STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Health Home Learning Collaborative

Children and Youth Mental Health (ChYMH) Assessment
Children and Youth Mental Health Adolescent Supplement (ChYMH-A)Assessment

May 15, 2023

This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. interRAI Child and Youth Mental Health (ChYMH) Assessment……Katie Sargent, AGP
3. interRAI Adolescent Supplement (ChYMH-A)……Katie Sargent, AGP
4. Open Discussion……All

- Coming Up
  - *June 26, 2023: Comprehensive Assessment Process – Review of the CASH & LOCUS/CALOCUS of HHLC*

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement.
- Type questions in the chat as you think of them, we will address them at the end.

Child and Youth Mental Health (ChYMH) Assessment

Overview

- Core standardized assessments (CSAs)
  - Care planning
  - Outcome measurement
  - Quality Indicators
  - Case Mix Classification
- interRAI Manual ebooks
  - Available online for purchase by provider
- *interRAI Manual*
  - [Part I]: Assessment process
  - [Part II]: Item-by-item guide

Overview

Observation Periods

Employs specific observation periods in order to provide reliable and valid measures of clinical characteristics that reflect the young person's strengths, preferences and needs

3 days

*Unless otherwise indicated

Comprehensive Assessment & Social History vs. Core Standardized Assessment

- CASH
  - Completed for all Health Home members
  - Both historical and current clinical
  - Expanded information
  - Whole Person

- interRAI
  - Completed only for those members to determine CMH eligibility
  - Specific look back period (typically 3 days)
  - Specific questions with static responses

Core Standardized Assessments (CSAs)

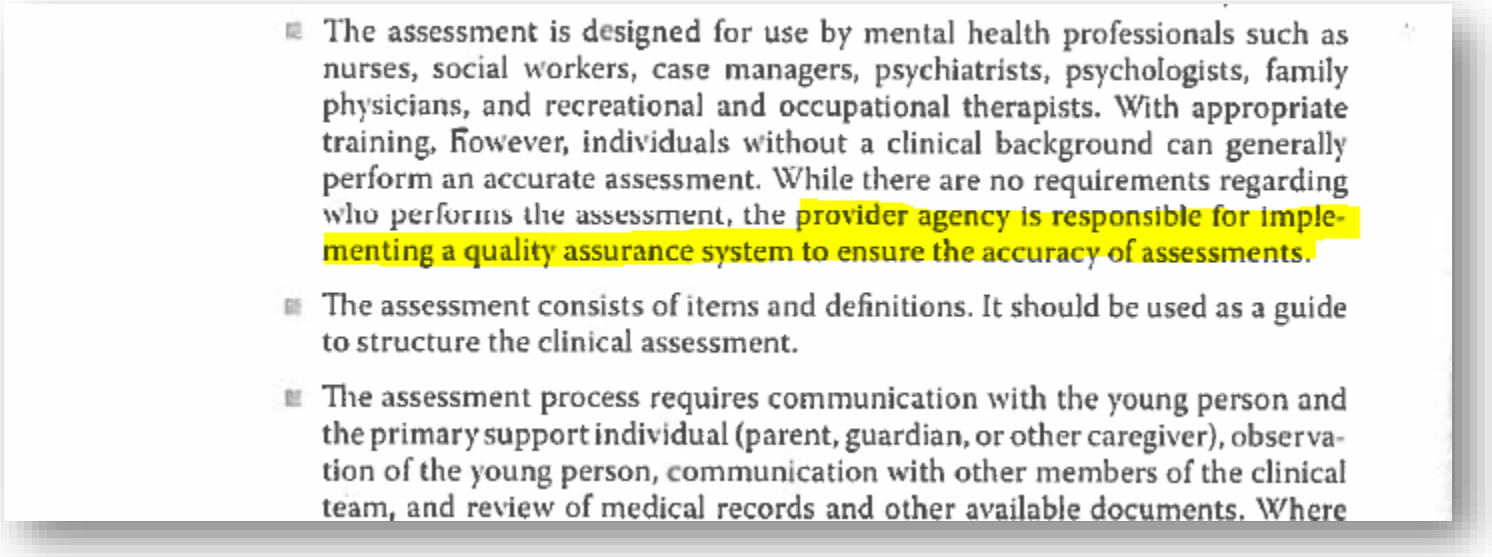
- CSAs improve efficiency, consistency and fairness in eligibility determination and assessments for LTSS.
- They must include a uniform process for:
  - Determining eligibility for Medicaid-funded LTSS.
  - Identifying individual support needs.
  - Informing members of their service and support planning (e.g., plans of care).

ChYMH & Supplement Use

Waiver/Service Title	Age	DHS Designated Assessment Tool
Children's Mental Health	0-3	CM Comprehensive Assessment
	4-18	interRAI-Child and Youth Mental Health (ChYMH)
	12-18	interRAI-Adolescent Supplement (in addition to ChYMH)

Assessment Administration

- Assessments are designed to be used by mental health professionals (i.e., nurses and case managers).
- Provider agencies are responsible for implementing a quality assurance system to ensure the accuracy of assessments.
  - For more information, see page [2 of both] manuals.



- The assessment is designed for use by mental health professionals such as nurses, social workers, case managers, psychiatrists, psychologists, family physicians, and recreational and occupational therapists. With appropriate training, however, individuals without a clinical background can generally perform an accurate assessment. While there are no requirements regarding who performs the assessment, the provider agency is responsible for implementing a quality assurance system to ensure the accuracy of assessments.
- The assessment consists of items and definitions. It should be used as a guide to structure the clinical assessment.
- The assessment process requires communication with the young person and the primary support individual (parent, guardian, or other caregiver), observation of the young person, communication with other members of the clinical team, and review of medical records and other available documents. Where

Assessment Administration

Process

- **Requires communication with various sources, while using the youth as the primary source when possible**

Sequence

Reconciliation of multiple sources

Reporting and Confidentiality

Consent

Assessment Administration

- All questions should be answered; no items should be left blank - Do not utilize N/A. Do not utilize "see CASH".
- Complete all pages
- Please print clearly
- Assessments should be completed annually or when there is a significant change in the member's status.
- Assessment results are valid for one year.
- Assessments should be signed and dated by the member (or member's guardian if applicable) to indicate the member was part of the assessment process.

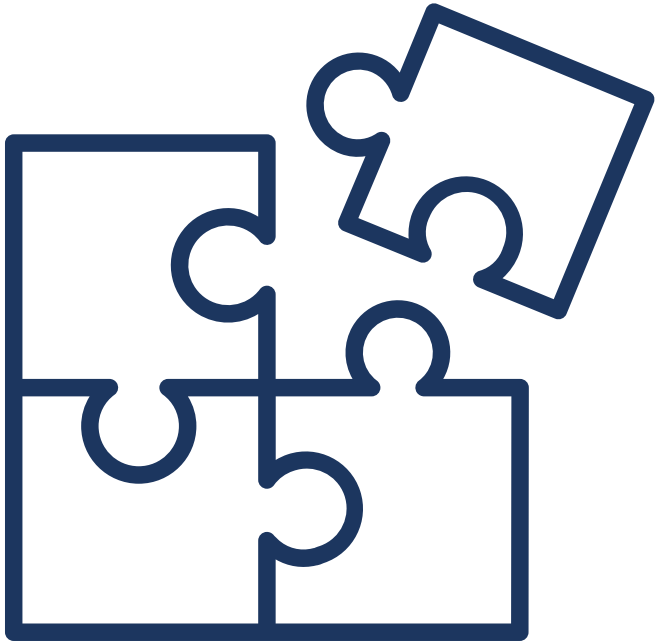
The Assessment Tool

- The member and chosen team members are to receive a copy of the completed assessment within 3 business days of the assessment.
  - If the member and/or chosen team members did not want a copy of the completed assessment, this must be documented
- Both Amerigroup and Iowa Total Care
  - Providers to receive license to print
  - Password encrypted

Principals of the interRAI ChYMH Assessment

- Goals:
  - Maximizing the young person's functional capacity and quality of life
  - Address physical and mental health concerns
  - Enhance the young person's level of independence

Other Factors



- Emphasis on this being just one piece of the puzzle, there are no wrong answers
- Not all functional, medical and social matters identified will be comprehensively addressed immediately
- Any medical matters should be brought to the attention of the young person or parent (whoever is responsible) immediately
- Generally helpful to assess the youth's cognitive status and ability to communicate early in the assessment process to assist in determining when follow up is needed

interRAI Manual — Part II: Item-by-item guide

Part II of the *interRAI Manual* presents the following types of information:

- Intent — reason for including the item in the assessment
- Definition — explanation of key terms
- Process — sources of information and methods for determining the correct response for an item
- Coding — proper method of recording the response for each item and explanations of individual response options

interRAI Manual —
Part II: Item-by-item guide (cont.)

- The slides that follow provide highlights from the assessment user manuals.
  - Note: this presentation does not take the place of reading/utilizing the user manual(s).
  - For full details, please refer to the user manual(s)

ChYMH Sections

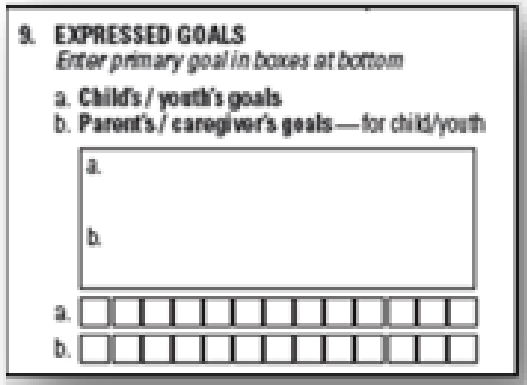
A.	Identification information	M.	Family and Social Relations
B.	Intake and initial history	N.	Stress and Trauma
C.	Mental state Indicators	O.	Medications
D.	Substance use or excessive behavior	P.	Prevention, Service Utilization, Treatments
E.	Harm to self or others	Q.	Nutritional Status
F.	Behavior	R.	Education
G.	Strengths and Resilience	S.	Environmental Assessment
H.	Cognition and Executive Functioning	T.	Diagnostic and Other Health Information
I.	Independence in Daily Activities	U.	Service Termination
J.	Communication	V.	Discharge
K.	Hearing, Vision, and Motor	W.	Assessment Information
L.	Health Conditions		

Section [A]: Identification information

Process and coding:	• Health care number = state ID number • Case record number = [0] • Province or territory = [0] • Current payment sources = [0] • Sex=Biological sex

Section [A]: Identification information (cont.)

Process and coding:	For the *Expressed Goals of Care* field: • Use the large box to record the person's verbatim response: – *Improve my functioning, better health, improve my relationships* – If the person is unable to articulate their goals, enter *none*. • Use the single line of boxes underneath to record the person's primary goal of care.



Section [B]: Intake and initial history

Intent:	**Provides basic information about the young person, the context for admission to the program (eligibility for waiver) and his or her past involvement with mental health services**

Section [C]: Mental state indicators

Intent:	An assessment of the member's mental status can provide information about a young person's quality of life, his or her responsiveness and adherence to treatment, and resource requirements

Section [C]: Mental status (cont.)

Process and coding:	• Provide a summary of the indicators observed in the last [three days] including information about the severity of the member's condition. • Mental state indicators may be expressed verbally through direct statements. • Nonverbal indicators and behaviors can be monitored by observing the member during usual daily routines. • Be aware of cultural differences in how these indicators may be manifested.

Section [D]: Substance use or excessive behavior — ChYMH

Process and coding:	• When possible, directly ask the member simple and nonjudgmental questions: – *Are there people in your life who drink or get high a lot?* – *Do feel pressured to drink or get high?* • Be sure to discuss any problems with video gaming and internet use in the last [90] days.

Section [E]: Harm to self or others

Intent:	For those who are at risk of engaging in self-harm and/or hurting others, it is critical that care planning immediately focus on interventions that address safety and prevention.
Process and coding:	Information for items in this section may be obtained through family members, therapists, self-reporting, clinical records, arrest records and other judicial proceeding records.

Section [F]: Behavior

Intent:	This section is meant to capture an objective view of member behavior symptoms — not the intent of member actions.
Process and coding:	• Take an objective view of the behavior symptoms • Start by recording the presence and frequency of behavioral symptoms • -Presumed intent (ex. "she doesn't really mean to hurt anyone) is **not** pertinent to this coding • A review of the information in their record may be helpful • Observe how the young person reacts to attempts by others to respond to his/her needs • Be alert of the possibility that others might not think to report something that's part of their "routine behavior"

Section [G]: Strengths and Resilience

Intent:	To identify the young person's strengths with specific reference to social support and disposition/personality.
Process	Ask how he or she views the present situation or the future, if they have a confidant, or someone trustworthy to share with. To assess the young person's per support network, as how he or she views their friendships If the young person is unable or unwilling to answer, as the parent(s)/caregiver(s)

Section [H]: Cognition and Executive Functioning

It is important to determine the young person's actual performance in remembering, making decisions, and organizing daily self-care activities	
Process and coding (cont.):	• Regarding the assessment of the *Memory/recall ability* field, see he *ChYMH* manual for examples of a structured approach to assess short-term memory

Section [I]: Independence in Daily Activities

Intent:	To examine the areas of function most commonly associated with independence. Note: ADL function (Item I2) is measured by actual performance (regardless of capacity) but IADL function is measured by **both performance and capacity**
Process and coding:	7 day observation period Ask the young person directly, but you may also talk to parents or caregivers, if available.

Section [J]: Communication

Intent:	To document the young person's ability to communicate, both verbally and non-verbally, during the last 3 days
Process and coding:	• Direct Interaction • Observe their efforts to communicate with you • Observe the person's interactions with others in different settings (one on one, small or large groups) and different circumstances (ex. When calm or agitated) • NOT intended to address difference in language understanding (aka only speaks a language not familiar to the assessor)

Section [K]: Hearing, Vision and Motor

Intent:	• To evaluate the young person's ability to hear and see (both abilities and limitations) over the last 3 days • To document any difficulty in the use of large muscles of the body over the last three days
Process and Coding:	• Evaluate hearing ability • Ability to see and identify objects within arms length (with glasses/contacts if they use) • Gross Motor Skills – jumping, kicking a ball etc • Fine Motor Skills – grasping a pencil, using scissors, managing zippers etc

Section [L]: Health Conditions

Intent:	• Specific problems/symptoms that affect or could affect the member's health and functional status
Process and coding (cont.):	• There are no objective markers or tests to indicate when someone is having pain or to measure its severity. Pain is highly subjective • Be sure to inquire about extrapyramidal symptoms (side effects commonly seen when administered with a neuroleptic medication [an antipsychotic]). These side effects can be very distressing to the young person and his/her family and can be the primary reason for discontinuing medication in the past. (Examples may be Akathisia, Dyskinesia, tremor, Bradykinesia, Rigidity, Dystonia, slow/shuffling gait)

Section [M]: Family and Social Relations

Intent:	Information provides key elements for long term treatment planning as if provides information about the relationship between the young person and his/her parent(s)/caregiver(s)
Process:	It is important to understand that parenting refers to parenting performed by the young person's primary parents or parental figures.

Section [N]: Stress and Trauma

A young person's physical and emotional well-being can be affected by life events	
Process and coding:	• Begin by reviewing available documentation and asking the parent(s)/caregiver(s) • Ask the young person about any of the specified events that have had an important impact on their life. • Although there are other significant events, only code those that fit into the major categories

Section [O]: Medications

Process and coding:	• Document all medications (prescribed, nonprescribed and over-the-counter) the member has taken in the last [three days]. • Record any prescribed medication that may not have been taken in the last [three days] but is a part of the member's regular medication regimen (i.e., [monthly B-12] injections). • Only count medications that were actually taken by the member in the last [three days].

Section [O]: Medications (cont.)

Process and coding (cont.):	Regarding adherence to medication regimen: • Ask the member if he/she missed taking any prescribed medications over the last [three days]. • Ask family members if they administer medication to the member. • Check the member's response with available medication. • Code for adherence during the last [three days].

Section [O]: Medications (cont.)

Process and coding (cont.):	Note if the member stopped taking psychotropic medication in the last [90 days] due to side effects. • If the member has experienced side effects in the past, chances are he/she will experience them again. • It is critical to determine if an unwanted side effect is the reason why the member stopped taking the medication (as opposed to general noncompliance, like forgetfulness).

Section [P]: Prevention, Service Utilization and Treatments

Intent	• This section helps to identify whether the young person has unmet preventative needs, to capture the type of professional contact that was provided for care, to document the focus of treatment modalities received as well as various other aspects of past/present treatment.

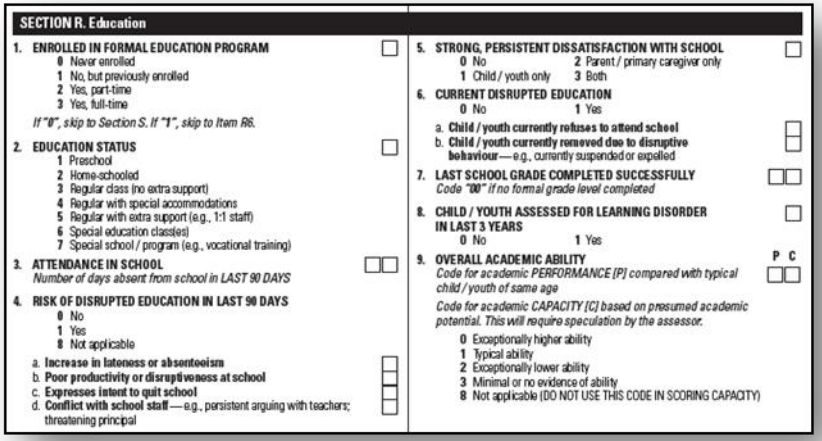
Section [Q]: Nutritional Status

Intent:	A member's nutritional status can be compromised by mental illness as well as somatic issues. This section will identify early detection of nutritional problems and provide baseline information for care planning.
Purpose and coding:	• Be sure to capture the member's height and weight. • For *CMH*, use actual records of weight, if available. – A subjective estimate of weight change can be used if written records are not available.

Section [R]: Education

Intent:	A young person's well-being, self-esteem and ability to function effectively may be influenced his or her experiences of school engagement, satisfaction, and success.

ChYMH



SECTION R. Education

1. **ENROLLED IN FORMAL EDUCATION PROGRAM** ☐
   - 0 Never enrolled
   - 1 No, but previously enrolled
   - 2 Yes, part-time
   - 3 Yes, full-time

   If "0", skip to Section S. If "1", skip to Item R6.
2. **EDUCATION STATUS** ☐
   - 1 Preschool
   - 2 Home-schooled
   - 3 Regular class (no extra support)
   - 4 Regular with special accommodations
   - 5 Regular with extra support (e.g., 1:1 staff)
   - 6 Special education class(es)
   - 7 Special school / program (e.g., vocational training)
3. **ATTENDANCE IN SCHOOL** ☐☐
   Number of days absent from school in LAST 90 DAYS
4. **RISK OF DISRUPTED EDUCATION IN LAST 90 DAYS**
   - 0 No
   - 1 Yes
   - 8 Not applicable

   a. **Increase in lateness or absenteeism** ☐
   b. **Poor productivity or disruptiveness at school** ☐
   c. **Expresses intent to quit school** ☐
   d. **Conflict with school staff** — e.g., persistent arguing with teachers; threatening principal ☐
5. **STRONG, PERSISTENT DISSATISFACTION WITH SCHOOL** ☐
   - 0 No
   - 1 Child / youth only
   - 2 Parent / primary caregiver only
   - 3 Both
6. **CURRENT DISRUPTED EDUCATION**
   - 0 No
   - 1 Yes

   a. **Child / youth currently refuses to attend school** ☐
   b. **Child / youth currently removed due to disruptive behaviour** — e.g., currently suspended or expelled ☐
7. **LAST SCHOOL GRADE COMPLETED SUCCESSFULLY** ☐☐
   Code "00" if no formal grade level completed
8. **CHILD / YOUTH ASSESSED FOR LEARNING DISORDER IN LAST 3 YEARS** ☐
   - 0 No
   - 1 Yes
9. **OVERALL ACADEMIC ABILITY** P ☐☐ C
   Code for academic PERFORMANCE [P] compared with typical child / youth of same age

   Code for academic CAPACITY [C] based on presumed academic potential. This will require speculation by the assessor.
   - 0 Exceptionally higher ability
   - 1 Typical ability
   - 2 Exceptionally lower ability
   - 3 Minimal or no evidence of ability
   - 8 Not applicable (DO NOT USE THIS CODE IN SCORING CAPACITY)

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Section [S]: Environmental Assessment

Intent:	• Assists to identify problems that may be easily fixed or areas where the family may require an advocate to assist in addressing problems related to the landlord/tenant relationship, the living situation, or understanding of their options.
Process:	• Look for evidence of the problem areas noted in this section, referencing all times of year: -Disrepair of the home, squalid condition, inadequate heating or cooling, lack of personal safety and limited access to home or rooms in the home

Section [T]: Diagnostic and Other Health Information

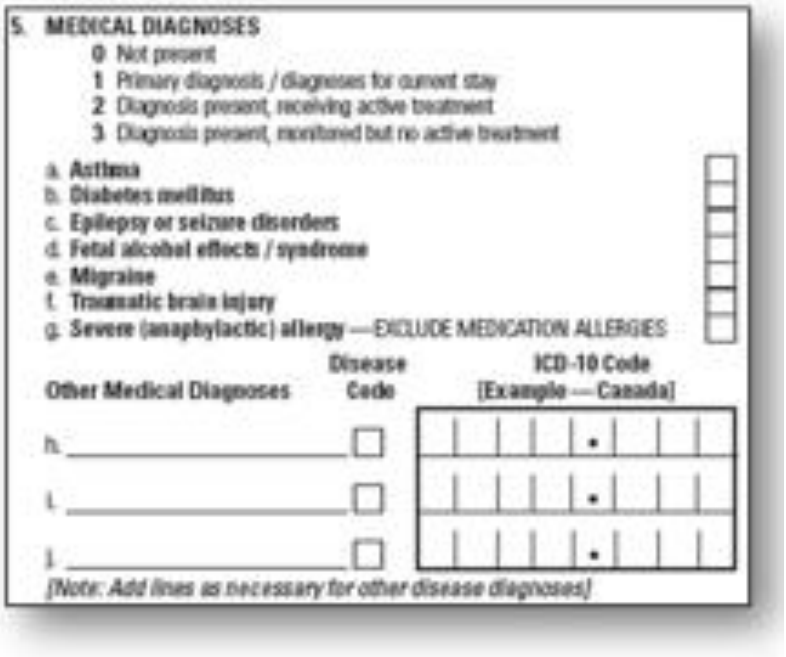
Intent:	To record the young person's: • Global Assessment of Functioning • Results from Prior Test of Intellectual Functioning To code for: • DSM-IV Diagnosis • Medical Diagnosis • History of Concussion

Section [T]: Diagnostic information (cont.)

Process and coding:	• Diagnostic information should be coded using ICD-10. • For the psychiatric diagnoses field, document the specific psychiatric diagnoses as determined by the psychiatrist/mental health therapist. – This must be completed on discharge but can be completed earlier if a psychiatric diagnosis has already been determined. • Diagnosis(es) must be documented in the member's health record.

Section [T]: Diagnostic information (cont.)

ChYMH



5. MEDICAL DIAGNOSES
   - 0 Not present
   - 1 Primary diagnosis / diagnoses for current stay
   - 2 Diagnosis present, receiving active treatment
   - 3 Diagnosis present, monitored but no active treatment

a. Asthma
b. Diabetes mellitus
c. Epilepsy or seizure disorders
d. Fetal alcohol effects / syndrome
e. Migraine
f. Traumatic brain injury
g. Severe (anaphylactic) allergy — EXCLUDE MEDICATION ALLERGIES

Other Medical Diagnoses	Disease Code	ICD-10 Code [Example — Canada]
h. _____	☐	☐☐☐☐.☐☐☐
i. _____	☐	☐☐☐☐.☐☐☐
j. _____	☐	☐☐☐☐.☐☐☐

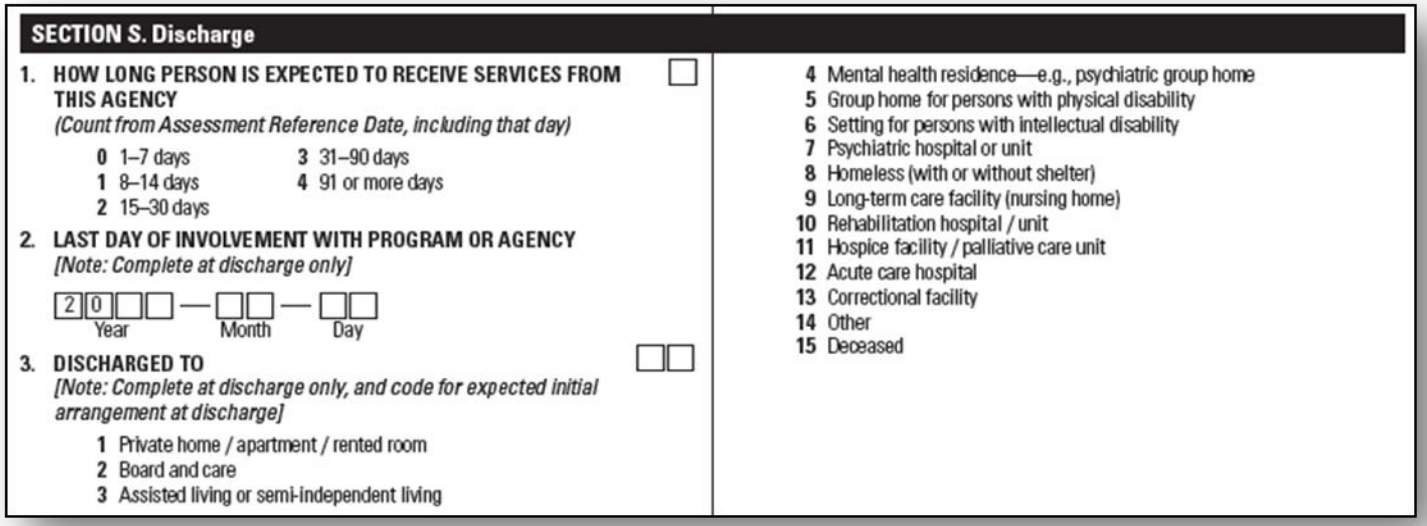
[Note: Add lines as necessary for other disease diagnoses]

Section [U]: Service Termination

Process and coding:	• Use clinical judgement to determine the projected time to discharge, given what you know • This is only a projection, and circumstances can change

Section [V]: Discharge

Process and coding:	Questions [2] and [3] are specific to discharge from the program (*Habilitation* or *Children's Mental Health Waiver*). *Only completed at discharge



SECTION S. Discharge

1. **HOW LONG PERSON IS EXPECTED TO RECEIVE SERVICES FROM THIS AGENCY** ☐
   (Count from Assessment Reference Date, including that day)
   - 0 1–7 days
   - 1 8–14 days
   - 2 15–30 days
   - 3 31–90 days
   - 4 91 or more days
2. **LAST DAY OF INVOLVEMENT WITH PROGRAM OR AGENCY**
   [Note: Complete at discharge only]
   2 0 ☐☐ — ☐☐ — ☐☐
   Year Month Day
3. **DISCHARGED TO** ☐☐
   [Note: Complete at discharge only, and code for expected initial arrangement at discharge]
   - 1 Private home / apartment / rented room
   - 2 Board and care
   - 3 Assisted living or semi-independent living
   - 4 Mental health residence—e.g., psychiatric group home
   - 5 Group home for persons with physical disability
   - 6 Setting for persons with intellectual disability
   - 7 Psychiatric hospital or unit
   - 8 Homeless (with or without shelter)
   - 9 Long-term care facility (nursing home)
   - 10 Rehabilitation hospital / unit
   - 11 Hospice facility / palliative care unit
   - 12 Acute care hospital
   - 13 Correctional facility
   - 14 Other
   - 15 Deceased

Child and Youth Mental Health (ChYMH-A) Adolescent Supplement

ChYMH-A Sections

A.	Identification Information
B.	Substance Use or Excessive Behavior
C.	Parental Status (Youth as Parent)
D.	Independence in Daily Activities
E.	Prevention, Service Utilization, Treatments
F.	Strengths
G.	Mental Health and Well-Being
H.	Assessment Information

Person-Centered Care Plan-Section 3

Section 3: My Risk Factors & Needs

The following risks and needs have been identified from my HCBS state approved standardized assessment tool, comprehensive assessment, social history, and other records.

State approved assessment & Comprehensive Assessments Areas	Identified risk factors, needs, background information	Measures in place to minimize, including back-up plans and strategies when needed
Communication/Language		
Awareness/Memory		
Hearing		
Vision		
Speech		
Social/Family Relationships		
Cultural		
Spiritual		

Leisure Activities		
Marital/Dating Status		
Developmental Milestones (children ONLY)		
Dental		
Fall Risk		
Behavioral Health		
Mental Health		
Harm to self/others		
Hospitalization/ER Visits		
Preventative Visits		
Allergies		
Physical Health		
Nutrition		
Toxin Exposure		
Domestic Violence, Physical, Emotional, Sexual Abuse, Trauma		
Medications		
Medical Support Team		
Substance Use or Excessive Behaviors		
Gambling/Dependence		
Independent activities of daily living (IADL) and Activities of daily living (ADL)		
Caregiver/Natural Supports/Family Relationships		
Transportation		
Employment/Volunteering		
Education		
Housing		
Financial/Money Management		
Legal		
Stress		
Other		

Health Home Roles and the InterRAI

The Core Standardized Assessment (CSA) falls within the role of the Nurse Case Manager or Care Coordinator

What about the Family Support Specialist role?

Educational/professional qualifications of individuals conducting assessments are as follows:
1. Has a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of relevant services, or
2. Has an Iowa license to practice as a registered nurse and at least three years of experience in the delivery of relevant services, or
3. Licensed masters level mental health professional – LISW, LMHC or LMFT
4. A doctorate degree in psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy

Questions?

Thank you!