Massachusetts CANS Assessment

MassHealth ID :			
Name	* *	Date Of Birth	
Age	17 Yr 0 Mo	Gender	M
Race	White	Ethnicity	American
Primary Language	English	Language At Home	English
Current Living Situation	Home	Other	3
Client's Masshealth Plan Enrollment			

Certified Assessor	Kevin Hull	Certified Assessor Employer	River Valley Counseling Center Inc.
Assessor Phone Number	413-594-2141	NPI	
Date Of Assessment	02/20/2017	Reason	Initial
is this MH client enrolled in ICC?	No		
Place Of Assessment	Outpatient Provider Office	Other	
Level Of Care	Outpatient Treatment		
Referred by Source	School	Other	

SED Determination

Identifying Children / Adolescents with Serious Emotional Disturbances¹

Serious Emotional Disturbance (SED) is a term that encompasses one or more mental illnesses or conditions. Whether a member has a SED can be determined by applying either the Part I or Part II below; or both. Identifying a child as having SED is one step in the determination of medical necessity for Intensive Care Coordination. In addition, MassHealth will be tracking SED determinations to guide service system improvements for children and families. Accurate identification of children with SED will assist MassHealth improve services for this population in the future.

A child may have a SED under either the Part I or Part II or both¹. All criteria in Part 1 and Part 2 must be considered and ruled in or out.

Part I:

Please answer the following questions according to your current knowledge of the child or adolescent:

1. Does the child currently have, or at any time in the last 12 months has had, a diagnosable DSM-IV or ICD-10 disorder(s)? Developmental disorders, substance abuse disorders or V-codes are not included unless they co-occur with another DSM-IV or ICD-10 diagnosis.

Yes

2. If yes to question 1, please indicate whether those diagnoses resulted in functional impairment which substantially interferes with, or limits, the child's role or functioning in any of the following areas. (Functional impairment is defined as difficulties which substantially interfere with or limit his or her ability to achieve or maintain one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment).

Family School

Part II:

4. Please indicate if the child has exhibited any of the following over a long period of time, and to a marked degree that adversely affects the child's educational performance:

- (a) An inability to learn, that cannot be explained due to intellectual, sensory, or health factors. No
- (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (c) Inappropriate types of behavior or feelings under normal circumstances.

Yes

If yes to (c), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

No

(d) A general pervasive mood of unhappiness or depression.

Yes

If yes to (d), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

Nο

(e) A tendency to develop physical symptoms or fears associated with personal or school problems. Yes

If yes to (e), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

No

- 5. The child / adolescent has SED under Part I Yes
- 6. The child / adolescent has SED under Part II Yes
- 1 The determination that a child meets these clinical criteria is not an evaluation under federal and state laws addressing special education.

en e	Life Doma	in Functioni	ng -		
	0	1	2	3	NA
1. Family		1			
2. Social Functioning	0				
3. Medical/Physical	0				
4. Developmental Delay	0				
5. Learning Disability	0				
6. Sexuality		1			
7. Self Care	0				
8. Community	0			-	
9. School Behavior	0				
10. School Achievement			2		
11. School Attendance	0				
	Life Domain Fu	nctioning Com	ments	<u> </u>	<u> </u>

The client's father reports an increase in arguments at home, but state it is not a huge issues. The client is 17 years old and is dating a 13 year old. In addition, the client has four failing grades. 02/20/2017

C	hild Behavior	al / Emotion	al Needs 🕬		elestia (2000)
		1	2	3	NA
13. Psychosis	0				
14. Hyperactivity/Implusivity	0			<u> </u>	

15. Depression			2		
16. Anxiety			2		
17. Oppositional	0				
18. Conduct	0			<u> </u>	
19. Adjustment to Trauma		1	-		-
20. Emotional Control	0		<u> </u>		
21. Substance Use	0		1		
22. Eating Disturbance	0			-	

Child Behavioral / Emotional Needs Comments

Client has difficulty expressing his himself, and shows signs of depression and anxiety. The client reports of constant over thinking. 02/20/2017

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	0	1	2	3	NA
24. Suicide Risk	<u> </u>	1			
25. Self-Mutilation	0		·		
26. Other Self Harm		1		-	-
27. Danger to Others	0				
28. Sexual Aggression	0	_			
29. Runaway	0	L	_		
30. Delinquent Behavior	0				
31. Judgment	0		<u></u>		
32. Fire Setting	0	-			
33. Sanction Seeking Behavior	0	<u>-</u>			
34. Bullying	0		-	· -	
35. Exploited	0			<u> </u>	

Child Risk Behaviors Comments

The client states that he gets occasional suicidal ideation and thinks about cutting, but has stated he has never harmed himself before. 02/20/2017

	0	1	2	3	NA
37. Language	0			-	
38. Discrimination/Bias	0				
39. Cultural Identity	0				
40. Cultural Differences within a Family	0	, , , , , ,			
41. Youth/Family Relationship to System	0				
42. Agreement about Strengths and Needs	0		-		<u> </u>

Cultural Considerations Comments

No concerns reported at this time. 02/20/2017

Transition to Adulthood

	0	1	2	3	NA
44. Independent Living Skills		1			
45. Transportation		1		<u>-</u>	
46. Personality Disorder	0				
47. Parenting Roles				<u>-</u>	NA
48. Medication Adherence					NA
49. Educational Attainment			2	_	
50. Financial Resources	0				

Transition to Adulthood Comments

The client is currently in high school, however struggles with responsibilities within school and at home. 02/20/2017

	0	11	2	3	NA
52. Family		1			
53. Interpersonal		1			
54. Optimism				3	
55. Educational System		1			
56. Vocational			2	_	
57. Talents/Interests			2		
58. Spiritual/Religious				3	<u> </u>
59. Community Connections			2		
60. Resiliency		1			

Child Strengths Comments

Client has a close relationship with his father, however reports a lack of relationship with his mother. Client struggles to confide members of his family however, confides in his friends. Client reports not having many interests or community connections. The individuals at the client's school are strengths in the client's life. 02/20/2017

and the same of	Caregiver Resources And Needs
Caregiver Name	
Caregiver Relationship to child	Parent

	0	1	2	3	NA
62. Medical/Physical	0				
63. Mental Health	0				
64. Substance Use	0				<u> </u>
65. Developmental	0				
66. Family Stress		1			
67. Housing Stability	0				
68. Supervision	0				
69. Involvement	0				
70. Organization	0				
71. Natural Supports	0				
72. Financial Resources	0	-			

Caregiver Resources And Needs Comments

Client's father is very involved with his child and overall is in good health. 02/20/2017

	Diagnosis
Physical Conditions	None
Psychosocial Stressors	Problems related to the social environment
	Educational problems
CGAS (Children's Global Assessments Scale)	40

	0	1	2	3
79. Diagnostic Certainty		, 1		
80. Prognosis		_	2	
Diagnosis Comments				

The client functions "normally" most days, however struggles to function appropriately. 02/20/2017 02/20/2017

Summary/Review

Client struggles with depressive and anxious feelings. Client reports that he feels that his mother does not like him and never has. Client is close with his father. Client's father states he wants the client to learn coping skills. 02/20/2017

COMPLETE Date: 02/20/2017

DEO(s) for this record

--None--

Certified Assessor: Kevin Hull

* This document contains Protected Health Information (PHI) and is provisioned by electronically stored information (ESI).