MENTAL HEALTH & SUBSTANCE ABUSE

Texas Resilience and Recovery: Child and Adolescent Uniform Assessment

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CMBHS Client Number: ☐☐☐☐☐☐☐☐☐☐

Suffix: ☐☐☐ Local Case Number: ☐☐☐☐☐☐☐☐☐☐

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐ Component: ☐☐☐

Middle Name: ☐☐☐☐☐☐☐☐☐☐ Location: ☐☐☐☐☐☐

Medicaid: _ _ _ _ _ _ _ _ _

Assessment Type: Crisis ☐ Initial ☐ Update ☐ Discharge ☐ Initial Non-Admission ☐

Referral Source: _____

If Discharge: Discharge Date: _ _-_ _-_ _ _ _ Reason For Discharge: _____Referred To: _____

At Risk of Placement ☐ ED (Special Education) ☐ Foster Care ☐ TCOOMI Consumer ☐

Action Type: Add: ___ Correct/Modify: ___ Delete: ___

Section 1: Child and Adolescent Needs and Strengths (CANS)

(Initial completed by LMHA or Provider QMHP; Update/Discharge completed by Provider QMHP)

A. CANS Assessment Date: ☐☐ - ☐☐ - ☐☐☐☐

B. CANS 3-5 *or* 6-17 (Complete and attach appropriate form)

C. Calculated Level Of Care-Recommendation (LOC-R): ___

D. Provider Recommended Deviation (LOC-D): _____

E. Extended Review Period Requested (LOC-1 Only): ☐

F. Performed By:_____ Credentials: _____

G. Notes:

Section 2: Community Data

(Completed by Provider QMHP)

A. Community Data Assessment Date: ☐☐ - ☐☐ - ☐☐☐☐

B. Number of Arrests in the last 30 days: _____

C. Has the child/youth attended school at any time in the past 3 months?

Yes ☐ No ☐ N/A☐

D. Current grade level or highest grade level completed: _____

E. Primary Residence Type (last 90 days):

1. Children's Residential Treatment Facility
2. Crisis Residential
3. Foster Care
4. Homeless
5. Institutional Setting
6. Jail or Correctional Facility
7. Living Independently
8. Other
9. Private Residence
10. Residential Care

F. Notes:

Section 3: Authorized Level of Care (LOC-A)

(Completed by LMHA Utilization Management Staff)

A. Actual Level of Care Authorized (LOC-A): *(Circle One)*

LOC-0: Crisis Services
LOC-1: Medication Management
LOC-2: Targeted Services
LOC-3: Complex Services
LOC-4: Intensive Family Services
LOC-YC: Young Child
LOC-5: Transitional Services
LOC-6: Consumer Refuses Services
LOC-8: Waiting for All Authorized Services
LOC-9: Ineligible
LOC-YES: YES Waiver

B. Reasons for Deviation from LOC-R (Select One)*:

Clinical Need ☐
Consumer Refused ☐
Continuity of Care ☐
Resource Limitations ☐
Other ☐

**See help file for instances when a note for reason for deviation is required*

C. Authorization Date: ☐☐ - ☐☐ - ☐☐☐☐

D. Authorization End Date: ☐☐ - ☐☐ - ☐☐☐☐

E. Subject to Medicaid Fair Hearing ☐

F. Authorized By:_____ Credentials:_____

G. Notes: