

Children's Behavioral Health- Day Treatment Section 65 Comprehensive Assessment

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|--------------------------|--|------------------------|--|
| Name of Student: | | DOB: | |
| Maine Care ID # : | | Current Age: | |
| Date of plan: | | Date of review: | |

Current Status (presenting problems *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

Diagnosis: *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

| | Diagnosis | Name and Credentials of Evaluators |
|-----------------|-----------|------------------------------------|
| Axis I: | | |
| Axis II: | | |

AND

Documentation of Significant Functional Impairment { Must be at least 2 standard deviations below the mean in one domain of development; or 1.5 standard deviations below the mean in at least 2 areas}; *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

_____ **Standardized Testing**

Name of Evaluation and Results:

Evaluator:

Date:

OR

_____ **Clinical Assessment** *(ex: Psychological Evaluation, Psychologist Report, LCSW Assessment, and some components of Psychoeducational Evaluation)*

Name of Evaluation and Results:

Evaluator:

Date:

1) Student and family history *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

2) Mental health history -Strengths and needs in the following domains; (Personal, family, social, emotional, psychiatric, psychological, medical, drug and alcohol) *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

3) Assessment of current functioning in all pertinent areas (Legal, educational, vocational, leisure, recreation, financial, housing, etc) *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

4) Physical/ sexual and emotional abuse history *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

5) Developmental history *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

6) Physical and environmental barriers to treatment *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

7) Treatment History: (Include medication history, past and current treatment plans is applicable, and student's response) *(Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment)*);

**8) Potential need for Crisis intervention:
Current status:**

9) Supports in place for the Student (*Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment*):

10) Substance use/abuse issues- both student and family- if appropriate (*Maine Care Benefits Manual, 10-44 Chapter 101; Section 65.09, Policies and Procedures, A. Comprehensive Assessment*):

- a) Onset of alcohol and drug use;
- b) Duration:
- c) Patterns and consequences of use:
- d) Family usage:
- e) Types and response to previous treatment:

Evaluation completed by: _____ Credentials: _____
Date evaluation given to parents: _____