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**KENNEDY AXIS V ASSISTED GAF RATINGS**  
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Many clinicians are still unaware that the Kennedy Axis V (K Axis) can act to IMPROVE THE EASE AND ACCURACY of making GAF ratings. These clinicians can find themselves in very awkward situation when asked to justify their GAF ratings without the help of the K Axis.

The K AXIS CAN BE ESPECIALLY USEFUL IN SITUATIONS IN WHICH GAF ACCURACY IS CRITICAL, such as at admission/discharge, when justifying billing, tracking outcome of treatment, when making dangerousness determinations, and when doing disability determinations/appeals and/or court competency/commitment hearings/appeals.

Also, in many situations, the GAF IS MANDATED; therefore, why not take the extra step and improve the ease and accuracy of your GAF ratings?

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**EXAMPLES OF THE NEED FOR MORE ACCURATE GAF RATINGS**  
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1) The K Axis is being used by clinicians to appeal Social Security Disability denials. JUDGES OFTEN RELY VERY HEAVILY on GAF scores. Frequently on one side is someone making the usual GAF assessment and on the other side there is someone generating a GAF using the K Axis. When testimony is given, it is much more difficult to refute the K Axis supported GAF. This can help Judges render better/more informed decisions. If both sides are using the K Axis assisted GAF, this can further increase the likelihood of better/more informed decisions by Judges.

2) When making a GAF rating for PATIENTS SUFFERING FROM DEMENTIA, clinicians familiar with the patient can easily make the GAF rating by using the K Axis' ADL-Occupational Subscale. Because of the larger number of anchor points specific to dementia, clinicians will find that they are able to make GAF ratings quicker and more accurately than using the GAF alone. You will also find that clinicians, administrators and even Judges will be much more comfortable with the accuracy of the ratings.

3) The GAF does not directly capture impairment in functioning due to SUBSTANCE ABUSE, MEDICAL IMPAIRMENT OR PSYCHOSOCIAL STRESS. This makes it very difficult to justify a low rating in these areas without the assistance of the K Axis. If the focus of treatment is in one of these areas, the K Axis rating will be much more reflective of the patient's impaired functioning

than a GAF that misses these areas. This will help to better justify treatment and better track the outcome of that treatment.

4) ACCREDITORS and INSURERS may use the Kennedy Axis to audit your GAF ratings. You may find it very difficult to defend your GAF, if it does not fit what would be expected using the Kennedy Axis V. You may find yourself stumbling to try to make your GAF rating fit a more accurate and better documented K Axis assisted GAF rating. On the other hand, without the Kennedy Axis V, ACCREDITORS and INSURERS may find it very difficult to challenge your GAF ratings.

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**DISABILITY DETERMINATION OF FINANCIAL COMPENSATION**

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To further point out the importance of the accuracy of GAF scores, in DISABILITY CLAIMS the GAF score may be used to help determine the LEVEL OF COMPENSATION that is set for patients, e.g. a GAF score of 35 over a 40 may lead to SIGNIFICANTLY GREATER FINANCIAL COMPENSATION.

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**CALCULATING A GAF USING THE KENNEDY AXIS V**

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To calculate the GAF, one simply selects the LOWEST K AXIS SCORE from the first four K Axis subscales/domains (Psychological Impairment, Social Skills, Violence and ADL-Occupational Skills). If you know which subscale contains the greatest level of impairment, then you only need to rate that specific subscale to determine the GAF. This should give you a more accurate GAF and it should be a lot easier to explain your GAF rating because one can better understand how the rating was derived. As indicated above, this can be very useful when trying to justify admission, discharge, treatment, billing, disability, competency, dangerousness, etc.

If the patient's impairment is in one of the three subscales (Substance Abuse, Medical Impairment or Ancillary Impairment) not directly addressed by the GAF, one can simply substitute the K Axis score from the impaired area as the GAF score.

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**SUMMARY**

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The K Axis can be used as an added resource to help determine GAF scores and, therefore, greatly improve the accuracy and speed of the GAF ratings. This will help to better determine Level of Impairment, the need for treatment, and/or to better track outcome of treatment, etc.

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**ROYALTY CHARGES**  
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Once you have completed testing the Kennedy Axis V, there is a royalty charge for its use. The charge ranges from \$ 0.20 to \$ 0.50 depending on your annual use of the K Axis. For more information on the royalty and/or for ordering the K Axis, you can go to the following web address:

<http://kennedymd.com/item.jhtml?UCIDs=353313%7C1320814&PRID=115746>

For an electronic invoice or quote, please click on "Reply" to this email to make your request for an electronic invoice or quote. Please include an estimate of the annual rating that you expect to make. You can also send your request in a separate email to Dr. Kennedy at DrJKennedy@aol.com.

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**GET STARTED NOW**  
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If you are not already using the Kennedy Axis V, request your free electronic copy and free trial period by replying to this email or making your request at www.kennedymd.com.

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**ADDING SUBSCRIBERS TO OUR NEWSLETTER MAILING LIST**  
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If there is anyone you know who would like to be added to our Newsletter's mailing list, please reply to this Newsletter with their email address.

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**LETTERS TO THE EDITOR**  
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We are especially interested in feedback from clinicians who are using the Kennedy Axis V to generate their GAF ratings. With your permission, selected Letters to the Editor will be published in future Newsletters.

Please click on "Reply" to this email to enter your Letter to the Editor or send your email separately to Dr. Kennedy at DrJKennedy@aol.com.

Best Wishes,

The Staff at KennedyMD.com

Visit our website at: www.kennedymd.com