

## Assessment and Diagnosis

Client Name \_\_\_\_\_ Insurance# \_\_\_\_\_

Date: \_\_\_\_\_ site: \_\_\_\_\_ start time: \_\_\_\_\_ end time \_\_\_\_\_

Client age \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ other \_\_\_\_\_

Persons and resources utilized in this assessment: \_\_\_\_\_

### Presenting problem

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How are these problems evidenced at?

Home

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Cafas score: \_\_\_\_\_

School

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Cafas score \_\_\_\_\_

Community life

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Cafas score \_\_\_\_\_

How are these problems evidenced in the client's?

Emotional Stability

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Cafas score \_\_\_\_\_

Thoughts

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Cafas score \_\_\_\_\_

Health and routines

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## Assessment and Diagnosis

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### Substance use

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Cafas score \_\_\_\_\_

### Other life stressors

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Cafas score/caregiver \_\_\_\_\_

### Previous attempts to solve problems and their results:

\_\_\_\_ therapy \_\_\_\_\_  
\_\_\_\_ medication \_\_\_\_\_  
\_\_\_\_ by client \_\_\_\_\_  
\_\_\_\_ other \_\_\_\_\_

Desired results of treatment \_\_\_\_\_

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### Stage of Change:

by Client

Caregiver

Stage of Change:	by Client	Caregiver
I do not need to make any changes		
I have thought about making some changes		
I am thinking about making changes		
I am making changes		
I have made changes and things are going well		

### Risk assessment

Suicidal behavior: yes \_\_\_\_ no \_\_\_\_ Access to weapons: yes \_\_\_\_ no \_\_\_\_

Homicidal behavior: yes \_\_\_\_ no \_\_\_\_ Potentially aggressive pets: yes \_\_\_\_ no \_\_\_\_

Anger management issues: yes \_\_\_\_ no \_\_\_\_ Illegal activities in home: yes \_\_\_\_ no \_\_\_\_

Self-abuse: yes \_\_\_\_ no \_\_\_\_ Family violence: yes \_\_\_\_ no \_\_\_\_

Is client currently at risk of harm toward self or others: yes \_\_\_\_ : \_\_\_\_\_ or no \_\_\_\_

If yes include an explanation and a safety plan. \_\_\_\_\_

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### Trauma History:

\_\_\_\_ physical abuse    \_\_\_\_ physical neglect    \_\_\_\_ sexual abuse    \_\_\_\_ emotional abuse  
\_\_\_\_ witnessed abuse    \_\_\_\_ other traumatic experiences: \_\_\_\_\_  
\_\_\_\_ abuse of primary care giver    \_\_\_\_ murder of \_\_\_\_\_    \_\_\_\_ suicide of \_\_\_\_\_

### Strengths and Protective Factors:

\_\_\_\_ routines and age appropriate rules such as with food, bed time, curfew etc.  
\_\_\_\_ secure attachments with primary caregiver, positive peers, pets  
\_\_\_\_ community supports such as mentors, coaches, religious leaders  
\_\_\_\_ skills such as reading level and language development  
\_\_\_\_ care giver consistency and stability  
\_\_\_\_ extended family support

### Diagnosis:

I \_\_\_\_\_

II \_\_\_\_\_

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 on the CAFAS score:

\_\_\_\_ 0-30 to qualified health professional (non-SED)  
\_\_\_\_ 40-70 outpatient services  
\_\_\_\_ 80-100 outpatient care with additional intensive/supportive services  
\_\_\_\_ 110-130 intensive, community based services, some may require acute residential  
\_\_\_\_ 140 + Very intensive services: residential/in-patient

**Client Name** \_\_\_\_\_

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Case Management criteria 907 KAR 15:040E, 907KAR 15:050E, and 907KAR 15:060E:

**Type 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:
  - 1. \_\_\_\_\_ Self-care
  - 2. \_\_\_\_\_ Interpersonal relationships
  - 3. \_\_\_\_\_ Family life
  - 4. \_\_\_\_\_ Self-direction and education
  - 5. \_\_\_\_\_ 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
- 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
  - 2. \_\_\_\_\_ 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
- B. \_\_\_\_\_ Vocational medical social educational or other community services or supports and
  - 1. \_\_\_\_\_ Have been involved with at least one child welfare agency or criminal justice agency or
  - 2. \_\_\_\_\_ In the custody of DCBS, or
  - 3. \_\_\_\_\_ At risk of inpatient mental health treatment
  - 4. \_\_\_\_\_ At 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

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- 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 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
  2. \_\_\_\_\_ a 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
- B. \_\_\_\_\_ Vocational medical social educational or other community services or supports and
- a. \_\_\_\_\_ Have been involved with at least one child welfare agency or criminal justice agency or
  - b. \_\_\_\_\_ In the custody of DCBS, or
  - c. \_\_\_\_\_ At risk of inpatient mental health treatment
  - d. \_\_\_\_\_ At risk of out of home placement

### Type III: for individuals with Substance Use Disorder (SUD)

#### The client 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 for mental diseases;
- D. \_\_\_\_\_ or not be an inmate of a public institution;

This client \_\_\_\_\_ meet the criteria for targeted case management services under the 907 KAR 15:040E, 15:060 E, and 15:060E

Signature and credentials of provider \_\_\_\_\_ Date \_\_\_\_\_

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### (SED) Seriously Emotionally Disabled Criteria KRS 200.501 to 200.509

A child (0 to 18 years) with a severe emotional disability means a child with a clinically significant disorder of thought, mood, perception, orientation, memory or behavior that is listed in the current edition of the American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders and that:

- a. \_\_\_\_\_ presents substantial limitation that have persisted for a least one (1) year or
- b. \_\_\_\_\_ are judged by a mental health professional to be a high risk of continuing for one (1) year without professional intervention in at least two (2) of the following (5) areas:
1. \_\_\_\_\_ self-care, defined as the ability to provide, sustain, and protect his or herself at a level appropriate to his or her age
  2. \_\_\_\_\_ interpersonal relationships, defined as the ability to build and maintain satisfactory relationships with peers and adults
  3. \_\_\_\_\_ family life , defined as the capacity to live in a family or family type environment
  4. \_\_\_\_\_ 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
  5. \_\_\_\_\_ education, defined as the ability to learn social and intellectual skills from teachers in available educational settings, or
- c. \_\_\_\_\_ Is a Kentucky resident and is receiving residential treatment for emotional disability through the interstate compact; or
- d. \_\_\_\_\_ The Department for Community Based Services has removed the child from the child's home and has 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 this subsection and who was receiving services prior to age eighteen (18) that must be continued for therapeutic benefit.

\_\_\_\_\_ Yes, This client does meets the KRS criteria for a severe emotional disability.

\_\_\_\_\_ No, This client does not meet the KRS criteria for a severe emotional disability.

Signature and credentials of the provider \_\_\_\_\_ Date \_\_\_\_\_

**Client Name** \_\_\_\_\_ **#** \_\_\_\_\_

**Phone/Text/Email Contact Log**

Date \_\_\_\_\_ Time \_\_\_\_\_ am to pm to \_\_\_\_\_ am pm \_\_\_\_\_

Type of contact \_\_\_\_\_ Purpose of contact \_\_\_\_\_

Person Contacted \_\_\_\_\_ Role \_\_\_\_\_

Content

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Date \_\_\_\_\_ Time \_\_\_\_\_ am pm to \_\_\_\_\_ am pm \_\_\_\_\_

Type of contact \_\_\_\_\_ Purpose of contact \_\_\_\_\_

Person Contacted \_\_\_\_\_ Role \_\_\_\_\_

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Content

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Type of contact \_\_\_\_\_ Purpose of contact \_\_\_\_\_

Person Contacted \_\_\_\_\_ Role \_\_\_\_\_

Content

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Provider Signature and Credentials \_\_\_\_\_ Date \_\_\_\_\_