

## **CCASBE-LD2 (Re-Evaluation Format)**

**Comprehensive Child/Adolescent Strengths-Based Evaluation (*Life Domain*)<sup>2</sup>**  
**Re-Evaluation**

(For subsequent evaluations with same evaluator.)

[Agency or Practitioner Letterhead]

Name:

DOB:

Date of Re-Evaluation:

**Identifying Information**

- Summarize previous assessments, updating all information when relevant.
- Orient reader by describing what is different in this section from last evaluation  
(e.g. custody changes, school changes, etc.)

**Reason for Re-Evaluation**

- Indicate the specific goal of the re-evaluation; and identify continuing needs.
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**Update**

- A. Major Changes
- B. Child and family Functioning
- C. Use and impact of services and state whether effective or not
- D. Any suggestions to address continuing issues

*This section could be done as an update, or the evaluator could continue the formatting from the initial evaluation.*

- Progress of child
- Strengths of child
- Family participation
- Areas of concern (new or remaining)
- Types of services which have been provided, with the actual frequency, over the treatment period
- Clinical Response of the child and family to treatment (and specifically determine child's progress with services or lack thereof)
- Service additions or modifications which may have occurred, the purpose for these changes, and response
- Re-assessment of medical status

- Re-assessment of psychiatric medication, including any changes and response
- Summary of educational progress
- Summary of social progress/community involvement/natural supports
- Summary of inter-agency collaboration
- Other events which may have an impact on treatment
- Additional services needed/planned
- Has the prescribed intervention produced any untoward or undesirable effects?  
If so, what has been done to address these?

## **Interview**

### **A. Participants**

- Indicate results of individual interview and family interview. Assess separately and conjointly.

### **B. Child's Mental Status (describe orientation, verbalizations, estimate of cognitive functioning, concentration, mood, affect, behavior and degree of insight/judgment appropriate to age, current suicidality or dangerousness to self/others, psychotic symptoms)**

- Note changes in mental status since last evaluation. Note any changes in cooperation/rapport.

### **C. Key Issues/Concerns**

- Identify all areas, whether raised by child or child's support system

### **D. Consensus**

- Agreements reached regarding interventions

## **Results of Psychological Re-assessment/Assessment**

If objective and/or self-report measures are used, report and integrate this information with existing interview and archival data. If measures are reported from previous evaluations, please discuss quantitative and qualitative differences in data, and possible interpretation. Do measures add validity to other reports?

## **Discussion**

### **A. Overview**

- Update of clinical conceptualization since prior evaluation: strengths, concerns, themes, needs, future planning
  - Diagnostic considerations
  - Available or untapped natural supports/community resources

### **B. Medically Necessary Interventions**

- A brief summary of the rationale for indicating a continuation or change in the specific service prescription
- Informed by least restrictive alternative
- Consider full continuum of services
- What Medical Necessity Criteria are met?

### **Diagnosis**

- Diagnosis using DSM-IV
- Diagnosis should be updated, using new information and treatment response.

### **Recommendations**

(Developed in conjunction with the Interagency Service Planning Team, including family)

- A. Specific Professional Services
  - The specific level of care, along with intensity, frequency and duration
  - Consider new services/referrals
  - Note responsible parties for the key goals/services
  - If BHRS are recommended; Mobile Therapy, Therapeutic Support Staff, BSC, - specific hours of service delivery, location and goal for each service should be indicated.
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- B. Community Resources/Natural Supports
  - Continuation
  - New initiatives
- C. Psychiatric/Medication Services (if relevant)
  - Any changes/reconsiderations
- D. Supplementary Services (e.g. BCM, additional assessment such as neuropsychological evaluation)
- E. Plan for 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.
- F. Specific Discharge Plan
  - What specific alternative levels of care have been considered?
  - What makes this recommendation the most appropriate level of care for this Member/family?
  - What needs to be accomplished for this level of care to no longer be medically necessary?
  - Are there, after careful clinical consideration, any potential risks or untoward effects in recommending this level of care, and possible

adjustments that would be clinically prudent to be made in the treatment prescription?

Signature of Evaluator:

Title:

Date: