice
	agency or
	bIn the custody of DCBS, or
	cAt risk of impatient mental health treatment
	d At risk of out of home placement
Type III:	for individuals with Substance Use Disorder (SUD)
The clien	t must have one of the following conditions:
A.	shall have a Substance Use Disorder (SUD) or a co-occurring SUD and a DSM
	diagnosis; and
B.	have lack of access to recovery supports; or need assistance with access to housing,
	vocational, medical, social, educational, or other community services and supports; or
	involvement with one or more child welfare or criminal justice agencies but not be an inmate
	of a public institution;
C.	not be between the ages of 22 and 64 years while receiving services in an institution
ъ	for mental diseases;
D.	or not be an inmate of a public institution;
This client	meets the criteria for targeted case management services under the 907 KAR 15:040E, 15:060
E, and 15:0	60E

Signature and credentials of provider______Date____

(SED) Seriousl	(0 to 18 years) with a severe emotional disability means a child with a clinically significant of thought, mood, perception, orientation, memory or behavior that is listed in the current edition merican Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders and that: presents substantial limitation that have persisted for a least one (1) year or are judged by a mental health professional to be a high risk of continuing for one (1) year without onal intervention in at least two (2) of the following (5) areas: self-care, defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age interpersonal relationships, defined as the ability to build and maintain satisfactory relationships with peers and adults family life, defined as the capacity to live in a family or family type environment self-direction, defined as the child's ability to control his or her behavior and to make decision in a manner appropriate to his or her age education, defined as the ability to learn social and intellectual skills from teachers in available educational settings, or Is a Kentucky resident and is receiving residential treatment for emotional disability through state compact; or The Department for Community Based Services has removed the child from the child's home been unable to maintain the child in a stable setting due to 1 behavioral or emotional disturbance; or 2 is a person under twenty-one (21) years of age meeting the criteria of paragraph (a) of section and who was receiving services prior to age eighteen (18) that must be continued for
disorder of thou	ight, mood, perception, orientation, memory or behavior that is listed in the current edition
a present	s substantial limitation that have persisted for a least one (1) year or
2	interpersonal relationships, defined as the ability to build and maintain satisfactory ships with peers and adults family life, defined as the capacity to live in a family or family type environment self-direction, defined as the child's ability to control his or her behavior and to make
5	education, defined as the ability to learn social and intellectual skills from teachers in
	·
1	_ behavioral or emotional disturbance; or
	and who was receiving services prior to age eighteen (18) that must be continued for
Yes, Th	his client does meets the KRS criteria for a severe emotional disability.
No, Th	is client does not meet the KRS criteria for a severe emotional disability.

Signature and credentials of the provider ______Date _____

Гуре of contact	 am to pm to Purpose of contact Role	
Гуре of contact	 am pm to Purpose of contact Role	
Гуре of contact	 am pm to Purpose of contact _ Role	
Гуре of contact	 am pm to Purpose of contact _ Role	
Гуре of contact	 am pm to Purpose of contact _ Role	

Client Name _____ # _____