

CCASBE 2 (LD) DATA DEFINITIONS - RE-EVALUATION

Item #	Item Description	Yes or No or NA	Item Definition (To score "yes", the item must meet these requirements)
SECTION I: IDENTIFYING INFORMATION			
I.A Child Information			
1	Child Name, child DOB, Chronological Age, Gender, Race, and Ethnicity		Child's name, date of birth, current age, gender, race, and ethnicity are indicated .
2	Current Residence (Mailing Address, Phone #, Contact Means)		The address and phone number of the home where the child is living, and where the child and/or family may be contacted at the time of evaluation is documented.
3	Current School (Name of School, Grade)		The name of the school that the child attends (including pre-kindergarten schools) and grade are indicated. If the child's chronological age is between 5-18, and no school is indicated, the reason for the child's lack of school affiliation must be indicated (ie: home schooling, etc.).
I.B. Family Information			
4	Current Members of family home (Names, Ages, Relationship to Child)		The names, ages, and relationship to the child of the members of the household in which the child is currently living are listed. This item does not include biological parents' name and ages, which is scored under item #5.
5	Biological Parents (Name, Age, Living Situation, Marital Status)		The name and age of one or both of the child's biological parents is specified. It is documented whether or not each parent lives in the home with the child, and whether or not the parents live with one another or separately. There is also clear evidence of the parent's marital status.
6	Step-Parents (Name, Age, Living Situation, Marital Status)		The name and age of the child's step-parent(s) is specified. It is documented whether or not step-parent(s) lives in the home with the child, and whether or not the step-parent(s) live with the biological parent to whom they are married, or separately. Select "N/A" if child does not have Step- parents.
7	Siblings and/or half-siblings not living in the household with child (Name, Age, Relationship, Living Situation, Degree of Contact)		The name, age, relationship, and living situation of each sibling and/or half-sibling and the degree to which they have contact with the child is indicated. It will be assumed that there are no more siblings/half-siblings than those mentioned. Select "N/A" if the child does not have siblings and/or half-siblings or have no siblings living outside the household.
8	Current Custody Arrangements (Legal Guardianship - Contact person/agency, phone #)		Name and phone number of individual(s)/agency that has legal custody of the child if other than biological/adoptive parents (CYS, family members) as well as a description of the nature of the individual(s) relationship to the child. Select "N/A" if biological/adoptive parents have custody of the child.
9	Any other specialized needs in family members		It is noted whether or not family members have any specialized needs, and/or any services provided to family members, such as receiving counseling or having significant medical issues, or if there have been recent traumatic family events, etc.
I.C. Community			
10	Current Involvement in specific child-serving systems		Discussion of involvement, or lack of involvement, with child-serving systems, which may (but not necessarily or exclusively) include the following: MH/MR, CYS, D&A, Private Behavioral Health Service Providers, Probation, Early Intervention, Head Start, Pediatrician, PCP, etc. The reason for the involvement should be clear. Also, a summary of interagency collaboration should be included.

11	Summary of Changes		Any changes are included in the evaluation that describes what is different from the last evaluation, or a statement that nothing has changed.
SECTION II: REASON FOR REFERRAL/RELEVANT INFORMATION			
II.A. Reason for Re-Evaluation		Yes or No or NA	
12	Indicate the specific goal of the re-evaluation		The specific goal of the re-evaluation is indicated as well as identification of continuing needs.
II.B. Relevant Information			
13	Child Progress and Strengths		Child's progress and strengths are identified. For instance, the child's strengths may be thought of in terms of situations, times, and places when the child functions effectively without support. These strengths may also include interests, skills, activities and competencies, most significant/most valued accomplishment (past or current), strengths as an individual, ways of relaxing and having fun, and ways of calming self down when upset or angry.
14	Family Participation and Responses of the child's Family to Treatment		Family's (i.e., immediate biological/adoptive family, and/or step parents/siblings and half siblings that live in the child's family home) participation is described, as well as their response to treatment.
15	Areas of Concern (new or remaining since last evaluation)		New or remaining concerns (i.e. symptoms, behaviors, stressors) since last evaluation are discussed.
16	Types of services that have been provided, with the actual frequency, over the treatment period		The types of services which have been provided to the child, along with the actual frequency as compared to the child's prescription over the treatment period, are described.
17	Service Additions or Modifications (since last evaluation)		Any type of service additions or modifications which may have occurred, as well as the purpose for these changes, and any response by the child/family are discussed. It should be noted that there have (or have not) been any service additions or modifications since the time of the last evaluation.
18	Re-assessment of medical status and / or sensory limitations		There is a statement regarding the child's current medical status. It is stated whether or not the child has any sensory limitations, for example auditory, visual or expressive/receptive language deficits.
19	Re-assessment of psychiatric medication		There is a statement regarding the child's psychiatric medication, including the name, dosage, and schedule, as well as any changes and response. The re evaluation needs to state explicitly whether or not the child is taking psychiatric medication to meet the requirements of this item.
20	Summary of educational progress (since last evaluation)		A summary of the child's educational progress since the last evaluation is documented. May be "N/A" if child is not of school age.
21	Summary of social progress/ community involvement / natural supports		A summary of the child's social progress/community involvement / natural supports is included. This item may also include lack of opportunity for involvement (very young children, etc.).
22	Identified Concerns Regarding Delivery of Prescribed Interventions		Any concerns that result from the prescribed intervention, along with a description of what has been done to address these concerns, are described.

SECTION III: INTERVIEW/RESULTS OF ASSESSMENT			
III.A. Interview		Yes or No or NA	
23	Participants in interview		Identifies all individuals present at the face-to-face interview and their level of participation.
24	Formal Mental Status Exam		For the mental status examination of children and adolescents, the clinician observes and assesses the following areas (11 out of 13 to score yes): ____ physical appearance; ____ manner of relating to the examiner and parents, including the ease of separation; ____ affect; ____ mood; ____ orientation to time, place, person; ____ motor behavior, including activity level; ____ content and form of thought, including hallucinations, delusions, thought disorder; ____ suicidality or dangerousness to self or others; ____ speech and language; ____ overall intelligence; ____ attention; ____ memory; ____ judgement and insight. Sources: 1. American Academy of Child and Adolescent Psychiatry (AACAP) "Practice Parameters for the Psychiatric Assessment of Children and Adolescents" 2. American Psychological Association/Division 12; http://www.div12.org
25	Observed Strengths		The child's strengths observed at the time of the interview are described.
26	Key Issues and Concerns (as identified by child, family/key informants)		Key issues and concerns, as identified by the child and/or family/key adults (or lack thereof) are described.
III.B. Results of Psychological Assessment			
27	Objective or self-report measures (e.g. Conners, Achenbach Scales, CANS)		If objective and/or self-report measures are used, this information is reported and integrated with existing interview and archival data. Select "N/A" for evaluations that do not include objective or self-report measures.D23
SECTION IV: DISCUSSION/DIAGNOSIS/RECOMMENDATIONS			
IV. A. Discussion			
28	Overview of strengths, Summary of concerns		Update of child's strengths, concerns, needs, future planning etc. is documented.
29	Comprehensive clinical conceptualization		An update of the comprehensive clinical conceptualization is documented. The clinical symptoms support the diagnosis and recommendations. This may include a description of the probable course of symptoms over time with and without treatment.
30	Available or untapped natural supports/community resources		Available natural supports/community resources, or lack thereof, are described and documented within the recommendations.
31	Explanation of the medically necessary Intervention.		Must provide the rationale for the type/level of service recommended. (Should be informed by CASSP Principles. Should consider full array of services available). Medical Necessary Intervention is described. Full array of services include, but are not limited to, the following: Intensive Outpatient Care, Psychiatric Assessment/Medications, Intensive Case Management, Medical Assessment, Family Based MH Services, BHRS, Respite Care, CYS Involvement, RTF, Psychiatric Inpatient, Traditional Outpatient Care, Medical Management, Partial, JPO, D & A Services, Early Intervention, After-school and other community-based programs, IEP School Based Resources, OVR or other prevocational supports, Resource Coordination, Targeted Case Management, Intellectual and Developmental Disability (IDD) Services. Must include brief an explanation why other least restrictive / least intrusive services are not clinically indicated.

		Yes or No or NA	
IV. B. Diagnosis			
32	Diagnosis from DSM-5		DSM-5 has moved to a nonaxial documentation of diagnosis (formerly Axes I, II, and III), with separate notations for important psychosocial and contextual factors (formerly Axis IV) and disability (formerly Axis V) – taken from p. 16 of the DSM 5 section on the Multiaxial System. Diagnosis code 799.59 Unspecified Neurocognitive Disorder (reference page 643 - DSM-5) should not be used if behavioral health treatment interventions are recommended
IV. C. Recommendations			
33	Specific Level of Care recommended		The level of care is specified, such as BHRS, Family Based, Outpatient, RTF, etc., or none. Credit may be given if evaluation mentions wraparound or a combination of BSC, MT, and TSS. If there are no behavioral health treatment recommendations, select "N/A" .
34	Proposed Frequency and Intensity of BHRS		If BHRS is recommended, the frequency and intensity of the recommended services is indicated. The specific services recommended are listed, such as Behavioral Specialist Consultant (BSC), Mobile Therapist (MT), and Therapeutic Staff Support (TSS). Specific hours of service delivery and location for each service should be indicated. If there are no BHRS recommendations, select "NA."
35	Active Family Participation		Evidence of documentation that there is active participation of family caregivers in all aspects of treatment. It is the responsibility of the evaluator to discuss this principle as related to the child and family during the interview.
36	Goal for Each Service		Treatment recommendations, and the goals for each service recommended in the evaluation are clearly stated. If there are no behavioral health treatment recommendations, select "N/A" .
37	Natural Supports/Community Resources		Natural Supports/community resources of potential benefit to the child and family are identified. If no community resources are listed, there must be an explanation of why, and must be addressed in treatment recommendations.
38	Psychiatric Consultation		If there are psychiatric treatment referrals/recommendations, the services are stated and a rationale is included. If there are no psychiatric treatment recommendations, select "N/A" .
39	Psychotropic Medications Recommendations (names, dosage, schedule)		If a psychiatrist is conducting the evaluation, and there are psychotropic medications recommended, the names, dosages, and schedules of those medications are stated. If there are no psychotropic medications recommended, AND no psychiatric referral is given, select "N/A" . For an evaluation not conducted by a psychiatrist, select "NA."
40	Ancillary Services		If ancillary services are recommended (neurological/psychological testing, etc.), those services are specified. If there are no ancillary services recommended, select "N/A" .
41	Discharge Recommendations,		Discharge recommendations, progress towards discharge and discharge readiness. Specific gains / behavioral changes reflecting identified needs from assessment. What needs to be accomplished for the level of care to be no longer medically necessary. What is the recommended discharge level of care. Simply stating "meets treatment goals" is not acceptable.
SECTION IV: TOTAL POINTS POSSIBLE: 14			
All sections total = 41			

