Assessment and D	Diagnosis				
Client Name		Insurance#			
Date:	site:	clinician:			
Client age	malefemale	_other			
Persons and resources utilized in this assessment:					
Presenting problem					
How are these proble Home					
School					
	Catagagaga				
Community life					
How are these proble	Cafas score ems evidenced in the client's	?			
Emotional Stability					
Thoughts	Cafas score				
	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		
		Caregive
NTAGE OF C'HANGE'	hv Client	
	by Client	
do not need to make any changes		
l do not need to make any changes I have thought about making some changes		
do not need to make any changes have thought about making some changes am thinking about making changes		
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 do not need to make any changes I have thought about making some changes		
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 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 wel	1	
do not need to make any changes have thought about making some changes am thinking about making changes am making changes have made changes and things are going wel Risk assessment	1	
do not need to make any changes have thought about making some changes am thinking about making changes am making changes have made changes and things are going wel Risk assessment Suicidal behavior: yesno Acce	lno	NO
do not need to make any changes         have thought about making some changes         am thinking about making changes         am making changes         have made changes and things are going wel         Risk assessment         Suicidal behavior: yesno Accord         Homicidal behavior: yesno	ess to weapons: yesno Potentially aggressive pets: yes _	

Insurance#\_\_\_\_\_

Trauma History:
physical abuse physical neglect sexual abuse emotional abuse
<pre> witnessed abuse other traumatic experiences: abuse of primary care giver murder of suicide of</pre>
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:
Ι
II
III
IV
V GAF: current highest in past year
GARF currenthighest 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

Assessment and Diagnosis Client Name	Insurance#
Does this client meet the criteria for SED? yes	no
Does this client meet the criteria for case managem	nent 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	

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 impatient 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

### Assessment and Diagnosis Client Name \_\_\_\_\_

## Insurance#\_\_\_\_\_

- 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 impatient 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 meets 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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### Insurance#\_\_\_\_\_

### (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	